



STRIDES OF STRENGTH  
THERAPEUTIC RIDING

# Equine Assisted Learning (EAL) Registration

STUDENT'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GRADE LEVEL (JUST COMPLETED): \_\_\_\_\_

AREAS OF STRENGTH: \_\_\_\_\_

AREAS OF IMPROVEMENT: \_\_\_\_\_

GOALS: \_\_\_\_\_

HORSE EXPERIENCE:      YES      NO

IF YES, HOW MANY YEARS AND TO WHAT CONTEXT?

\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT \_\_\_\_\_ CELL # \_\_\_\_\_

PARENT \_\_\_\_\_ CELL # \_\_\_\_\_

ALLERGIES OR ANY SPECIAL INSTRUCTIONS WE SHOULD KNOW?

\_\_\_\_\_

WHAT DAYS AND TIMES WORK BEST FOR YOU?

\_\_\_\_\_

## What to expect:

For the first session, we will spend some time to discuss what areas you and your child would like to work on. Then we will start to build up a basic understanding of the subject in order to start exercising this by doing kinesthetic activities with the horse. We will incorporate on the ground skills with the horse as apart of the academic instruction. If not appropriate, we will build in time at the end to work with horses. Since the nature of this program is to focus on the academic areas of improvement, we will keep any interaction with the horses on the ground. Please inquire with Strides of Strength instructors is the student would like to take riding lessons.

I hereby give my permission for my above listed child to attend EAL at  
STRIDES OF STRENGTH THERAPEUTIC RIDING, INC.

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

\*\*\*All students must be checked in at drop off and checked out at pickup\*\*\*