**Name:** Click or tap here to enter text. **Birth Date:** Click or tap to enter a date. **Age:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.**City:** Click or tap here to enter text.**State:** Choose an item. **Zip**:Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Weight**: Click or tap here to enter text. **Height**: Choose an item.Choose an item.

**Home Phone**:Click or tap here to enter text. **Mobile**:Click or tap here to enter text.

**Work Place**:Click or tap here to enter text. **Work Phone**:Click or tap here to enter text.

**School/Institution attending**:Click or tap here to enter text.

 **Diagnosis**:Click or tap here to enter text.

**If under 18, please complete the following**:

**Father**:Click or tap here to enter text. **E-mail**:Click or tap here to enter text.

 **Employer**:Click or tap here to enter text. **Work phone**:Click or tap here to enter text.

**Mother**:Click or tap here to enter text. **E-mail**:Click or tap here to enter text.

 **Employer**:Click or tap here to enter text. **Work phone**: Click or tap here to enter text.

**In case of emergency, notify**:Click or tap here to enter text. **Home phone**:Click or tap here to enter text.

**Relationship**:Click or tap here to enter text. **Work Phone**:Click or tap here to enter text.

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| --- |
| I am/my child is: ambulatory yes[ ]  no[ ]  verbal yes[ ]  no[ ] I am/my child uses: Wheelchair[ ]  crushes[ ]  braces[ ]  walker[ ] I/my child: can[ ]  cannot[ ]  sit independently  |

**PLEASE COMPLETE REVERSE SIDE**

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| --- |
| Click or tap here to enter text. Click or tap to enter a date.**Rider’s signature or if under 18 years of age, parent/guardian signature Date** |

|  |
| --- |
| **FOR OFFICE USE ONLY**Date application received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date rider began riding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **Please print clearly when completing this form. Thank you.**

**MEDICATIONS** (please include prescriptions and over-the counter drugs)

**Name of Drug Dosage Frequency Possible Side Effects**

Click or tap here to enter text.

**Please describe abilities/difficulties in the following areas, including assistance required or equipment needed:**

**PHYSICAL FUNCTION** (i.e., mobility skills such as transfers, walking, wheelchair use, driving, etc.)

Click or tap here to enter text.

**PSYCHO/SOCIAL FUNCTION** (i.e., work/school including relationship – family structure, support systems, companion animals, fears/concerns, etc.)

Grade completed: Click or tap here to enter text. Leisure interests:Click or tap here to enter text.

Relationships: Click or tap here to enter text.

**PAST AND PROSPECTIVE SURGERIES** (please include date of surgery)

Click or tap here to enter text.

**GOALS** (i.e., why are you seeking participation and what would you like to accomplish?)

Click or tap here to enter text.

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| --- |
| Click or tap here to enter text. Click or tap to enter a date.**Rider’s signature or if under 18 years of age, parent/guardian signature Date** |