



## Rider Application Form

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

4. Mother: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5. Father: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

6. Disabilities: \_\_\_\_\_

7. Other Therapies: \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

9. Student Goals:

List what you hope to gain from the program (i.e., improved communication, core physical strength, confidence, following direction, etc...).

10. Physician Name, Address, and Phone Number: \_\_\_\_\_

11. SCHEDULE: Please circle the days and times that work best for your schedule.

*\*PLEASE NOTE: REQUESTED DATES AND TIMES ARE NOT GUARANTEED.*

	THURSDAY	SUNDAY
	2:20	8:30
	2:55 Not available	9:05 not available
	3:30 Not available	9:40 Not available
	4:05 Not available	10:15 Not available
	4:40	10:50 Not available
		11:25 Not available
		12:00 Not available

I would like to enroll \_\_\_\_\_ as a rider at Cooper's Calling and I have discussed this with the rider's doctor. Instruction will be under strict supervision, and although every effort will be made to avoid any accident, no liability can be accepted by Cooper's Calling or any persons involved (employees or volunteers). If application is accepted, you will be contacted to schedule an in person evaluation.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (if over 21) \_\_\_\_\_ Date \_\_\_\_\_

WAIT LIST POLICY

1. After completing the form and submitting it to [Cooperscalling@gmail.com](mailto:Cooperscalling@gmail.com), you will be added to the waitlist.
2. When the rider is at the top of the waitlist you will receive an email and a phone call from our staff to complete our Liability Release Form.
3. After receiving all completed forms we will contact you to schedule an evaluation ride.
4. If our Program Director approves the evaluation ride, we will schedule a recurring weekly time that works best for your rider and our program.
5. Your rider will then begin riding on a weekly basis. We kindly request payment be made prior to the start of each quarter session (11 weeks each).