

RideAbility Student Application Form

Date: _____

This form indicates your interest in being a student rider in the RideAbility program – it does not necessarily enroll you in a riding class or guarantee class availability for you. The sooner this form is filled out and returned the more likely it will be that there will be a class space open for you to ride. (RideAbility is served on a first-come-first-serve basis, with consideration for our ability to provide the needs for each individual applicant and their family.) When class schedules are set, and volunteers are committed, RideAbility will contact you to confirm your class dates and times. The class fee is \$100 for a five week session and \$30 for a private session. If you need financial assistance please call RideAbility 507-356-8154. Please complete 3 separate forms for each rider, and return forms and class fees to:

RideAbility P.O. Box 995 Pine Island, MN 55963

STUDENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (Day) _____ (Evening) _____

Email: _____

PARENT or
GUARDIAN(s) _____ PHONE: _____

Student's Profile:

DATE OF BIRTH (MM/DD/YY): ___/___/___ HEIGHT: _____ WEIGHT: _____ lbs MALE ___ FEMALE ___
DISABILITY (or none) _____

Does this rider use a cane? ___ leg braces? ___ walker? ___ wheelchair? ___ other aids? _____

Please describe any range of motion limitations with hips/knees/ankles: _____

Do you anticipate any problems sitting on the horse, or any extra help/support that might be needed? _____

Can this rider grasp reins? _____ saddle horn? _____ other hand holds? _____

Can this rider walk up 3 steps to get on the mounting block? _____ with help? _____ on their own? _____

Has this rider ever had seizures? _____ If yes, please explain extent, duration, frequency: _____

Is this rider presently medicated? _____ Any breakthrough seizures? _____

Is this rider verbal? ___ non-verbal? ___ sign language? ___ Please describe communication skills in more detail (ie. Shy, over-active, deaf, hearing impaired, hugs a lot, etc.) _____

Does this rider have specific fears, behavior issues or other problems that we should be aware of? _____

BRIEFLY DESCRIBE WHY STUDENT WANTS TO PARTICIPATE IN RIDEABILITY: (For example: for fun, for a family activity, general social interaction, to learn about horses, for physical benefits like balance/coordination/stamina, or further reasons)

Please indicate what dates and times your family would like to schedule their riding classes:

Class session/dates(Spring, Summer#1, Summer#2, Fall): _____

Day of the week(Monday, Tuesday, other): _____

Time(6:30PM, 7:30PM, other): _____

RideAbility will do their best to accommodate family needs in class scheduling ☺

Do you have an inspirational story or comment to share? Please write in a few words to inspire our volunteers or help our donors understand why they might want to help RideAbility:
(This feedback is what keeps our program going!)