

## RIDER APPLICATION & REGISTRATION FORM

Please indicate session preference for participation. We will do our best to place riders in the session they prefer, but cannot guarantee this will be the case:

**Please select session preference:**

Spring Session – 6 weeks – May 17 – June 28  1<sup>st</sup> choice  2<sup>nd</sup> choice  Not available  
(No riding on June 14; make-up: July 12)

Summer Session – 6 weeks – July 19 – August 30  1<sup>st</sup> choice  2<sup>nd</sup> choice  Not available  
(No riding on August 2; make-up: Sept 6)

**Please select class times/session participant is able to attend:**  No preference, open to any!

4:45 pm  1<sup>st</sup> choice  2<sup>nd</sup> choice  3<sup>rd</sup> choice  Not available

5:45 pm  1<sup>st</sup> choice  2<sup>nd</sup> choice  3<sup>rd</sup> choice  Not available

6:45 pm  1<sup>st</sup> choice  2<sup>nd</sup> choice  3<sup>rd</sup> choice  Not available

**Participant will be placed in a class according to their cognitive abilities appropriate to their peers as determined during evaluation by Courage Kenny Rider's therapeutic riding instructor.**

Participant would be able to substitute if available for \$25.00 per 1x lesson.

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### REGISTRATION:

Participant Name: \_\_\_\_\_ Name wanted on name tag: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Seizures:  Yes  No

Parent(s) or Guardian(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best way to contact: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than guardian above)

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the participant participated with any other programs within Courage Kenny Rehab Institute?

Yes  No Other Programs: \_\_\_\_\_

How do you hope the participant will benefit from the therapeutic horseback riding program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the participant had any previous horseback riding experience?

Yes  No If yes, was it with Courage Riders? \_\_\_\_\_ Which year(s)? \_\_\_\_\_

What else would you like us to know about the participant?

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**Motor Function:**

**Mobility**

- Able to walk normally without assistance or special devices
- Requires assistance or special devices. Please describe specifically:

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**Transfers**

- No assist needed
- Transfers with:
  - Assistance of 1
  - Assistance of 2
  - Assistance of 3 or more

There are structural problems or absence of the following body parts:

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Are any joints limited in range of motion or mobility? (describe):

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Participant is able to do the following by him/herself without special support:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Roll               | <input type="checkbox"/> Sit on floor             | <input type="checkbox"/> Walk          |
| <input type="checkbox"/> Belly Crawl        | <input type="checkbox"/> Creep on hands and knees | <input type="checkbox"/> Knee walk     |
| <input type="checkbox"/> Stand by furniture | <input type="checkbox"/> Stand without support    | <input type="checkbox"/> No Impairment |
| <input type="checkbox"/> Sit on chair       | <input type="checkbox"/> Climb Stairs             |  |

Please describe specifically:

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Describe any operations the participant has had:

**Seizures:**

- Has never been a problem
- Were seen in the past but not in the last 2 years
- Are controlled by medication
- Are not completely controlled

Describe type, frequency and management: \_\_\_\_\_

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**Behavior:**

Participant's response to a new situation or new people is:

- Open and receptive
- Warms up gradually
- Hesitant
- Resistive or fearful
- Passive, little response

Participant:  Has no special fears

Fears the following: \_\_\_\_\_

Any specific behaviors that staff or volunteers should be aware of:

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**Communication Skills:**

Communicates to others by:

- Speaking in sentences
- Using 1-2 word phrases
- Uses alternative means of communication (pointing, sign language, looks at objects, letter board, picture board, etc.)

Describe: \_\_\_\_\_

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Participant learns best:  By most common teaching methods

In a few, select ways

Describe: \_\_\_\_\_

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Participant understands:

- Complex directions       Simple directions       Single words  
 Sign language for the deaf       Has delayed responses to directions

**Medications:**

- Takes no medications  
 Takes the following medications: \_\_\_\_\_
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**Allergies:**

- Pollen       Food       Other: \_\_\_\_\_  
 Mold       Medication       No known allergies  
 Insect stings       Latex

Please describe (allergy/type of reaction/solution): \_\_\_\_\_

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**Hand Function:**

- No impairment  
 Function is impaired as described below:  
The hand participant uses best is the:       Right       Left  
Style uses:       One hand much better than the other  
    Both hands about the same  
Would participant be able to pick up an object as small as a raisin with his/her thumb and fingertip?  
    Yes       No

Does participant have a special problem with brittle bones or fractures?

- No  
 Yes (describe): \_\_\_\_\_
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Does participant have any loss or delayed response to the sensation of pain, temperature, etc.?

- No

Yes (describe): \_\_\_\_\_  
\_\_\_\_\_

**Vision and Hearing:**

Vision skills:

- Normal
- Impaired:
  - Corrected with glasses
  - Legally blind
  - Cortical blindness
  - Other (describe): \_\_\_\_\_

Hearing Skills:

- Normal
- Impaired (indicate degree): \_\_\_\_\_
- Hearing Aid

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_  
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**Please send this completed form to Taylor McLean at [taylor.mclean@allina.com](mailto:taylor.mclean@allina.com) or  
Fax: 651-241-3393 Attn: Taylor McLean**