



## **Participant Application Packet**

Please provide the most complete and accurate information possible.

**Information shared will be kept confidential.**

This packet must be completed annually at the beginning of each calendar year.

# Wonderhill Farm Therapeutic Riding Participant Application

Therapeutic Riding Application and Medial Information Disclosure: We commit to maintaining your confidentiality. Please give complete and accurate information as we rely on your information to assign horses, volunteers, schedules, and plans for the best possible program for the participant. All forms are to be completed by the parent/legal guardian if the participant is a minor. If the participant does not have any disability related challenges, please write N/A where appropriate.

Today's Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Sex: M F

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Caregivers who may transport: \_\_\_\_\_

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

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

What are the participants' strengths and best qualities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disability, Diagnosis, Special Need (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Down Syndrome is listed as a Diagnosis, is there Atlanto-Axial instability?   Y   N

Seizure Disorder?    Y    N - Doctors release will be required at onset of riding and following each seizure.

Describe Seizure History: \_\_\_\_\_

\_\_\_\_\_

What types of therapy services is the participant participating in either now or in the past. (Physical, Occupational, Speech, Mental Health, Special Olympics, or other therapies), Describe where these services are being received. If you would like communication between Wonderhill Farm and the therapist(s) please request a release of information form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the participant have any previous experiences with horses? How did it go? Describe level of enjoyment, fears, ability, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What best motivates this participant? (Verbal praise, stickers, high5's, visual schedules, treats, etc.)

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What do you hope to achieve through therapeutic riding lessons? What are the participants (and/or parents) expectations and wishes? Provide details for any suggestions or concerns.

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How did you learn about Wonderhill Farm? Did anyone refer you? \_\_\_\_\_

What do you want the instructor to focus on in lessons? Check all that apply. Circle top 3.

<input type="checkbox"/> Physical Endurance	<input type="checkbox"/> Flexible Thinking
<input type="checkbox"/> Strengthening	<input type="checkbox"/> Auditory Processing
<input type="checkbox"/> Coordination	<input type="checkbox"/> Following Directions
<input type="checkbox"/> Balance	<input type="checkbox"/> Focus and Attention
<input type="checkbox"/> Fine Motor Skills	<input type="checkbox"/> Confidence
<input type="checkbox"/> Sensory Input	<input type="checkbox"/> Self Esteem
<input type="checkbox"/> Social Skills	<input type="checkbox"/> Frustration Tolerance
<input type="checkbox"/> Cooperation	<input type="checkbox"/> Expression of Emotion
<input type="checkbox"/> Assertiveness	<input type="checkbox"/> Recreation and Fun
<input type="checkbox"/> Communication	<input type="checkbox"/> Enjoyment of Nature and Outdoors
<input type="checkbox"/> Relaxation	<input type="checkbox"/> Desensitization (to wind, sun, dirt, etc.)
<input type="checkbox"/> Cognitive Skills	Other: _____
<input type="checkbox"/> Motor Planning	_____

**Permission to use Photos and Videos**

Wonderhill Farm may reproduce and use of any and all likenesses, including photos and videos, made in connection with participants participation in Wonderhill Farm activities for the purpose of marketing and educating others about Wonderhill Farm, including, but not limited to print material, social media, marketing materials, and digital presentations, etc.

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Signature

Date

I do not wish for participants likeness to be reproduced or used in any way

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Signature

Date