



# SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

33148 K22—Sioux City, IA 51108—www.scstars.org—P: 712.239.5042—F: 712.224.3471

## Participant Registration Form

Please Print Legibly

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best way to contact you:  Email  Phone  Text

**Client Name:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School presently attending \_\_\_\_\_ Year in School: \_\_\_\_\_

Diagnosis or Description of Disability: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **(Must be filled out to participate)**

Balance Ability: \_\_\_\_\_

Cognitive Ability: \_\_\_\_\_

Does client know Left & Right? Yes  No

Communication Abilities: \_\_\_\_\_

Attention: \_\_\_\_\_

Disposition/Social/Behavior: \_\_\_\_\_

Animal Abuse: Yes  No  Other: \_\_\_\_\_

Any changes (Behavioral, medications, health, etc.) Yes:  No  If yes, please explain: \_\_\_\_\_

What are your goals for your client in the coming year? \_\_\_\_\_

What sessions will they be riding? 1  2  3  4  5  All Sessions  Notes: \_\_\_\_\_

Best Day: 1<sup>st</sup> choice: M  T  W  TH  2<sup>nd</sup> choice: M  T  W  TH

Best Time: 1<sup>st</sup> choice: 5  6  7  2<sup>nd</sup> choice: 5  6  7  Other: \_\_\_\_\_

**STARS, Inc. has the right to refuse services to any potential client if he or she exceeds a safe weight limit or poses any other safety concern.**