



## SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

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

For Office Use:

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

### REGISTRATION FORM – Spring 2024

Please print legibly

PARTICIPANT NAME: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

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

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

Rider T-shirt Size: Youth ☐ \_\_\_\_\_ Adult ☐ \_\_\_\_\_

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (**Required to Participate.**)

*Please answer the following questions to the best of your ability and provide detail as needed for participant.*

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

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

Does the participant know Left and Rights? Yes ☐ No ☐

Ability to Communicate: \_\_\_\_\_

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

History of Animal Abuse: Yes ☐ No ☐ Comments: \_\_\_\_\_

Any recent changes to note (behaviors, medications, health, etc.): Yes ☐ No ☐ If yes, please provide more details:

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

What goals would you like the participant to work on this year? \_\_\_\_\_

\_\_\_\_\_  
Additional Information: \_\_\_\_\_

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

**\*STARS, Inc. reserves the right to refuse or discontinue services at any time for current or potential participants if the participant exceeds a safe weight limit or poses other safety concerns of any nature.**

Signature (Self, Parent, or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**\*\*If under 18 years of age, Parent/Guardian MUST sign\*\***



## SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

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

### THERAPEUTIC RIDING SESSION SCHEDULE

PARTICIPANT NAME: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

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

Returning Riders:

- Registration for Spring, Sessions 1, 2, and 3, Opens November 15, 2023 and Closes December 15, 2023.
- On the chart below please label your best options as 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc.
- *Registrations are processed in order of receipt – first come, first served*

### Spring 2024 REGISTRATION

**DUE BY: December 15, 2023**

Session ONE (1)				
Week of Jan 15 thru Feb 19				
Day/Time	Mon	Tues	Wed	
5:30 pm				
7:00 pm				

Session TWO (2)				
Week of Mar 11 thru Apr 15				
Day/Time	Mon	Tues	Wed	
5:00 pm				
6:00 pm				
7:00 pm				

Session THREE (3)				
Week of May 6 thru Jun 10				
Day/Time	Mon	Tues	Wed	
5:00 pm				
6:00 pm				
7:00 pm				

### Fall 2024 REGISTRATION

**Opens June 9, 2024**

**Due by August 9, 2024**

*Registrations processed in order of receipt – first come, first served*