



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: _____

Ground Work 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

GROUND WORK SESSION SCHEDULE

Ground Work can be scheduled as a One on One session during the hours listed on the chart below. One on One sessions will be a half hour in length. If a participant in Ground Work would like to participate with their peers, working in conjunction with a Therapeutic Riding class in the evening may be an option.

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 1st, 2nd, 3rd, 4th, 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	Tue	Wed	Thur	
12:00 pm				
1:00 pm				
2:00 pm				

Session TWO (2)				
Week of Mar 11 thru Apr 15				
Day/Time	Tue	Wed	Thur	
12:00 pm				
1:00 pm				
2:00 pm				

Session THREE (3)				
Week of Jan 15 thru Feb 19				
Day/Time	Tue	Wed	Thur	
12:00 pm				
1:00 pm				
2:00 pm				

Fall 2024 REGISTRATION

Opens June 9, 2024

Due by August 9, 2024

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