



Participant's Application and Health History

Date of Application: _____

Welcome to the application process. The first step is to assess the benefits of the program for the applicant and candidate's abilities to participate in the program. We are here to help you through the process and will be able to give you a provisional yes per the information you provide.

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Male / Female

Address: _____

Phone: _____ Email address: _____

Employer/School: _____ Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____ Contact Number(s): _____

Referral Source: _____ How did you hear about the Program? _____

HEALTH HISTORY

What medications are you currently taking, including over-the-counter medications? _____

Do you suffer from seizures? If so, please describe: _____

When was your last seizure? _____

Have you had any recent fractures or surgeries? If so, please describe and include dates. _____

Health History, Continued

Please indicate if they have experienced issues in the following areas and check if they are past or present problems:

		Past/Present			Past/Present
Vision	Y/N		Circulation	Y/N	
Hearing	Y/N		Emotional	Y/N	
Sensation	Y/N		Behavioral	Y/N	
Communication	Y/N		Pain	Y/N	
Heart	Y/N		Bone/ Joint	Y/N	
Breathing	Y/N		Muscular	Y/N	
Digestion	Y/N		Thinking/Cognition	Y/N	
Elimination	Y/N		Allergies	Y/N	
Diabetes/low sugar	Y/N				
Other Issues Not Listed:	_____				

Comments/Further Explanations of any of the listed above or other pertinent information: _____

Describe your abilities/difficulties in the following areas (include assistance or equipment needed):

FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

SOCIAL (i.e. work/school including grade completed, leisure interests, relationships-family structure, support system, companion animals, fears/concerns, etc.)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)



Welcome to the Application Process!

We are glad you have chosen to start the application process. Before you begin, please review the contraindications for therapeutic riding. If the applicant has any of these conditions, please call us to discuss your situation. Otherwise to apply, first complete the Application and Health History form. The completed form is to be mailed to the Franklin County 4-H Therapeutic Riding Center, 181 Franklin Farm Lane, Chambersburg, PA 17202, faxed 717.263.9228, emailed to info@horseridingtherapy.org, or dropped off at the barn.

Once we have the application, the following steps are taken.

1. The **Application and Health History** form will be used to base one's provisional acceptance or denial into the program. Staff and members of the Operations Committee will review the forms for physical, mental and/or emotional limitations of the potential participant. They will assess whether the person will benefit from the program and can safely participate in it. If the applicant is accepted, the selection committee will assign the student to either the Carriage Driving, Autism Spectrum, or Horseback Riding Program.
2. Next, the contact person on the form will be telephoned to go over the paperwork and informed whether the applicant was accepted or denied, and if accepted, to which program the person was assigned. If there are any questions our representative is unable to answer, we will refer those questions to the appropriate person.
3. Upon accepting a slot in the program, we will place the individual on the waiting list to be assigned an instructor. Beginning riding dates will depend on the availability of an instructor and horse suitable for the needs of the applicant.
4. Once the date has been selected to begin, you will receive a telephone call and a follow-up packet with a complete set of required forms and the Family Handbook. The Family Handbook is a must read -- it outlines all the information you have to know before the participant starts from clothing to safety and everything in between! Your instructor will contact you separately regarding your specific riding day and time. The forms must be filled out and financial agreements signed and returned to FCTRC prior to or on the day of the applicant's first riding session.

We look forward to meeting you and for you to join our equestrian family!