



COFFEE CREEK RIDING CENTER
"Therapeutic Horsemanship"
 17 E. Coffee Creek Rd.
 Edmond, OK 73034
 (405) 340-8377



Participant's Application & Health History

GENERAL INFORMATION

Name of Rider: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Notice: Weight limit is 165 lbs.

Address: _____

Phone: _____ Phone #2: _____

Email: _____

Parent/Legal Guardian: _____

Emergency Contact: Name: _____ Phone: _____ Relationship: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS (include prescription and over-the-counter, name, dose and frequency) _____

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

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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

I am applying for the above named student to participate in the therapeutic riding program. The ability of the center to service a student is based on the availability of appropriate volunteers, horses, and instructors. In addition, physical or behavioral circumstances of the student may affect their ability to participate safely and the centers ability to provide services. I understand that the program may rotate the students served in each class term/session to allow maximum participation. Schedules are changed at the end of each class term/session. When a class space is not available, the student may be placed on the alternate list (riding on call in classes where students are absent).

Signature: _____ **Date:** _____

Client, Parent or Legal Guardian

PHOTO RELEASE

I DO DO NOT

consent to and authorize the use and reproduction **Coffee Creek Riding Center** of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Client, Parent or Legal Guardian

Release of Liability: I would like _____ (son, daughter, war, or self) to participate in the riding program provided by Coffee Creek Riding Center. I acknowledge that I am aware of the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators do waive and release forever al cleams for damages against Coffee Creek Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers, landowners, and employees for any and all injuries or losses I / my son / my daughter / my ward may sustain while participating in riding classes at Coffee Creek Riding Center.

Signature: _____ **Date:** _____

Client, Parent or Legal Guardian