



LITTLE BITS THERAPEUTIC RIDING ASSOCIATION FOR PERSONS WITH DISABILITIES

RIDER APPLICATION

Date of application: _____ Date received by LBTRA: _____

This application is to ascertain the eligibility of each individual for consideration of entrance into this riding program. Please read the rider criteria carefully, as therapeutic riding is not appropriate for all individuals. These criteria are used as guidelines, and each client will be assessed on an individual basis.

Please note: Completion of this application does not ensure acceptance into the program.

RIDER CRITERIA:

- Must be able to maintain a sitting position while the horse is in motion
- Minimum recommended age of 4 years
- Seizures must be controlled by medication
- Maximum recommended weight of 160 pounds
- Negative finding of Atlantoaxial Instability (For persons with Downs Syndrome)
- Riders accepted into the program are done so on a trial basis

DAY PREFERENCE

Tuesday am -adult	Tuesday pm.	Wednesday pm	Sunday

Personal Information

Client's Name: _____ Date of Birth: _____

Disability: _____

Height: _____ Weight: _____ Ambulatory Status: _____

Does this client require a personal aide? _____

Comments _____

Contact Person:

Name: _____

Address: _____ Postal Code: _____

Phone: Day: _____ Evening: _____ Fax: _____

Please return completed application to either:

Linda Rault
9116-78 Avenue
Edmonton, Alberta
T6C 0P1
Phone: (780) 465-7477 or Fax: 476-7252

Jo-Anne Billington
8604-177 Street
Edmonton, Alberta
T5T 0P4
Phone: (780) 481-1041