



RIDER APPLICATION

Date of Application: _____

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 3 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
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DAY, TIME, AND LOCATION PREFERENCE

Little Bits program is running at two locations. Please choose a location and time you prefer and if you are willing to ride at either location/ time please rank your preferences.

Location: Whitemud Equine Center

DAY PREFERENCE

Tuesday am. -adult	Tuesday pm.	Wednesday pm	Sunday

Location: St. Albert Horse Sense

DAY PREFERENCE

Saturday am.	Saturday pm.	Monday pm.

Personal Information

Client's Name: _____ Date of Birth: _____

Disability: _____

Height: _____ Weight: _____ Ambulatory Status: _____

Does this client require a personal aide? _____

Comments _____

Contact Person:

Name: _____ E-mail: _____

Address: _____ Postal Code: _____

Phone: Day: _____ Evening: _____ Fax: _____

Please return completed application to:

Olena Dudych
#900, 10665 Jasper Avenue or e-mail: info@littlebits.ca
Edmonton, AB T5J 3S9 or fax: 1-888-398-4003