



Little Bits Therapeutic Riding Association

Rider Application Form

Date of Application: _____ Date received by LBTRA: _____

This application is to ascertain the eligibility of consideration for each individual's 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.

Rider Criteria:

- Must be able to maintain a sitting position while the horse is in motion
- Minimum recommended age of 5 years
- Seizures must be controlled by medication
- Maximum recommended weight of 165 pounds
- Negative finding of Atlanto-axial Instability (For persons with Down Syndrome)
- Riders accepted into the program are done so on a trial basis

Day Preference

SUNDAY <input type="radio"/>	MONDAY <input checked="" type="radio"/>	TUESDAY AM <input checked="" type="radio"/>	TUESDAY PM <input type="radio"/>	WEDNESDAY <input type="radio"/>
Children & Teen	Adults - not accepting	Adults - not accepting	Children & Teen	Children & Teen

Personal Information

Clients Name (First/ Last): _____

Sex: Male Female: Other: _____

Height (Feet/ Inches): _____ Weight (in pounds): _____

Date of Birth (MM/DD/YYYY): _____

Disability: _____

Ambulatory Status: _____

Does this client require a personal aide? YES NO

Comments: _____

CONTACT INFORMATION

Name (First/Last): _____

Address: _____ Postal Code: _____

Phone (Day): _____ Phone(Evening): _____

Please return completed application to:

LBTRA
PO Box 29016 Pleasantview
Edmonton, AB T6H 5Z6