PARTICIPANT INFORMATION FORM

THE HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC.

P.O. Box 3748, Seminole, Fl 33775-3748 www.pinellashforh.org

Potential Participant:

Thank you for your interest in our Horses for Handicapped Program. As a future potential participant, please complete and sign the following questionnaire which will assist us in our interview process.

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Participant's Name:		Parent/Legal Guardian:				
Date of Birth:Height:			Weight:			
Address:		City:	St	ate:	Zip:	
Home Phone:		Cell Phone:				
E-Mail Address (Please print clearly):						
If student, name of school:						
Please answer the following questions: 1. Has the potential participant had any previous experience with riding horses? When/where. Use back of paper if necessary:						
2.	Is participant able to get on a horse with limited assistance or will he/she require full assistance?					
3.	Has the participant had any surgeries that we should be aware of: (e.g. rods, loss of range of motion, joint replacements, spinal fusion, any metal plates or screws)					
4.	Potential participants Medical Diagnosis: (e.g. Autism, M.S.,C.P., Psychiatric issues):	Asperger's, Downs	s, Global Develop	omental Dela	ys, Deaf, Blind,	
5.	Does the potential participant have any behavioral or balls, fans)?	_	-	g. loud noises	s, touch, bugs,	
Please describe on the back what you wish to accomplish by participating in our recreational horseback riding program.						
Allergies - If participant has anaphylactic reaction to bees, ants, peanuts, etc. parent is responsible to have Epipen available						
Once accepted into program, parent or guardian agrees to update Mary Urquhart with any changes in medical or emotional condition. Also any medication changes that effect the participants ability to ride needs to be discussed before mounting a horse.						
Depending on demand and availability, you may be put on a waiting list. This list goes by the match between participant and horse. Our herd is a range of breeds with various levels of training which allows us to match them to various participants based on weight, hip size, leg length and emotional issues (disposition/personality).						
Once you are placed on the waiting list, please indicate if you would be interested in being on a standby list to fill in for an absent participant on occasion						
Parents may be asked to assist with side walking and other volunteer tasks from time to time. Parent/guardian is aware that they need to be present during riding sessions.						
	ease Sign Below: tential participant:		Date			
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