

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.

PARTICIPANT INFORMATION

Participant's Name: _____ Parent/Legal Guardian: _____
Date of Birth: _____ Height: _____ Weight: _____
Address: _____ City: _____ State: _____ 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, Asperger's, Downs, Global Developmental Delays, Deaf, Blind, M.S., C.P., Psychiatric issues):

5. Does the potential participant have any behavioral or environmental triggers or fears (e.g. loud noises, touch, bugs, balls, fans)? _____

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 Yes No. If yes, how much advance notice do you need? _____

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.

Please Sign Below:

Potential participant: _____ Date _____

Parent: _____ Legal Guardian: _____