



Student Registration Form

(319) 800-9643

Participant Information:

Name First: _____ Last: _____

Weight: _____ **Height:** _____ Is participant a new or returning student? _____
(We have a max weight limit of 220 lbs for our riding programs, we do offer other programs for those who wish to participate)

Address: _____ **Date of Birth** _____

_____ **Gender** _____

Phone: _____ May we text you at this phone number? _____

Email: _____

Parent/Legal Guardian/Caregiver Name: _____

Phone: _____ May we text you at this phone number? _____

Email: _____

Emergency Contact Name: _____

Phone: _____ May we text you at this phone number? _____

What is the best form of contact regarding class scheduling and updates?

Phone Call Text Message Email

What type of class are you looking to get involved in?

_____ Therapeutic Riding _____ Ground Up
_____ Group Lessons _____ Youth Ranch
_____ Individual Lessons _____ Veterans

Goals - Why are you applying to participate? What would you like to accomplish?

What previous horse experience has participant had outside of Rocket Ministries?



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Participant Health History

Primary Diagnosis: _____ Date of Onset: _____

Secondary Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas.

Vision

Hearing

Sensory

Heart/Circulation/Respiratory

Digestion/Elimination

Emotional/Mental/Behavioral Health

Pain, Bone/Joint, Muscular

Thinking/Cognition/Communication

Allergies



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Is student able to sit independently? Yes | No

Is student able to stabilize head/neck against a quick forward movement? Yes | No

Please mark the following areas that the participant can't resist against loss of balance.

Climbing | Sitting | Standing | Walking | None

Medications - include prescription: name, dose and frequency

Physical Function - (e.g. mobility skills such as transfers, walking, wheelchair use, driving/bus riding) - describe participants abilities/difficulties in these areas (including assistance required or equipment needed):

Psychosocial Function - (e.g. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.):

Signature of Student or parent or guardian if student is under 18:

Printed:

Address:

Date:
