



RIDING APPLICATION STUDENT PROFILE

STUDENT NAME: _____ DOB _____

PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

HOME PHONE _____ CELL/WK _____

E-MAIL _____

EMERGENCY CONTACT: _____ PHONE# _____

MEDICAL INFORMATION

DIAGNOSIS: _____

LIMITATIONS/COMMENTS: _____

MEDICATIONS: _____

REQUIRED ADAPTIVE EQUIPMENT: _____

HEIGHT: _____ WEIGHT: _____ SEIZURES: Y _____ N _____

VERBAL: Y _____ N _____ AMBULATORY: Y _____ N _____ SIGNIFICANT BEHAVIORS: Y _____ N _____

EXPLAIN: _____

RIDING INFORMATION

TIME RIDING: _____ RIDING STYLE: WESTERN ENGLISH

SCHOOL _____ SPECIAL OLYMPICS ATHLETE: Y _____ N _____

BEFORE RIDING ALL STUDENTS MUST HAVE A COMPLETED APPLICATION, NOTORIZED LIABILITY RELEASE AND CURRENT PHYSICAL.

ALL DOWN SYNDROME STUDENTS MUST PROVIDE CURRENT PHYSICAL AND ATLANTO-AXIAL X-RAY PRIOR TO PARTICIPATION WITH ARIZONA DREAM CATCHER EQUESTRIANS
MAIL COMPLETED APPLICATION TO:

ARIZONA DREAM CATCHER EQUESTRIANS

PO BOX 906

APACHE JUNCTION AZ 85217

www.azdreamcatcher.org