



## Rider Registration

### **Rider Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ or N/A

Cause: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ or N/A

Cause: \_\_\_\_\_

### **Contact Information:**

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does this individual have the authority to give permission for emergency medical treatment? \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_ Policy Number or ID: \_\_\_\_\_

### **Past Experience:**

What is the participant's past riding experience? \_\_\_\_\_

\_\_\_\_\_

### **Medical Information:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Does participant experience seizures? \_\_\_\_\_

If so, how do they present?

\_\_\_\_\_

Past surgeries: \_\_\_\_\_

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Does participant use an inhaler or epi pen?\* \_\_\_\_\_

**\*If yes, the participant *must* know how to use it and be able self-administer if needed.  
Otherwise, a parent or guardian must remain on site while the participant is at Scooter's Place.**

**Skills and Goals:**

Does the Participant have difficulty following 2-step directions? 3-step directions?

Does the Participant have positive peer interactions? Negative peer interactions?

Does the Participant have goals they (or their parents, therapists, educators, etc.) would like to achieve through the use of Equestrian Sports?

Does the Participant participate in other physical activities?

Does the Participant have difficulty modulating their behavior? If so, are there specific things that can trigger this behavior? Are there specific things that help calm them?

Does the Participant have any fears or phobias?

**Lesson Payment Policy:**

All lessons must be paid or pre-paid at time of service. Scooter's Place is happy to accept cash, check, and credit card. If Scooter's Place has to bill you for lessons, a \$25 billing administration fee will be assessed. Scooter's Place does not provide refunds or credits for lessons unless otherwise stated at the discretion of the Director.

**Lesson Cancellation Policy:**

All participants must alert Scooter's Place as soon as possible if they are unable to come to a scheduled lesson. Please do so no later than twenty-four hours as this will give Scooter's Place enough time to notify the Instructor or Volunteers.

If a participant 'no shows' with no call ahead of time twice, they will forfeit their riding slot for the duration of the session.

**Make up Lessons:**

All participants are given one 'make-up' lesson per session due to sickness or vacation. It must be scheduled within one month of the absence. Scooter's Place is not held responsible due to weather, Acts of God, lack of adequate volunteers, or lack of horses.

The only exception to this is in the case of any absences on the part of the Instructor. Make-up lessons will then be scheduled and provided as needed.

**Rider Drop-out Policy:**

If a participant can no longer participate due to prolonged sickness/hospitalization or family/personal crisis, the participant may opt to 'drop-out' of the session and negotiate either make-up lessons at another time or a credit towards the next session with the Program Director.

By signing on the line below, the participant and their family agree that all above information is accurate to the best of their knowledge. The participant and their family agree that any information withheld for any reason could result in harm, injury, or death of which Scooter's Place cannot be held liable.

Name of Participant: \_\_\_\_\_

Signature of Participant or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_