

**THROWAWAY PONIES THERAPEUTIC RIDING APPLICATION FOR MINORS**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Nickname/Preferred name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does applicant live with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

**\*Both** parents or a court appointed legal guardian must sign Release of Liability and emergency medical form.

Describe physical, emotional, and/or developmental problems this child has: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of therapy has or is the child participating in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What has helped? \_\_\_\_\_

Has the child participated in equine activities in the past? \_\_\_ What kind? \_\_\_\_\_

Please be aware that Throwaway Ponies is unable to accept riders who are physically or mentally unable to participate. We do not have the staff or training for some disabilities and it would be a disservice to your child to try to provide a service that we are not equipped for. Each child will be evaluated prior to receiving any instruction and during instruction to determine if we can provide appropriate care. The child must be a willing participant in all activities. We will change the activity to meet the needs of the child if at all possible, but we will not force a child into an activity he/she is not comfortable with.

We also have a weight/height restriction for riders for the safety of our horses. If we consider a child too heavy or unbalanced we may consider ground work only. Maximum weight: under 5' tall 150 lb. 5' – 5'6" 175 lb. 5'7" – 6' tall 200 pounds.

For the safety of our riders, staff and volunteers, any rider who weigh over 65 pounds must be able to balance themselves.

Application Checklist:

\_\_\_ Application

\_\_\_ Medical Release form (must be signed by both parents or one parent/guardian must show proof that he/she is the legal custodian of that child)

\_\_\_ Liability Release form (must be signed by both parents or one parent/guardian must show proof that he/she is the legal custodian of that child)

\_\_\_ Confidentiality form (This is to insure the privacy of other participants)

\_\_\_ Physician's Release

Person filling out application: \_\_\_\_\_ Date: \_\_\_\_\_