



Therapeutic Riding Institute
2025 New Participant Application

PARTICIPANT INFORMATION:

Participant Name: _____ Date of Birth: _____ Age: _____

Gender (circle one): Male Female Identifies: _____

Participant is a (circle one): Minor Independent Adult Adult with Guardian

Parent/Guardian Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____

Is the participant in school? Yes No Is the Participant Homeschooled? Yes No Grade: _____

How did you hear about TRI? _____

HEALTH HISTORY INFORMATION:

Current Height: _____ Current Weight: _____ Ambulation: Independent Walker Wheelchair

Primary Diagnosis: _____ (if Autism please include level)

Secondary Diagnosis: _____

Precautions: _____

Current Therapies being received: _____

Medical History (please provide all relevant information):

Is the participant able to stand unassisted? Yes No Explain: _____

Is the participant able to sit unassisted? Yes No Explain: _____

Has the participant had or is currently having any seizures? Yes No

If yes, please describe and provide type/dates of past occurrences:

CLASS INTEREST AND GOAL SETTING INFORMATION:

At TRI, we strive to build our lessons around the individual riders to ensure the best possible outcome each week. This typically means that we try to place riders in the most appropriate class based on age, ability level and common goals. Please answer the questions below to help us get a better picture of what you'd like to get out of being a participant at the Therapeutic Riding Institute. Thank you!

Has the Participant ever ridden a horse before?

- Yes, very frequently
- Yes, once or twice
- Never

Would the Participant be comfortable riding in a group setting?

- Yes
- No

If no, please explain:

Why are you seeking lessons with the Therapeutic Riding Institute?

What goals or hopeful outcomes do you have for participating in lessons?

Are there any presenting problems or concerns that would affect the participant's ability to work safely around horses, peers and/or other individuals?

Thank you for applying to become a participant with the Therapeutic Riding Institute!

Please return this form to our Program Director by emailing at: Singersoll@triohio.org

Or mail to: 3960 Middle Run Rd Spring Valley OH 45370

Once we have received your form, we will be in touch about setting up a time for an in person evaluation. A \$25 evaluation fee will be at the time of your visit. We look forward to seeing you at the farm soon!