



Therapeutic Riding Institute  
2024 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:

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Why are you seeking lessons with the Therapeutic Riding Institute?

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

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

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*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](mailto: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!

