NEW RIDER REGISTRATION

THERAPEUTIC RIDING & HIPPOTHERAPY

(Pilot Program)

Participant's Name: _____ Date:_____

Type of Riding: *(circle one*) Speech Hippotherapy Occupational Hippotherapy
Physical Hippotherapy Therapeutic Riding

Date of Birth: _____ Sex:_____ Height _____ Weight _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Primary Disability: _____ Secondary Disability: _____

If under 18, please complete the following:

Father: _____ Phone: _____ Email: _____

Mother: _____ Phone: _____ Email: _____

Name/Address/Phone numbers *(if not parents)* of _____ Legal Guardian or _____ Caregiver

_____

_____

How did you hear about Cross Creek Meadows Therapeutic Riding Center? _____

Availability: After the rider's assessment, you will be contacted for scheduling. Once the schedule is set, you will be sent a confirmation of your riding time.

In the event that Cross Creek Meadows has to cancel more than one week of classes during a session due to inclement weather, please check one of the following options for your remaining lesson fees:

_____ Credit toward the following session

_____ Donate the amount to the Rider Financial Assistance Fund

Please Note: Classes that students miss without prior notice to the center may be subject to cancellation fees.

Leftover financial assistance will automatically be credited back to the Rider Assistance Fund