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| <i>THIS SECTION FOR OFFICE USE ONLY</i> | | Administrative Coordinator Initial: _____ |
| Date Received: _____ | CIVI ID: _____ | Application Complete: _____ |



PROGRAM APPLICATION & PERSONAL INFORMATION

Name of Applicant: _____

Gender: _____ Date of Birth (M/D/Y): _____

Applying to program* (check all that apply): Therapeutic Riding Grooming
 Little Britches Summer Camp

*Appropriateness for SARI's different programs is decided on an individual basis and is best determined by SARI's team of therapists and certified riding instructors in collaboration with the applicant.

Address of Applicant: _____

City: _____ Province: _____ Postal Code: _____

Name of Guardian: _____ Phone: _____

Guardian Email: _____

Contact if other than Guardian (e.g. third party caregiver, group home): _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Contact Phone: (1) _____ (2) _____

Please check all that apply:

The applicant has a diagnosed disability/special need. Note: Physician's referral is required for all applicants with special needs *except* those applying to Grooming. Referral is required for application to be complete.

Disability/Special Need(s): _____

The applicant does not have a diagnosed disability/special need and is applying for SARI's integrated children's programming (Little Britches or Summer Camp).

The applicant has allergies which are: _____

The applicant is currently taking medication (list all): _____

Please indicate the applicant's height (feet/inches): _____, and weight* (lbs): _____

*Note: participation in horseback riding may be limited if the applicant exceeds 170lbs.

I hereby certify the information provided on this application form is accurate and grant the applicant permission to receive instruction at SARI Therapeutic Riding.

Print Name (Parent/Guardian): _____ Signature: _____

Print Name (Applicant >18 Years): _____ Signature: _____

PROGRAM INFORMATION FOR APPLICANTS

SARI Therapeutic Riding provides opportunities for people with special needs to move towards greater independence and freedom through their connection with horses. SARI offers five programs to include participants of all levels and abilities.

| Program | Session Structure | Details on Applying to Program |
|--|---|---|
| <p style="text-align: center;">Therapeutic Riding</p> <p style="text-align: center;"><i>Horseback riding lessons are specialized to meet each rider's physical, social, communication and independence goals.</i></p> | <p style="text-align: center;">30 minutes, once per week</p> <p style="text-align: center;">Three sessions: Fall, Winter, Spring</p> | <ol style="list-style-type: none"> 1. Complete "Program Application & Personal Information" 2. Complete "Physician's Referral" 3. Submit both documents to the SARI office to consider your application complete. * |
| <p style="text-align: center;">Grooming</p> <p style="text-align: center;"><i>Promotes social interaction on the ground through grooming horses and learning horsemanship skills.</i></p> | <p style="text-align: center;">60 minutes, once per week</p> <p style="text-align: center;">Three sessions: Fall, Winter, Spring</p> | <ol style="list-style-type: none"> 1. Complete "Program Application & Personal Information" 2. Submit document to the SARI office. |
| <p style="text-align: center;">Little Britches</p> <p style="text-align: center;"><i>A fun-filled integrated program open to children with and without special needs, age 4-12. Participants enjoy crafts, games, songs, and a pony ride.</i></p> | <p style="text-align: center;">Half days (AM or PM)</p> <p style="text-align: center;">One Sunday per month</p> <p style="text-align: center;">Spring (March-June) or Fall (Sept-Dec)</p> | <ol style="list-style-type: none"> 1. Complete "Program Application & Personal Information" 2. If applicant has a diagnosed special need, complete "Physician's Referral" * 3. Submit document(s) to the SARI office. <i>Please include your selection of dates for participation:</i> _____ _____ |
| <p style="text-align: center;">Summer Camp</p> <p style="text-align: center;"><i>An exciting day camp for kids age 6 to 18. Participants enjoy horseback riding lessons, crafts, guest speakers, theme days and horsemanship activities.</i></p> | <p style="text-align: center;">Full days, 9am to 4pm</p> <p style="text-align: center;">Monday to Friday, July and August</p> | <ol style="list-style-type: none"> 4. Payment and application are required to hold spot. |

*Applicants with special needs will be contacted for assessment by SARI's team of therapists and certified riding instructors to determine suitability for participation in programs. This process costs \$75 (Therapeutic Riding only) and takes up to 60 minutes and includes a portion with horses. This process is mandatory to optimize safety and participant's experience while at SARI. *The \$75 assessment fee is non-refundable.*

THIS SECTION FOR OFFICE USE ONLY & ADMINISTRATIVE COORDINATOR NOTES:

Applicant choice of Little Britches (circle): SPRING FALL \$ Received Staff Initials: _____

Applicant choice of Camp Week(s) (circle): 1 2 3 4 5 6 7 8 9 \$ Received Staff Initials: _____

Notes: