



Sarasota Manatee Association for Riding Therapy, Inc.

4640 CR 675 E, Bradenton, FL 34211-9600

941-322-2000

www.smartriders.org

Participant's Application and Health History

Participant's Name: _____

DOB: ____ / ____ / ____ Age: ____ Height: ____ Weight: ____ Male / Female

Address: _____

Phone: _____ Alternate Number: _____ E-Mail Address: _____

Employer/School: _____

Address: _____ Phone: _____

Parent/Legal Guardian: _____ Phone: _____

Address (if different from above): _____

Care Giver: _____ Phone: _____

Referral Source: _____

How did you hear about the program? _____

What medications are you currently taking, including over-the-counter medications? _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

Function: (i.e., mobility skills such as transfers, walking, wheelchair use) _____

Social: (i.e., work/school included grade completed, leisure interests, relationships, family

Structure, support system, companion animals, fears/concerns, etc.) _____

Goals: (i.e. Why are you applying for participation? What would you like to accomplish?)

Photo Release

I _____ Do I _____ Do Not

Consent to and authorize the use and reproduction by SMART (Sarasota Manatee Association for Riding Therapy) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Parent / Legal Guardian/Participant if over 18