RIDE WITH PRIDE, INC.
P.O. Box 1203, Staunton, VA 24402-1203

Participant's Application and Health History

GENERAL INFORMATION

Name of Participant: _____

Address: _____ City: _____

State _____ Zip Code: _____ Date of Birth: _____

Age: _____ Gender _____ Height _____ Weight _____

Home Phone: _____ Work Phone: _____ Cell: _____

Contact Email Address: _____

Contact Parent/Guardian/Caretaker: _____

Address (if different from participant's): _____

Phone (if different from participant's): _____

School/Employer/ Institution presently attending: _____

Referral Source/ How did you hear about Ride With Pride's Program?:
_____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate if the participant has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			

Muscular			
Thinking/ Cognition			
Allergies			
Other			

Rider's Special Needs: (check any that apply)

_____ Special Education Services	_____ Foster Care/Adoption
_____ At-Risk Youth	_____ Veteran
_____ Developmental Delay	_____ Receives Community Services

Does the rider have any history of AGGRESSIVE BEHAVIOR towards humans or animals?
Yes___ No___ If yes, describe the behavior including frequency, intensity, & known triggers.
_____

_____

MEDICATIONS (*include prescription, over-the-counter, name, dose, and frequency*)

_____

_____

PHYSICAL FUNCTION (*ie. mobility skills such as transfers, walking, wheelchair use, driving, etc.*)

_____

_____

Psycho/Social Function: (*ie. Current work/school, hobbies, relationships/family structure, fears/concerns*)

_____

_____

GOALS (*ie. Why are you applying for participation? What would you like to accomplish?*)

_____

_____

PHOTO RELEASE

I ☐ DO   ☐ DO NOT

hereby consent to and authorize the use and reproduction by Ride With Pride, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, social media, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____   Date: _____
                    Client, Parent or Guardian