



# Participant's Application

All areas with \* **MUST** be filled out in order to ride

## GENERAL INFORMATION

\* Name of Participant: \_\_\_\_\_

\* Street Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ \* Age: \_\_\_\_\_ \* Gender \_\_\_\_\_

\* Height \_\_\_\_\_ \* Weight \_\_\_\_\_ *RWP has a weight limit of 230lbs*

## CONTACT INFORMATION

\* Name of Parent/Guardian/Caretaker: \_\_\_\_\_

\* Contact Email Address: \_\_\_\_\_  
Please write clearly

\* Best Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Street Address \* (if different from Participant): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School/Employer/Institution presently attending: \_\_\_\_\_

Referral Source/ How did you hear about Ride with Pride? \_\_\_\_\_

## HEALTH HISTORY

\* Diagnosis: \_\_\_\_\_ Date/Age of Onset: \_\_\_\_\_

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

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

\* Please indicate if the participant has current or past special needs 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			

\* Does the participant have any history of **AGGRESSIVE BEHAVIOR** towards humans or animals? Yes \_\_\_ No \_\_\_ If yes, describe the behavior including frequency, intensity, & known triggers.

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

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

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**PSYCHO/SOCIAL FUNCTION:** *(i.e., Current work/school, hobbies, relationships/family structure, fears/concerns)*

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**OTHER CONSIDERATIONS:**

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Return completed applications to: P.O. Box 1204 Staunton, VA 24401

Or Email completed applications to: [RideWithPrideTR@gmail.com](mailto:RideWithPrideTR@gmail.com)

Or drop off in person at 2435 Shutterlee Mill Rd. Staunton, VA 24401

All Applications must contain: Participant Application, Participant Goals, Liability Release, Media Release, Rules Acknowledgement, Financial Agreement and \*Physicians/Medical History form and deposit to ride.

\*Physicians Form is historically tricky to obtain, please speak with the Program Director if you experience a delay getting this form.

PARTICIPANT GOALS FORM



NAME OF PARTICIPANT: \_\_\_\_\_

NAME OF PERSON FILLING OUT FORM AND RELATION:

\_\_\_\_\_

Please check Goals that you would like to see the student work on at Ride With Pride and add a brief explanation as to why:

\_\_\_\_\_ Balance \_\_\_\_\_

\_\_\_\_\_ Coordination \_\_\_\_\_

\_\_\_\_\_ Fine Motor Skills \_\_\_\_\_

\_\_\_\_\_ Improved Muscle Tone \_\_\_\_\_

\_\_\_\_\_ Attention \_\_\_\_\_

\_\_\_\_\_ Cognitive Skills \_\_\_\_\_

\_\_\_\_\_ Social Skills \_\_\_\_\_

\_\_\_\_\_ Speech \_\_\_\_\_

\_\_\_\_\_ Communication \_\_\_\_\_

\_\_\_\_\_ Self Esteem and Self Confidence \_\_\_\_\_

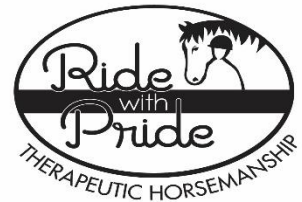
\_\_\_\_\_ Relaxation \_\_\_\_\_

\_\_\_\_\_ Behavioral: Please explain \_\_\_\_\_

\_\_\_\_\_

Please list any other Goals you would like to work on:

\_\_\_\_\_



FINANCIAL AGREEMENT WITH RIDE WITH PRIDE Inc.

Program Session (Please circle all that apply):      Spring      Summer      Fall      Winter

**A Deposit must be paid before each session.**

Name of Participant: \_\_\_\_\_

***\*If party responsible for paying changes at any time, a new Financial Agreement form must be filled out and submitted prior to that session otherwise information below will still apply. Discuss scholarships or other circumstances with Program Director if deposit cannot be made. \****

Billing Information

**Individual responsible for payment (Not Third-Party Funding)**

Name: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If you wish to receive invoices via email with the ability to pay that invoice via PayPal/credit card, please initial here \_\_\_\_\_**

Email Address: \_\_\_\_\_ (write clearly)

**Is the participant applying for a RWP Scholarship?    Y / N**

**Is the participant receiving Third-Party Funding?    Y / N**

Third Party Responsible for Payment: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address for Invoice: \_\_\_\_\_ (write clearly)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This agreement forms a contract with Ride with Pride, Inc. and the Party responsible for payment.

**The party agrees to pay \$\_\_\_\_\_ for the \_\_\_\_\_ session(s).** If there is still a balance, an invoice will be sent after session starts. Balances are due in full within 30 days or before the last day of session, whichever comes first. If full payment has not been made before the final day of the riding session a \$25 late fee will be added to the bill. Riders will not be able to sign up for the next session until all balances are paid in full. The Party responsible for payment also understands that Ride with Pride is not responsible for making up any unattended lessons. Ride with Pride may make up lessons that are canceled in advance and will provide one make up lesson at the end of every session. Clients are responsible for attending all scheduled lessons and may not be reimbursed unless deemed so by the Program Director due to extenuating circumstances.

I, (parent/guardian) \_\_\_\_\_ of participant, also agrees, that if the above person responsible for payment does not pay within 30 days of invoicing, they will be responsible for and will pay for any and all unpaid balances within 15 days of notification.

Parent/Guardian/Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Party responsible for payment: \_\_\_\_\_

Date: \_\_\_\_\_

Ride With Pride Program Director: Carolyn Meyer

