

*T.H.R.I.L.*



Therapeutic Horse Riding In Lindsay

## **T.H.R.I.L. – Rider General Information Form**

**Name of Rider:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Age:** \_\_\_\_\_

**Height:** \_\_\_\_\_ feet/inches (or cm)

**Weight:** \_\_\_\_\_ lbs (or kg)

This information helps instructors select the most suitable horse and equipment for each rider.  
All data is kept strictly confidential.

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### **Important Rider Information**

Our instructors and volunteers rely on accurate rider information to create a **safe, productive, and enjoyable lesson environment**. Please answer the following to the best of your ability.

#### **1. Intellectual, Emotional, or Behavioral Challenges:**

Please describe any intellectual, emotional, or behavioral conditions that might affect the rider's participation in this program. Be specific:

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#### **2. Physical Conditions:**

Does the rider have any physical issues that might affect their participation?

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**T.H.R.I.L.**

Visit us at [www.thril.ca](http://www.thril.ca)

Charitable # 76982 4913 RR0001

A non-profit charitable organization located at

Field Of Dreams Farm – Where Dreams Come True!

1072 Monarch Rd, Lindsay, On K9V 4R1 (705) 324 2756 [info@thril.ca](mailto:info@thril.ca)

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**3. Triggers or Upsetting Situations:**

Are there specific situations the rider might find distressing (e.g. loud noises, proximity to animals)?

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**4. Calming Strategies:**

If the rider becomes angry or upset, what are the most effective strategies to help them calm down?

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**5. Communication Ability:**

Is the rider verbal? ☐ Yes ☐ No

If **No**, how do they communicate? (Check all that apply)

☐ Sign Language      ☐ Communication Cards/Boards      ☐ Other: \_\_\_\_\_

**6. Following Directions:**

Can the rider understand and follow simple verbal directions?

☐ Yes      ☐ No      ☐ Sometimes (please explain): \_\_\_\_\_

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### **Additional Notes**

**Is there ANY other information you feel we should know about the rider?**

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### **Consent & Authorization**

I hereby give permission for the individual listed above to participate in therapeutic and/or recreational riding lessons at **T.H.R.I.L. at Field of Dreams Farm.**

I understand that participation involves physical activity around horses and that all reasonable precautions will be taken to ensure safety. I acknowledge that the information provided in this form is accurate to the best of my knowledge.

**Note:** Riders under the age of 18 must have this form signed by a parent or legal guardian.

**Signature (Rider or Parent/Guardian):** \_\_\_\_\_

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

**Printed Name of Signatory:** \_\_\_\_\_

**Relationship to Rider:** ☐ Self ☐ Parent ☐ Guardian ☐ Other: \_\_\_\_\_

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