

Horse Riding at Camp Tahquitz WRANGLER PROGRAM APPLICATION

- Name of Rider: _____ Date of Birth: _____ Age: _____ Sex: M F
- Rider Height: _____ Rider Weight: _____ Phone (____) _____
- Home Address: _____ City: _____ St: _____ Zip: _____
- Rider email: _____ Parent email: _____
- Person to Contact in Case of Emergency: _____ Relationship: _____
- Their Address: _____ Telephone: (____) _____
- Circle week desired: (1) July 7-13, (2) July 14-20, (3) July 21-27, (4) July 28-Aug 3, (5) Aug 4-10, (6) Aug 11-17, (7) Aug 18-24
- Circle session desired: (Morning) (Afternoon)

• Please describe briefly the Riders horseback riding experience:

• Please describe briefly the Riders goals for Wrangler program:

• Rider special needs: (check those that apply and explain on back of form)

Allergies Diet Asthma/Breathing Hearing Other

• Rider medicines: None Yes, as listed below

Name of Med. _____ Dosage: _____ Given at: _____
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• RIDER GENERAL QUESTIONS (Explain "Yes" answers below):

	Y/N		Y/N
1. Recent injury, illness, infections disease	_____	16. Back problems	_____
2. Chronic/recurring illness/condition	_____	17. Problems with joints/knees/ankles	_____
3. Ever hospitalized	_____	18. Have orthodontic appliance	_____
4. Had surgery	_____	19. Skin problems (itch/rash/acne)	_____
5. Frequent headaches	_____	20. Diabetes	_____
6. Ever had a head injury	_____	21. Asthma	_____
7. Ever been knocked unconscious	_____	22. Had mononucleosis in past 12 months	_____
8. Glasses, contact lens, protective eye gear	_____	23. Problems with diarrhea/constipation	_____
9. Frequent ear infections	_____	24. Sleepwalking	_____
10. Passed out during or after exercise	_____	25. Abnormal menstrual history	_____
11. Dizzy during or after exercise	_____	26. History of bed wetting	_____
12. Chest pain during or after exercise	_____	27. Eating disorder	_____
13. Seizures/convulsions	_____	28. Emotional difficulties with therapy	_____
14. High blood pressure	_____	29. Heart murmur	_____

Comments: _____

This form **must** be signed by Riders' parent or guardian.

Print Name: _____ Signature: _____ Date: _____