



Participant Application Request

Date: _____

Applying Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell #: _____ E-Mail _____

For lesson cancelation or emergency, # to call FIRST: _____ SECOND: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Referred or recommended by: _____

GENERAL INFORMATION

Please describe strengths/ abilities: (we all have them) _____

Please describe weaknesses/challenges to be considered: (we all have them) _____

Rider is in grade _____. On Grade level in school? ☐ YES ☐ NO - Explain: _____

HORSEBACK RIDING EXPERIENCE:

Check all that apply to you:

☐ Walk Confidently ☐ Trot Confidently ☐ Canter/Gallop Confidently ☐ No Experience

☐ Own a Horse ☐ Can catch & saddle a horse ☐ Ride ____ Times a Month ☐ Ride ____ Times a Year

☐ Had Bad Experience ☐ Fearful or Anxious ☐ I Have My Own ASTM/SEI Helmet

BENEFITS HOPED FOR _____

DESCRIBE OVERALL COGNITIVE/LEARNING ABILITY: _____

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



at Rhapsody in Blue

3695 GEORGIA ROAD, WETUMPKA, ALABAMA 36092
office@winningarabians.com or 251-454-2761 www.winningarabians.com

***HEALTH HISTORY**

Complete the following:

Please indicate current or past special needs in the following areas:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Thinking/Cognition |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Emotional/Mental Health | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Pain | <input type="checkbox"/> Balance |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Muscular | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Digestion | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Bone/Joint |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Grades-Under Achievement | <input type="checkbox"/> Socialization |
| <input type="checkbox"/> Animal Abuse | <input type="checkbox"/> Getting along with Others | <input type="checkbox"/> Respect for others |

DESCRIBE PHYSICAL AILMENTS/DISABILITIES THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN HORSEBACK RIDING ACTIVITIES: _____

Comments: _____

Health Status (Please describe applicant's overall physical/emotional health status, include recent surgeries and hospitalizations, dates) _____

FAMILY DOCTOR'S NAME AND PHONE: _____

INSURANCE CO. AND POLICY NO: _____

EMERGENCY CONTACT NAME AND PHONE _____

WARNING

Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act.

I AGREE TO THE PROVISIONS ABOVE AND HAVE READ AND UNDERSTAND AND AGREE TO ALL OF THE GENERAL TERMS WHICH ARE ATTACHED HERETO. TO INDUCE Rhapsody in Blue, Meyer Show Horses, EquestriArts, their owners, agents and/or representatives TO ALLOW ME TO BE INVOLVED IN ANY WAY WITH ANY PROGRAM AT Rhapsody in Blue, Meyer Show Horses, EquestriArts, their owners, agents and/or representatives, I AGREE TO BE BOUND BY THE "GENERAL TERMS". IF I FAIL TO COMPLY WITH THE TERMS OF THIS AGREEMENT OR CLAIM NOT TO BE BOUND BY THE TERMS OF THIS AGREEMENT BY REASON OF MINORITY STATUS OR OTHERWISE, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS RHAPSODY IN BLUE, MEYER SHOW HORSES, EQUESTRIARTS, THEIR OWNERS, AGENTS, RELATIVES, PROPERTY AND/OR THE BUSINESS OWNERS, PARTNERS, AGENTS, ATTORNEY, PERSONNEL, SUCCESSORS, ASSIGNS AND/OR REPRESENTATIVES FROM ANY AND ALL LIABILITY OR LOSSES RESULTING FROM ANY SUIT AGAINST Rhapsody in Blue, Meyer Show Horses, EquestriArts, their owners, agents and/or representatives BY MYSELF OR OTHERWISE RESULTING FROM A BREACH OF THIS AGREEMENT.

Applicant _____

Date _____

Rhapsody in Blue Where Dreams Come True!



LESSON TIME PREFERENCE

PLEASE INDICATE TIMES THAT will not WORK WITH YOUR SCHEDULE:

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

IS THE RIDER AVAILABLE FOR WEEKDAY MORNING LESSONS? ☐ YES ☐ NO

WHAT IS THE EARLIEST THE RIDER COULD ARRIVE AFTER SCHOOL: _____

Rhapsody in Blue, Meyer Show Horses, EquestriArts, their owners, agents and/or representatives cannot guarantee requests for lesson times until all applications are received and reviewed; however, we do our best to accommodate your requests for lesson times.

In the event there is a specific time the Participant is absolutely NOT available, please write that time, including day(s) of the week below:

PARTICIPANT IS NOT AVAILABLE ON:

DAY: _____ **TIME:** _____

I understand that I will not receive an assigned riding lesson time until all tuition is paid for in full or other arrangements have been made with management.

APPLICANT NAME: _____ **DATE:** _____

RETURN THIS PAGE WITH COMPLETED APPLICATION

Lessons - Each lesson includes (1) "horse keeping"

learning about caring for horses, the equipment and their environment; and
(2) riding lessons - learning how to ride safely with strong foundation skills
applicable to all riding disciplines.

\$ 40.00 PD by the Lesson
Per participant

DISCOUNTS:

\$35/lesson Purchase 4 lessons
To be used one (1) lesson per week for 4 consecutive weeks **\$140.00** per participant

\$30.00/lesson Purchase 8 lessons
To be used two (2) lessons per week for 4 consecutive weeks **\$240.00** per participant