



# **PARD Therapeutic Riding**

## **APPLICATION TO RIDE**

Name of applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address (if different than above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

I have reviewed the code of conduct and agree to abide by its rules.

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

**PARD Therapeutic Riding  
P.O. Box 1654 Peterborough Ontario, K9J 7S4  
705 742 6441**