PARTICIPANT'S APPLICATION

A16(i) SF

Asterisks (*) denotes required fields.

General Information

Participant:* _____ School: _____ (if a minor) Grade: _____

DOB:* ____/____/____ Age:* ____ Height:*♦ ____' ____" Weight:*♦ ____ lbs Gender:* ☐ M ☐ F

Address:* _____ City:* _____ State: SC Zip Code:* _____

Mobile:* _____-_____-_____ Email:* _____

(Required if participant is a minor.)

Parent/Legal Guardian: _____

Address: _____ (if different from above) City: _____ State: SC Zip Code: _____

Mobile:* _____-_____-_____ Email:* _____

Employer: _____ If none, check here. ☐

Work: _____-_____-_____ Work Email: _____

Program Interest and Goals

1. To which program are you applying?* ☐ EAL ☐ EAP ☐ EH ☐ K-12 ☐ RR ☐ SM ☐ TR ☐ Vet
(Choose Only One)

2. What would you like to accomplish in the program?*
_____

3. To which learning environment are you applying?* ☐ Private ☐ Semi-Private ☐ Group

4. Why do you believe your goal can be accomplished in your preferred learning environment?*
_____

5. Although <u>no experience is required</u>, describe any previous experience with horses.* If none, check here. ☐
_____

6. How did you hear about the program?
_____

Physical & Psychosocial Functions

1. Describe mobility skills such as transfers, walking, wheelchair use, driving and/or riding in a vehicle, etc.*
_____

2. Describe your family structure.*
☐ Nuclear Family[1] ☐ Single Parent[2] ☐ Extended Family[3]
☐ Childless Family[4] ☐ Step Family[5] ☐ Grandparent Family[6]

3. What is the highest grade completed? (If 18 years of age or older) ☐ Less than 9th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

4. What, if any, are your social support systems?* (Check all that apply)
☐ Emotional[7] ☐ Instrumental[8] ☐ Informational[9] ☐ Appraisal[10] ☐ Other: _____ If none, check here. ☐

5. What, if anything, causes you fear and/or concern?*
_____
Why?*
_____

6. What are your leisure interests?*
_____

7. What species of companion animals, if any, do you own or interact with at least four days per week?*
☐ Alpacas ☐ Birds ☐ Cats ☐ Dogs ☐ Guinea Pigs ☐ Horses ☐ llamas ☐ Pigs ☐ Rabbits
☐ Rats ☐ Other: _____ If none, check here. ☐

Electronic Signatures. *Each party agrees that this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility, to the extent and as provided for in any applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, or any other similar state laws based on the Uniform Electronic Transactions Act.*

By signing below, I attest that the information provided above is true and accurate to the best of my knowledge as of the date of this form.

Parent or legal guardian's signature is required if participant is under the age of 18.

_____ ____/____/20____
Participant/Legal Guardian's Name Date

_____ ____/____/20____
Participant/Legal Guardian's Signature Date

[1] Two parents (usually married or common law) and their children
[2] One parent with one or more children
[3] Two or more adults who are related through blood or marriage and their children
[4] Two adults who cannot have or does not want children
[5] Two separate families merged into one
[6] One or more grandparent is raising a grandchild or grandchildren
[7] Expressions of empathy, love, trust and caring
[8] Tangible aid and service
[9] Advice, suggestions, and information
[10] Information that is useful for self-evaluation
An asterisk (*) denotes required fields.
A diamond (♦) denotes verification of weight during the in-person assessment.