

Western Saddle Clubs Association Adaptive Riding Physician Referral Form

Adaptive Riding is a branch of Equine-Assisted Services in which riders with some form of physical, emotional, or developmental disability are assisted in order to safely participate in equestrian activities.

Participant Name: _____

Guardian Name: _____

Participant Address: _____

Participant Phone: (home) _____ **(cell)** _____

Participants with limitations in the following areas generally qualify for inclusion in Adaptive Riding Programs. Many riders will require the assistance of a horse handler or support assistants. Riders might require adaptive equipment to allow them to safely compete. Riders might also be able to ride without an assistant at their side, while still requiring the support of a trainer or device in the arena to compete.

Below, please find an array of areas which qualify a participant to compete as an Adaptive Rider. We do not require the disclosure of a diagnosis.

Seizure Disorder	Balance Disorder
Independent Ambulation with Restriction	Orthopedic Condition
Assisted Ambulation	Allergy Condition
Downs Syndrome	Learning Disability
Atlanto-Axial Instability	Cognitive Disorder
Auditory Special Needs	Emotional Disorder
Visual Special Needs	Psychological Disorder
Special Needs Regarding Tactile Sensation	Participation in Special Education Classes
Cardiac Condition	Pulmonary Condition
Circulatory Disorder	Neurologic Condition
Integumenatry/ Skin Condition	Muscular Condition
Immunity Condiiton	Other

The above-named participant is not precluded from participating in Adaptive Riding Activities.

Name/Title: _____ MD DO NP PA _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____