

Sebastian Riding Associates, Inc.

Therapeutic & Educational Riding Programs for Children & Adults with Disabilities

3589 B Water Street ♦ Collegeville, PA 19426 ♦ 610-489-3741 ♦ www.sebastianriding.org



REGISTRATION FORM

Student: _____

Date of Birth: _____ Age: _____

Address: _____
(Street Address, City, State, Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Parent, Spouse or Guardian: _____

Occupation _____

Relationship: _____ Phone: _____

Address: _____
(Street Address, City, State, Zip)

Please Specify Student's Disability: _____

School or Institution Presently Attending: _____

Applicant's Availability for Therapy/Riding Sessions*

Sebastian provides services 7 days a week. Please indicate the days and times you could attend:

	<i>Time(s) Available</i>		<i>Time(s) Available</i>
Sunday	_____	Thursday	_____
Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____		

**Sebastian has a waiting list for program participation. Placement in the program is usually quicker for applicants with wider availability/flexible schedules.*

✓ Note: Is rider over 21, legally competent and able to sign for him/herself?
If rider is not over 21, not legally competent and is unable to sign for him/herself, all of the attached forms must be signed by a parent/legal guardian and not the rider.
 Please double check the attached forms to be sure that all required signatures are completed.