



Application Form for Waiting List

Date _____

Name _____

Parents or Guardian _____

Street _____ City _____ State _____

Zip Code _____ Home Phone _____ Other Phone _____

Email _____

Disability _____ Height _____ Weight _____

Date of Birth (mm/dd/yy) _____ Sex _____

Does applicant use any of the following: (check those applicable)

- _____ 1. Wheelchair
- _____ 2. Crutches
- _____ 3. Walker
- _____ 4. Braces
- _____ 5. Other _____

Assist for transfer needed:

- _____ 1. None
- _____ 2. Min
- _____ 3. Mod
- _____ 4. Max

Is Applicant incontinent? Yes _____ No _____

Has/does applicant have trouble with the following: (check those applicable)

- _____ 1. Hearing
- _____ 2. Sensation
- _____ 3. Speech
- _____ 4. Vision



Chariot Riders Inc. Ocean County
A therapeutic riding academy for everyone!

3170 Chariot Court
Manchester, NJ 08759
(732) 657-2710

- _____ 5. Balance
- _____ 6. Circulation
- _____ 7. Seizures
- _____ 8. Coordination

School _____

Other Therapies _____

Days/Times available to ride _____