

SPECIAL OLYMPICS IOWA EQUESTRIAN RIDER PROFILE

MUST BE SENT FOR EACH ATHLETE REGISTERED

Athlete's Name: _____ Height: _____

Sex: _____ Age: _____ Weight _____

1. Physical Disability, if any _____

2. Check Appropriate Ambulatory Status:

_____ Wheelchair: _____ Dependent _____ Electric _____ Propels Self

_____ Ambulatory: _____ Needs Personal Service or Supervision _____ Independent

_____ Independent with walker _____ Independent with crutches/canes

3. Athlete Began Riding in your program (date): _____

4. Rider Classification:

_____ Novice Assisted _____ Intermediate Assisted _____ Advanced

_____ Novice Unassisted _____ Intermediate Unassisted

5. Riding Style: _____ Western _____ English

6. Describe tack used for this rider: _____ Normal _____ Adapted

If adapted, please explain: _____

**** Instructors must bring protective headgear and any specially adapted tack required by the rider. Make sure all the equipment is well marked with athlete's name.

7. Mounting/Dismounting Techniques: (Please check techniques used by the rider.)

<u>Mounting</u>	<u>Dismounting</u>
_____ From Ramp Assisted	_____ To Ramp Assisted
_____ From Ramp Unassisted	_____ To Ramp Unassisted
_____ From Ground Assisted	_____ To Ground Assisted
_____ Independent	_____ Independent

Degree of assistance required (if Applicable) in mounting:

_____ Minimal _____ Moderate _____ Total

_____ Number of people needed to help athlete mount

(Not including person in charge of horse)