

Clip Clop! A Sibling Workshop!

Participant Application

A Collaboration between Cadence Therapy and Special Needs Texas

Please note that at the end of this application there is a brief About Me section for your child to complete

Participant's Name (First, Last, Middle Initial)	Date of Birth	Nickname
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Address	City	State	Zip
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Parent/Guardian Full Name	Phone Number (Cell/Home – Circle)
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Parent/Guardian Full Name	Phone Number (Cell/Home – Circle)
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Emergency Contact (Must have access to reliable transportation) Phone # & Relation to Child

If you prefer email communication please give email address: _____

Medical Diagnosis on Record (Please Circle All That Apply) & General Health Information

Does your child have a medical diagnosis? If so, please list.

Medications

Is your child on any medications that we should know about or that need to be administered during sessions?
If so, please list them and whether or not your child can self-administer the medication:

Food, Drug, Allergies & Dietary Restrictions

Food: _____

Drug(s): _____

No Known Drug Allergies (Please Circle If Applies)

Latex (Yes or No?): _____

General/Seasonal: _____

Does your child have any dietary restrictions or are they on a special diet? Please explain:

Participant Sibling Information

Please list the participant's siblings' name, gender, age and the sibling's diagnosis(es). This includes siblings without special needs as well. This will help familiarize the workshop staff with each child's family system.

Name	Gender	Age	Diagnosis
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Name	Gender	Age	Diagnosis (If applicable)
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Name	Gender	Age	Diagnosis (If applicable)
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Name	Gender	Age	Diagnosis (If applicable)
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Child's Expressed Interest in Horses 1 2 3 4 5 (1- Not at All, 5-Extremely Interested)

Child's Experience with Horses – Place a check next to level best matching your child's experience

_____ Green Beginner (Has petted a horse, ridden a horse at a petting zoo or carnival)

_____ Beginner I (Has ridden horses on a commercial/vacation trail ride, ridden at a sleepaway camp)

_____ Beginner II (Has ridden horses at a horse camp, has taken 1-2 sessions of professional lessons)

***If yes, did your child take English riding lessons or Western riding lessons or both? _____*

_____ Advanced Beginner (Has taken lessons consistently for 3-6 months)

***If yes, did your child take English riding lessons or Western riding lessons or both? _____*

_____ Intermediate (Has owned or leased a horse for 6+ months and taken lessons)

***If yes, did your child take English riding lessons or Western riding lessons or both? _____*

_____ Advanced (Can saddle & tack a horse independently, has competed in shows)

***Please note that many aspects of this particular workshop are not targeted for Intermediate to Advanced riders.*

Child's Group & Social Experience

Has your child participated in a group or activity before? For example: a Bible study group, a softball team. If yes, what was their experience like? Do they like to take charge, are they an active participant or do they like to observe and are cautious to share?

What sort of hobbies or interests does your child currently have?

Clip Clap! A Sibling Workshop! will challenge your child physically as well as emotionally. How can the staff best help your child learn and grow during this experience? Will they need extra encouragement to share? Is there something special or different about their relationship with their sibling that staff should know about?

Parent/Guardian Signature and Application Info

Participants are accepted into Clip Clap on a first-come, first-serve basis dependent upon when applications are received. Program fee payments and consent forms are due 1-week prior to the start of the 1st day of the program. Program fees are non-refundable unless your child cannot participate due to a documented medical illness (Doctor's note) and 24 hours advanced notice of cancellation of participation in the program has been given.

Scholarships & Payment Arrangements

Clip Clap strives to make this program available to households who may not otherwise have the financial means available to give their child the opportunity to experience horsemanship. Scholarships and scholarship amounts are determined based on annual family income and number of individuals residing in the household. Proof of income in the form of a W-2 statement or 2 paycheck stubs are required. If your family does not qualify for a scholarship but cannot pay for the full amount of the workshop, a payment arrangement of ½ of the program cost up front, and ½ due mid-way through the program can be arranged.

_____ [X here if you will be applying for a scholarship]

Applications should be turned in as soon as possible via email or mail.

Participation fee payments are accepted in the form of a personal check, Paypal or cash (Cash payment should be arranged in person). Program payment is due 1-week prior to the start of the workshop along with participant consent and liability release forms which are to be signed by the participant's parent or legal guardian.

Submitting Applications & Fees

Mail completed application to:

Cadence Therapy
13406 Cameron Road,
Manor, TX 78653

Or email application to: specialneedstexas@gmail.com

Parent/Legal Guardian Signature	Date
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About Me! (Participant Essay)

- ❖ What about this workshop interests you?
- ❖ What is your relationship with your sibling with special needs like?
- ❖ When talking about your relationship with your sibling can you please tell us what you love as well as what is hard for you about being their sister or brother?
- ❖ What would you like to learn from the staff and what would you like to learn from other siblings like yourself?
- ❖ What would you like to learn about horses?

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