



Milestones, Inc
Equestrian Achievement Program

*a not-for-profit therapeutic horseback
riding program for individuals with disabilities*

Milestones New Rider Application

New riders please complete this form & return.

Do not include any of the other rider information until you have been contacted.

Student name: _____ DOB: _____ Age: _____ Ht: _____ Wt: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation or School: _____

Employer or Current Grade: _____

Is the student his/her own legal guardian? Y N

If no:

Name of Parent(s) or Guardian(s): _____

Address (if different) _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

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Contact Information:

How can Milestones reach you in a non-emergency; i.e. to discuss scheduling?

Phone numbers:

Home: _____

What number(s) do you want called in the daytime? _____

Work: _____

Cell: _____

What number(s) do you want called in the early evening? _____

Pager: _____

Email address(es): (Only give address(es) you want used)

Personal: _____ Work: _____

Student's primary diagnosis, and any other pertinent information that would aid in a successful equestrian experience:

What do you as a student or parent hope to gain from this equestrian experience?

Please return this completed form by: Fax/Email/Mail

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