



Michigan Abilities Center
 7286 W. Ellsworth Road, Ann Arbor, MI 48103
 Phone: (734) MAC-9500 Fax: (734) MAC-9555
 Website: MichiganAbilitiesCenter.org

Participant's Application

Name _____ Sex _____ Today's Date _____
 Diagnosis/Disability _____ Weight _____ Height _____
 Address _____ City _____ Zip _____
 Email _____ Home Phone _____ Date of Birth _____ Age _____
 Other contact number(s) _____ Employer/School _____
 Spouse/Parent/Legal Guardian(s) _____ Phone _____
 Address (if different from above) _____
 Children/Siblings (& ages) _____
 Occupation (self, parent, &/or spouse) _____
 Employer(s) and phone number(s) _____

How did you learn about Michigan Abilities Center?

Have you ever ridden in a therapeutic riding or hippotherapy program? If so, please give the name of the program(s) and describe your experiences (e.g. what was beneficial and enjoyable, and what was not). _____

What can Michigan Abilities Center do to make your experience more rewarding?

GOALS (Why are you applying & what would you like to accomplish? List specific goals you want to work on.)

Date _____ Signature _____
 (Participant, Parent or Guardian)

PHOTO RELEASE

I DO DO NOT

consent to and authorize the use and reproduction by Michigan Abilities Center of any photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____
 (Participant, Parent or Guardian)