

## Rider Application Form

Please send completed form to [info@eapd-dubai.ae](mailto:info@eapd-dubai.ae)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

School / Level: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Mobile (mother): \_\_\_\_\_ Mobile (father): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent Occupation: \_\_\_\_\_

Health History (past & present): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Is the child's mental development (please tick):     Age appropriate         Not age appropriate

If not age appropriate, please provide details: \_\_\_\_\_

\_\_\_\_\_

Is the child (please tick):                       Verbal                       Partially verbal         Non-verbal

Can the child walk independently?                       Yes                       No

Does the rider sit independently                       Yes                       No

Does the rider use a walker, crutches or wheelchair?                       Yes                       No

Does the rider have an indwelling catheter?                       Yes                       No

Does the rider experience seizures?                       Yes                       No

If yes, when was the last one? \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_