



**TEAM Rider Application Form**—(cont'd)

(Please type or print)

What medications are you currently taking, including over-the-counter medications?

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Describe your abilities/difficulties in the following areas (include whether assistance is required or if equipment is needed):

**FUNCTION** (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**SOCIAL** (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?)

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