 

Center for Adaptive Riding

Mailing Address: 59 Damonte Ranch Pkwy. B102 ● Reno, NV 89521

info@adaptiveriding.org ● 775-329-1839 ● www.AdaptiveRiding.org

**STUDENT APPLICATION**

2018

Please take a moment to read over this letter. It contains some very important information to help you understand and prepare yourself and your child for participating with the Center for Adaptive Riding. *If you have any questions or comments, please do not hesitate to get in touch with us.*

**Riding Attire**

* All students must wear a properly fitted ASTM-SEI approved riding helmet. We have helmets available for our students. If you choose to purchase your own, please ensure that it is the correct fit and meets the above specifications.
* Hats, headbands, barrettes, or any other hair accessory are not to be worn under the helmet. Long hair must be loose or tied at the base of the neck only.
* Shoes must fully enclose the entire foot, and preferably have a 1” square heel. Shoes with large rubber tread are not advised.
* Long pants. Pants should not be baggy. Jeans or cotton pants are suggested, as other material can be slippery on the horse and tack.
* Jewelry such as earrings, necklaces and bracelets (unless medical I.D.) are not to be worn.
* Strong perfume or other scents are discouraged.
* Before getting on the horse, riders should remove items from their pants pockets.
* No food items in mouth (gum).
* The instructor reserves the right to have a student change apparel or remove items from their person if, in their opinion, it constitutes a safety issue.

**What Else Should I Bring?**

Be aware of the weather, and dress appropriately. Layers are always a good idea. Please bring your own water or other drink. Please also wear sunscreen as we will probably be outside. It is a good idea to have insect repellent available. Bring a snack if you need to eat before or after your lesson.

**Lessons and Sessions**

The definition of a Session is a series of lessons (We currently run Spring, Summer and Fall Sessions.) The fee per Session is based on the number of lessons in that Session. If you have special attendance circumstances, we can work to accommodate your situation. Lessons are typically 20-45 minutes in duration and may be private or semi-private. Considerations for duration of the lesson may include rider stamina, behavior, health, weather or volunteer availability. (Please see***Weather Policy***) Payment is due at the beginning of each Session or by arrangement. Our ***Attendance and Cancellation Policy*** covers in detail the student and parent responsibilities.

**Scholarships**

For riders and families who may have a difficult time paying for the full session, we do have riding scholarships available. You must apply prior to each session. The submission deadline is 10 days before the first session lesson begins. Scholarship won’t cover the full cost, and percentage of awarded money may change depending on number of applicants and on the current scholarship funds available for your particular session.

\*\*\* **PLEASE NOTE THAT THERE IS A PHYSICIAN’S RELEASE FORM AT THE END OF THE APPLICATION THAT MUST BE PRESENTED TO YOUR HEALTH CARE PROVIDER AND RETURNED TO CENTER FOR ADAPTIVE RIDING AT LEAST 1 WEEK PRIOR TO THE START OF EACH SESSION\*\*\***

If you have any other questions, please don’t hesitate to contact us!

Nikki Avera,

PATH Intl. Certified Instructor, equine manager, and program director

**CAR Weather Policy**

SAVE THIS PAGE FOR YOUR REFERENCE

Weather patterns can change quickly in Northern Nevada, and therefore a decision to cancel lessons will be made at least 1 hour before scheduled lesson time, and up to 24 hours in advance.

The following guidelines will be used to determine whether to cancel lessons at the Center for Adaptive Riding. It is the responsibility of the lesson instructor to determine whether the weather presents a hazard to the safety of lessons.

The following situations may cause the cancellation of lessons:

**Heat**

Temperatures above 95 degrees will be cause for cancellation of mounted lessons. The instructor may choose an un-mounted activity in lieu of cancellation.

**Wind**

High Wind Warnings, especially above 50 mph, including Blowing Dust Warnings and Blizzard Warnings.

**Flash Flood Warnings**

Threat of LOCAL flooding or a Flash Flood Warning issued by National Weather Service (NWS)

**Thunderstorms**

Thunderstorms are typically short-lived events, however lessons will be cancelled when thunder is audible, and lightening occurs within 5-10 seconds of thunder, or if NWS has issued a Severe Thunderstorm Warning.

**Rain**

Forecasted rainfall over .25 inches during a 2 hour period. Forecasts for 20-50% (slight chance of rain to chance of rain) chance of rain is not sufficient for cancellation.

**Winter Storm Warnings**

Snow, Ice, Sleet and Hail Warnings – Forecasted duration of storm is to be considered. Outside Temperatures below 45 degrees may be reason for cancellations.

**The Center for Adaptive Riding considers safety its first priority. Riding Local weather and driving conditions may vary greatly, so it is the responsibility of parents, riders and volunteers to determine if their local conditions are too dangerous for their specific situation. Notify Center for Adaptive Riding at 775-329-1839 (text or call), if you will not be coming for your scheduled lesson time. Please give as much notice as possible so that adjustments can be made accordingly.**



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**Payment, Attendance and Cancellation Policy**

**Payment and Tuition**

A flat rate is charged per session. The session tuition is based on the number of lessons in that session. The session tuition must be paid before the first lesson in the session, or by pre-agreed arrangement. For those riders who are also clients of Sierra Regional Center, talk to your Service Coordinator/Social Worker with SRC about Center for Adaptive Riding providing services for you. **Please talk to us *in advance of the beginning of the session* if you have any concerns or questions regarding payments.**

**We accept cash, check, credit/debit payments.**

**Attendance and Cancellations**

Volunteers generously give their time to be here to help make lessons safe, fun and possible. We value the time they give, so it is important that you attend all scheduled lessons in the session.

* If you are unable to make your lesson, please let us know as soon as possible! Non-emergency cancellations must be made no less than 12 hours prior to the rider’s scheduled lesson time.
* Plan to arrive a little early so that any last minute details can be tended to (drink of water, use the bathroom, get helmet and/or boots on) before lessons begin.
* Emergency cancellations (illness, transportation incident or accident, family emergency, etc) should be made before 8:00am, if possible.
* Riders canceling with insufficient time will be responsible for the full lesson fee and not be eligible for makeup lessons.
* Riders may be offered opportunities to make up missed lessons. Makeup times and days may vary from the regular schedule. Any additional missed lessons will not be refunded or credited in any way.
* Riders arriving over 15 minutes late may not be able to ride, and will not be eligible for a makeup lesson.
* Riders with two or more last minute cancellations, “no shows” (missed lesson with no notification), or excessive cancellations each session may be dropped from the program at the discretion of the instructor.

The Center for Adaptive Riding reserves the right to cancel a lesson at any time and for any reason. (Some examples would be weather conditions, inappropriate clothing, behavioral difficulties, health considerations or an insufficient amount of volunteers to safely provide a lesson.)

***SAVE TOP PART FOR YOUR REFERENCE. SIGN BELOW AND RETURN***

**-----------------------------------------------------------------------------------------------------------------------------------**

I have read and understand Center for Adaptive Riding’s *Payment, Attendance and Cancellation Policy* and agree to all of its conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Signer’s Name Print Rider’s Name**

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**Signature of Parent/Guardian or Rider (if over 18 yrs. and independent)**



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**Student’s Application**

***Please note that a new application must be submitted each year***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you like to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What is the best way to get in touch with you? ***Non-Emergency communications are done via email.***

Home Phone Cell Phone Text E-mail Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent information (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Besides the rider’s legal guardians, are there any other individuals who may drop off or pick up the rider?

If so, please list their name, relationship and contact information below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employer/School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What experience do you have with horses (if any)?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Goals (i.e. Why are you applying? What would you like to accomplish?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY**

Rider’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event of an emergency, contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | N | **COMMENTS** |
| Vision |  |  |  |
| Hearing |  |  |  |
| Sensation |  |  |  |
| Communication |  |  |  |
| Heart |  |  |  |
| Breathing |  |  |  |
| Digestion |  |  |  |
| Elimination |  |  |  |
| Circulation |  |  |  |
| Emotional/Mental Health |  |  |  |
| Behavioral |  |  |  |
| Pain |  |  |  |
| Bone/Joint |  |  |  |
| Muscular |  |  |  |
| Thinking/Cognition |  |  |  |
| Allergies |  |  |  |

**MEDICATIONS (***include prescription, over-the-counter; name, dose, and frequency)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Describe abilities/difficulties in the following areas (include assistance required or equipment needed):***

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\* **PLEASE NOTE THAT THERE IS A PHYSIANS RELEASE FORM AT THE END OF THE APPLICATION THAT MUST BE PRESENTED TO YOUR HEALTH CARE PROVIDOR AND RETURNED TO CENTER FOR ADAPTIVE RIDING AT LEAST 1 WEEK PRIOR TO THE START OF LESSONS\*\*\***

**Authorization for Emergency Medical Treatment Form**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Center for Adaptive Riding to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Consent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client, Parent or Legal Guardian

**~~ OR ~~** (*Sign Either Above Or Below, Not Both)*

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

* Parent or legal guardian will remain on site at all times during equine assisted activities
* In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client, Parent or Legal Guardian

***Rider Lesson Availability***

Rider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***A new schedule availability form must be submitted prior to Spring, Summer and Fall sessions.***

|  |  |
| --- | --- |
| **Mark the ideal day you’d like to ride** | **List your ideal times (specific times or morning, mid-day, afternoon, evening)** |
| Wednesday |  |
| Friday |  |
| Saturday |  |

Please note if there is an alternate time and/or day that would be more ideal for you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any days that you will be unable to attend lessons:

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Please let us know if there are any situations that you need to have addressed or adjusted to meet your specific needs (can’t pay full session tuition, will be missing multiple days during the session, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pay it Forward**

We encourage all of our riders and families to participate in Center for Adaptive Riding events and functions outside of lessons. It takes a lot to make our non-profit program running, and your contribution is greatly needed!

Please mark anything and everything that you’d like to be a part of:

**\_\_\_\_\_\_ Public Relations-** Help keep the Center for Adaptive Riding in the news by writing regular news articles and/or making media contacts.

**\_\_\_\_\_\_ Newsletter-** Help create quarterly newsletter, collect stories and photos to include.

**\_\_\_\_\_\_ Grant-Writing-** Help research and write grant/foundation/corporate requests.

**\_\_\_\_\_\_ Special Events-** Assists in planning and implementing occasional special events

**\_\_\_\_\_\_ Board Member-** Assist in directing the future

**\_\_\_\_\_\_ Budget & Finance**

**\_\_\_\_\_\_ Photography/Video Production**

**\_\_\_\_\_\_ Program Volunteer –** Participate in lessons (must apply for and attend volunteer training)

**\_\_\_\_\_\_ Horse Care –** Help feed, clean and otherwise care for our horses on lesson days / non-lesson days (circle one). Indicate preferred task (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_ Maintenance-** Provide general improvements including painting, cleaning, weeding, and other tasks as necessary. On lesson days / Non-lesson days (circle one). Indicate preferred task (if any):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_ Horse Sponsorship** – it takes a lot to support our horses, including feed, facility maintenance, hoof trims, equipment upkeep and veterinary care. You can sponsor a horse and contribute directly to their care.

\*Sponsorship amount: $\_\_\_\_\_\_\_\_ per month / year / one-time payment (circle one)

**\_\_\_\_\_\_ Other** (We are *always* looking for new ideas to improve the program): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Agreement**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name (If under 18 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that all information (written, verbal and photographic), of or about participants of the **Center for Adaptive Riding** is confidential and will not be shared with anyone without the **expressed written consent** of the participant and their parent/guardian in the case of a minor.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

I \_\_\_\_\_ Do

\_\_\_\_\_ Do Not

authorize consent to the **Center for Adaptive Riding** to take or have taken still and moving photographs and films, including television pictures, of *(circle one)* my/our *(circle one)* self / daughter / son / ward *(participant’s name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and, consent and authorize the **Center for Adaptive Riding** to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material. With respect to the foregoing matters, no inducements or promises have been made to *(circle one)* me/our signature(s) to this release other than the intention of the **Center for Adaptive Riding** and its work.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent/Guardian, if under 18 years)*

**LIABILITY RELEASE FORM**

WITNESS THIS AGREEMENT this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by and between the **Center for Adaptive Riding,** hereinafter referred to as "Farm," WHEREAS Farm is owned by the city of Reno, NV and operated by the Center for Adaptive Riding, located at 2800 Pioneer Dr., Reno, Nevada, 89509.,

and the individuals listed below, hereinafter referred to as "User”:

*(List all individuals who will be visiting, participating and/or observing any and all programs at the Center for Adaptive Riding, including riders, legal guardians, family members, friends, etc.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is an agreement and covenant to release the city of Reno, NV., the Farm, ALL OF THEIR AGENTS, its board of directors, officers, employees, committees and volunteers from liability to the activity including, but not limited to horseback riding or other equine related activities, volunteering, observation, use of facilities or equipment, or any other participation in Farm programs.

**I hereby agree to the following:**

1. In consideration for my being allowed to participate in equine related activities on Farm property, I, for myself and my heirs, assigns, and personal representatives, do hereby covenant not to sue and do hereby release The Farm and its Board of Directors, officers, employees, committees, and volunteers from ALL liability and waive any claim for damages arising from any cause whatsoever in that I assume all risks related to all equestrian activities referenced herein or in which I participate at or through The Farm, including property damage.
2. I hereby covenant to indemnify and hold The Farm, and its Board of Directors, officers, employees, committees, and volunteers, or any other person harmless of damage or injury caused by my horse or myself due to my actions, my riding or the action of my horse and as part of any equestrian activity described herein.
3. I understand that ALL physical equipment and facilities used with equestrian sports can contribute to an accident causing injury or death. I specifically assume full responsibility for such possibility.
4. I understand that equestrian sports are extremely dangerous. There is a high probability that I may fall or otherwise have an accident that will injure me severely. I specifically assume full responsibility for such possibility.
5. I understand that if a lawsuit is taken against the city of Reno, NV., The Farm, and its Board of Directors, officers, employees, committees, and volunteers and prevail in that lawsuit that I will pay all attorney fees, court costs, and other litigation costs incurred by The Farm, its Board of Directors, officers, employees, committees, and volunteers, and in defending such a lawsuit.

**ACKNOWLEDGEMENT OF RISKS OF ENGAGING IN HORSEBACK RIDING**

The undersigned acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities.   The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participants ability.

           User expressly releases Farm from any and all claims for personal injury or property damage, even if caused by negligence (if allowed by the laws of this State) by Farm or its representatives, agents or employer

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY**

I expressly assume the risk and legal responsibility for injury, loss, or damage to me or my property that result from participation in horseback riding or any other activity offered by The Farm. I agree to assume full responsibility for the risks identified herein as well as those risks not specifically identified. I expressly assume full responsibility for property damage and personal injury or accidents of every type and degree including, but not limited to, sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, scrapes, contusions, paralysis, neck and/or spinal injuries, shock, and death, and any resulting expenses.

**WARNING**

You are advised that there are inherent risks, including the risk of serious injury or death, while engaging in equine and equine related activities. By engaging in equine activities and in accordance with the terms of this agreement you hereby assume all risks of injury or death.

USER FURTHER AGREES TO HOLD FARM HARMLESS AND DEFEND IT FROM ANY AND ALL CLAIMS, DEMANDS, JUDGMENTS, ORDERS, OR LIABILITY WHATSOEVER ARISING AS A PROXIMATE RESULT OF ANY ACTIVITY OF USER, USERS AGENTS, EMPLOYEES AND REPRESENTATIVES ON PREMISES OF FARM.

        Farm reserves the right to refuse access or use of any horse upon the premises that does not appear to Farm to be in good health, or is deemed dangerous or undesirable.

If any provision of this agreement is found to be unenforceable by a court of competent jurisdictions or by an arbitrator or panel of arbitrators, all other provisions shall remain in full force and effect.

I HAVE READ, UNDERSTOOD, AND ACCEPT THE TERMS AND CONDITIONS STATED HEREIN AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE BINDING UPON ME (AND THE MINOR CHILD OR CHILDREN WHOM I HAVE CUSTODY) AND OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATES.

**User:**

Print rider/participant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (*if over 18*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If under 18:*

Print Parent/Guardian name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and sign all pages

**Mail to:**

**Center for Adaptive Riding**

**59 Damonte Ranch Pkwy. B102**

**Reno, NV. 89521**

**Or email to:**

**info@adaptiveriding.org**



Center for Adaptive Riding

Mailing Address: 59 Damonte Ranch Pkwy. B102 ● Reno, NV 89521

info@adaptiveriding.org ● 775-329-1839 ● www.AdaptiveRiding.org

Dear Health Care Provider:

Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is interested in participating in supervised equine activities.

***In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician’s Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present and to what degree.***

***Additionally, completing all areas of the form will help us to determine the appropriateness of accepting this individual into our program.***

**Orthopedic Medical / Psychological**

Atlantoaxial Instability – include neurologic symptoms Allergies

Coxa Arthrosis Animal Abuse

Cranial Deficits Cardiac Condition

Heterotopic Ossification / Myositis Ossificans Physical / Sexual / Emotional Abuse

Joint subluxation / dislocation Blood Pressure Control

Osteoporosis Dangerous to self or others

Pathologic Fractures Exacerbations of medical conditions (i.e. RA, MS)

Spinal Joint Fusion / Fixation Fire Settings

Spinal Joint Instability / Abnormalities Hemophilia

Medical Instability

**Neurologic** Migraines

Hydrocephalus / Shunt PVD

Seizure Respiratory Compromise

Spina Bifida / Chiari II malformation / Tethered Cord / Hydromyelia Recent Surgeries

Substance Abuse

**Other** Thought Control Disorders

Age – Under 4 years Weight Control Disorder

Indwelling Catheters / Medical Equipment

Medications – i.e. photosensitivity

Poor Endurance

Skin Breakdown

Weight over 190 pounds

**Participant’s Medical History & Physician’s Statement**

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Past/Prospective Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Seizure Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For those with Down Snydrome:*  AtlantoDens Interval X-rays, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please indicate current or past special needs in the following system/areas, including surgeries:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **COMMENTS** |
| Auditory |  |  |  |
| Visual |  |  |  |
| Tactile Sensation |  |  |  |
| Speech |  |  |  |
| Cardiac |  |  |  |
| Circulatory |  |  |  |
| Integumentary / Skin |  |  |  |
| Immunity |  |  |  |
| Pulmonary |  |  |  |
| Neurologic |  |  |  |
| Muscular |  |  |  |
| Balance |  |  |  |
| Orthopedic |  |  |  |
| Allergies |  |  |  |
| Learning Disability |  |  |  |
| Cognitive |  |  |  |
| Emotional / Psychological |  |  |  |
| Pain |  |  |  |
| Other |  |  |  |

Given the above diagnosis and medical information this person is not medically precluded from participation in equine assisted activities. I understand that the Center for Adaptive Riding will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Center for Adaptive Riding for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_