



Horseplay Therapeutic Riding Center
P.O. Box 506
Vacaville, CA 95696

707-447-8733
horseplayriding.org



Dear Prospective Horseplay Participant:

Thank you for your interest in riding with Horseplay Therapeutic Riding Center (HTRC). The first step toward enrolling in Horseplay is to complete and return these forms. The applicant or a family member completes the application and your physician completes the medical history form. You then mail the forms to Horseplay Therapeutic Riding Center, P.O. Box 506, Vacaville, CA, 95696. **((Please make a copy of the completed enrollment packet before mailing. A \$30.00 Registration Fee is required. Please include fee with your application. Make check payable to Horseplay Therapeutic Riding))** The acceptance and continued participation of a participant in our program depends on the availability of instructors, volunteers and suitable horses and is based on our determination that we can safely accommodate the participant. To enroll in HTRC's program, riders must be at least four years old. In addition, we have a maximum weight limit of 200 lbs.

HTRC adheres to precautions and contraindications established by the Professional Association of Therapeutic Horsemanship International (PATH) and retains the right to refuse any participant we cannot safely accommodate. Participants must inform us of changes in health status. HTRC requires annual updates of the medical history form.

Our current tuition is \$40.00 per session, billed one month in advance. Attendance, payment, session cancellation, and safety policies are detailed on page 10. Please note that we do not credit for missed sessions or sessions cancelled due to hazardous weather. Because our costs continue, this policy keeps Horseplay financially strong. Please sign and return the policies page to indicate you have read and understand the policies. A copy for your records is provided on page 11.

If you have any questions or would like to schedule a visit, please don't hesitate to contact Horseplay.

Sincerely,

Cindy Miller
Rider Coordinator
Vice President, Board of Directors
Web: horseplayriding.org
E-mail: horseplay.riding@gmail.com
Phone: 707-447-8733



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PARTICIPANT APPLICATION

To ensure coordinated care, HTRC staff and volunteers are provided with information about a participant's abilities/disabilities.

Participant's Name _____

Date of Birth _____ Age _____ Weight _____

Male Female

Race/Ethnicity _____ (optional)

Street Address _____

City _____ State ____ Zip _____ County _____

School Name _____

Parent or Guardian Name(s) _____

Rider or Guardian's Employer _____

Phone numbers:

Name: _____ E-mail: _____

Relationship to participant _____

Home _____ Work _____

Cell Phone _____

Name: _____ E-mail: _____

Relationship to participant _____

Home _____ Work _____

Cell Phone _____

How did you hear about Horseplay?



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Please describe limitations/concerns in these areas:

Physical function (e.g. ambulation, motor skills, balance, strength, tone, vision):

Cognition and Processing (e.g. attention, touch/sensation, memory, speech and language, sensory integration, learning disabilities, developmental delays):

Psychological, emotional, behavioral, social issues:

Does the participant have previous riding experience? If so, please describe:

Please add goals for you and your rider: _____



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PARTICIPANT'S CONSENT & RELEASE FORM CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of, or while being on the property of, the Horseplay Therapeutic Riding Center (HTRC), I authorize HTRC to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize HTRC to release my/my child/my ward's records to any individual involved in medical treatment and/or necessary transportation.

Participant's Name _____

In case of emergency, contact:

Name _____ Phone _____

or

Name _____ Phone _____

Physician's Name _____

Phone _____

Health Insurance Provider _____

Policy Number _____

Participant Signature _____ Date _____

(or signature of parent/guardian if participant is under age 18)

PHOTO & PUBLICITY RELEASE (Optional):

I hereby

consent do not consent

to and authorize the Horseplay Therapeutic Riding Center to use my/my child's/my ward's name in all audio, visual and written promotional material and to use and/or reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Participant's Signature _____ Date _____

(or signature of parent/guardian if participant is under age 18)



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RELEASE AND HOLD HARMLESS AGREEMENT FOR RIDER AND PARENT/GUARDIAN

The program at the **HORSEPLAY THERAPEUTIC RIDING CENTER** provides therapeutic horseback riding for disabled children and adults. Volunteers and horses are carefully selected and trained and safety equipment is required for all riders since horseback riding is a risk exercise.

No student will be accepted for riding instruction and no volunteer accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor, or if the student or volunteer is of legal age and sound mind, by the student or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by the **HORSEPLAY THERAPEUTIC RIDING CENTER, BLACK TIE ARABIANS, KRISTY FLYNN** or any of the organizations or persons connected with the above named facilities.

IN CONSIDERATION for the privilege of riding and/or working in and outside the barn and inside and outside the arena around horses at the **HORSEPLAY THERAPEUTIC RIDING CENTER**, the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify the **HORSEPLAY THERAPEUTIC RIDING CENTER, BLACK TIE ARABIANS, AND KRISTY FLYNN**, their officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorneys fees, which the undersigned or said minor may now or in the future have against the **HORSEPLAY THERAPEUTIC RIDING CENTER, BLACK TIE ARABIANS, KRISTY FLYNN**, their officers, directors, trustees, agents, employees, representatives, successors and assigns on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to the **HORSEPLAY THERAPEUTIC RIDING CENTER, BLACK TIE ARABIANS, AND KRISTY FLYNN**, their officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in anyway incidental thereto.

Date _____ Participant Name (Print) _____

Participant or Parent/Guardian Signature for Rider _____

Parent/Guardain Signature for Self _____

Print Parent/Guardian Name (If Applicable) _____

Relationship to Participant _____

Address _____ City _____ State _____ Zip _____



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Dear Healthcare Provider:

Your patient is interested in participating in supervised equine activities. To safely provide this service, we request that you complete (or update) the attached Participant Medical History 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.

Allergies	Neurologic
Animal Abuse	Osteoporosis
Atlantoaxial Instability – include neurological symptoms	Orthopedic
Blood Pressure Control	Pathologic Fractures
Coxa Arthrosis	Poor Endurance
Cranial Deficits	Seizure
Dangerous to self or others	Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia
Exacerbations of medical conditions	Physical/Sexual/Emotional Abuse
Fire Setting	PVD
Heart Condition	Respiratory Compromise
Hemophilia	Recent Surgeries
Heterotopic Ossification/Myositis Ossificans	Skin Breakdown
Hydrocephalus/Shunt	Spinal Fusion/Fixation
Joint Subluxation/dislocation	Spinal Instability/Abnormalities
Medical Instability	Substance Abuse
Medical/Psychological	Thought Control Disorders
Medications – e.g. photosensitivity	Weight Control Disorder
Migraines	

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine activities, please contact Horseplay at 707-447-8733.

Sincerely,

Cindy Miller
Rider Coordinator
Vice President, Board of Directors



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PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN STATEMENT
To be completed by physician

Participant's Name _____

Date of Birth _____

Address _____

Home Phone _____

Name of Parent(s)/Guardian(s) _____

Height _____ Weight _____ Medications _____

Mobility: Independent Ambulation OR Assisted Ambulation: Braces Crutches Walker
Wheelchair

Special Precautions:

Seizures: Yes No

If yes, seizure type _____

Date of last seizure _____

Seizures now controlled? Yes No

Shunt: Yes No Date of last revision _____

Down Syndrome: Atlanto Dens Interval X-rays, Date _____

Result: positive negative

Any neurological symptoms of atlanto axial instability? _____

Primary Diagnosis/Presenting Concern _____ Date of Onset _____

Secondary Diagnosis/Presenting Concern _____



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Please list current or past indications/special needs in the following areas, including surgeries:

AREAS	YES	NO	COMMENTS
Visual			
Auditory			
Tactile Sensation			
Speech & Language			
Cognitive/Processing			
Learning & Development			
Psychological/Emotional/ Behavioral			
Muscular			
Balance			
Orthopedic – Note Scoliosis or Hip Subluxation/Dislocation			
Neurologic			
Cardiac			
Circulatory			



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AREAS	YES	NO	COMMENTS
Pulmonary			
Integumentary/Skin			
Immunity			
Pain			
Allergies			
Other			

To my knowledge, there is no reason this person cannot participate in supervised equestrian activities. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional, as necessary, in the implementation of an effective equine activity program.

Name _____
(print)

Title _____

MD DO NP PA

Signature _____ Date _____

Phone _____ Address _____

City _____ State _____ Zip _____



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HORSEPLAY ATTENDANCE, PAYMENT, SESSION CANCELLATION AND SAFETY POLICIES

1. Arrival time: Sessions start on the hour. Riders must arrive 10 minutes prior to the session's scheduled starting time, for example 8:50 a.m. for the 9:00 a.m. Saturday session. Arriving later than 10 minutes to the hour, the rider is considered late. Repeated lateness will result in a warning letter being sent and consideration for being dropped from the program. For the safety of all, riders arriving after the scheduled start of a session will not be allowed to ride.
2. 24-hour notification: If a rider cannot attend a scheduled session, please notify Horseplay 24 hours in advance.
3. No shows: Riders having three no-show/no-notification occurrences within a three-month period will be notified that they are being dropped from the program.
4. Repeated cancellations with notification: Riders who continually cancel attendance will be considered for dismissal from the program. Extenuating rider circumstances will be evaluated in the decision.
5. Extended Absences: Horseplay requires advance notification of absences longer than two weeks. Depending on a rider's circumstances, Horseplay may reserve a rider's spot during the absence, temporarily fill it with a new rider or permanently fill the spot and place the rider on the waitlist.
6. Payment policy: Rider tuition is \$40.00 per session. All riders are billed one month in advance and payments must be received by the last business day of the month. If payment is not received on time, a late payment fee of \$10.00 is incurred. Three late payments within a 12-month period and the rider may be dismissed from the program. Riders will be suspended from the program until payments are brought up to date. If rider tuition is not received on the last business day of the month, the rider will automatically lose the first riding session of the upcoming month and will not be allowed to ride (there will be no credit for this lost session). Instructors will not accept payment at the barn. **No credit is given for missed sessions and make-up sessions may be scheduled but are not guaranteed.**
7. Session cancellations: Sessions may be canceled at the instructor's discretion due to hazardous conditions—severe heat or cold, for example. Again, no credit is given for cancelled sessions.
8. Leaving the program: Horseplay requires a 30-day notice for a rider leaving the program. This allows us to contact a rider on the waitlist and arrange for enrollment.
9. No dogs and no smoking allowed at the barn.

Please check. I have included the registration fee of \$30.00 Make checks payable to "Horseplay Therapeutic Riding Center" P.O. Box 506 Vacaville, CA 95696

Signature

Date

Please print name

Relationship to rider



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