



New Student Application Packet

RIDE FOR JOY THERAPEUTIC RIDING PROGRAM

APPLICATION INSTRUCTIONS

- Please read the Ride for Joy Policies and Rules in the Student Information Packet before completing the application (available online at <http://www.rideforjoy.org/admissionsPolicy.html>)
- Complete the attached New Student Application (3 pages, to be completed by parent or guardian)
- Ride for Joy requires that all students have permission annually from their physician to participate in our program to ensure that therapeutic riding lessons can be safely provided to your child and that they will be of some benefit. Ride for Joy will not schedule an evaluation for your child until the completed student application AND completed medical information and physician's statement are received. Have child's physician complete the attached Medical Information Request form (3 pages)
 - Page 1 - Fill in child's name on Page 1
 - Page 2 & 3 - Do not fill in anything on Pages 2 & 3
 - Give all 3 pages to child's physician for completion. Either have the physician's office return the forms to you to mail to Ride for Joy or they can mail them directly to Ride for

If you have any questions please email studentinfo@rideforjoy.org or call 208-861-0879

Please remember that we do not accept emailed or faxed forms and because we do not have an administrative office on-site where we do lessons we also do not accept hand-delivered forms. All forms must be mailed to the address below.

SEND ALL COMPLETED APPLICATION FORMS TO:

Ride for Joy
P.O. Box 140295
Boise, Idaho 83714

Ride for Joy will not consider your child for admission to the program until ALL completed forms, including the Medical Information and Physician Statement form, have been received.

Ride for Joy is committed to maintaining strict confidentiality of all information pertaining to students, families, staff, volunteers, or other persons affiliated with Ride for Joy. Any information provided will be kept confidential and shared with Ride for Joy team members only on a need-to-know basis during and after your time at Ride for Joy.

New Student Application

APPLICATION

GENERAL INFORMATION

Participant Name: _____
DOB: _____ Age: _____ Developmental Age: _____ Height: _____ Weight: _____ Sex: M F
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Alternate #: () _____ Email: _____
School: _____ Grade: _____

Parent/Legal Guardian/Caregiver: _____
Address (if different from above): _____
Phone: () _____ Alternate #: () _____ Email: _____

Alternate Parent/Legal Guardian/Caregiver: _____
Address: _____
Phone: () _____ Alternate #: () _____ Email: _____

Which sessions are you interested in? WINTER SPRING SUMMER FALL

How did you hear about Ride for Joy?

- Service Coordinator Healthcare Provider _____
 Another Parent Web Search
 Ride for Joy Booth at an Event
 Other _____

Has your child ever participated in a therapeutic riding program before? YES NO
If yes, where? _____

MINIMUM PHYSICAL REQUIREMENTS

- Is child between the ages of 4 and 19 (or 21 for returning students)? YES NO
Is child under 175 pounds? YES NO
Is child able to sit up with torso vertical, legs astride the horse? YES NO
Is child able to maintain head and neck position without assistance? YES NO

If you answered no to any of these questions, your child does not meet the minimum physical requirements for participation in the Ride for Joy Therapeutic Riding Program.

New Student Application

HEALTH HISTORY

Participant Diagnosis: _____ Date of Onset: _____

Please indicate current or past challenges in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Bone Breaks			If yes, when?
Muscular			
Thinking/Cognition			
Allergies			

Medications (include prescription and over-the-counter; name, dose and frequency): _____

Does your child have seizures? YES NO Type: _____

GOALS

What, if any, challenges are you working on at home or with other healthcare or education professionals? Please check all that apply and briefly describe (use back of page if you need more room).

- Speech _____
- Mobility _____
- Behavior _____
- Sensory _____
- Other _____

Is there an area of special focus that you would like your Ride for Joy instructor to highlight when setting lesson goals?

What are your child's interests?

Does your child have any intense fears or dislikes (wind, smells, sounds, dogs, etc.)?

Does your child have any other special needs that you would like us to be aware of?

New Student Application

Ride for Joy Therapeutic Riding Program Authorization for Emergency Medical Treatment

Student Name: _____ DOB: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 premises of Ride for Joy, I authorize **Ride for Joy** 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.

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: _____
Parent or Legal Guardian

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 premises of Ride for Joy. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____
Parent or Legal Guardian

New Student Application

2011 STUDENT APPLICATION REQUIRED SIGNATURES

RELEASE AND INDEMNITY AGREEMENT

The undersigned, in consideration of permitting my minor child to ride horses in the Ride for Joy Therapeutic Riding Program now and at any time in the future, acknowledges and agrees to the following: The use, riding or handling of a horse involves a risk of physical injury to any individual undertaking such activities, and that any horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based on instinct or fright, which is also an inherent risk assumed by a horseback rider. Ride for Joy operates on a working horse farm, training and boarding facility and there are risks associated with being on the premises. Horses and equipment present potential risks of damage to persons and property. The undersigned expressly assumes such risks, and with full appreciation of the risks associated with the premises, does hereby agree to release, defend, indemnify and hold harmless the Ride for Joy Therapeutic Riding Program, Inc., its board of directors, officers, trustees, agents, instructors, employees, vendors, representatives, and volunteers, the owner of the horse, their successors, heirs, assigns, representatives, agents, servants, employees and insurers, together with all persons acting for, by or through them or any of them (hereinafter "releases") from all injuries, claims, or damages to person or property that are suffered by the undersigned, his/her agents, children, or other persons accompanying the undersigned, which may occur while on the premises, save and accept those injuries to persons and property caused by releases' gross negligence, which shall be defined as recklessness and extreme deviation from the normal standards of reasonable care and control. This release of all claims and indemnity shall be binding upon the heirs, representatives, executors, administrators, assigns, and successors of the undersigned, and no promise inducement or agreement not herein expressed has been made to the undersigned. The terms of this release and indemnity agreement are contractual in nature and are not mere recitals.

Signature: _____ Date: _____
Parent or Legal Guardian

RIDE FOR JOY PHOTO RELEASE

I (check one) DO DO NOT consent to and authorize the use and reproduction by Ride for Joy, without compensation, of any and all photographs and any other audio/visual materials taken of my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Parent or Legal Guardian

I acknowledge that I have received, read, understand and agree to the following provided in the returning student application packet:

- Ride for Joy Admission and Scheduling Policies
- Ride for Joy Rules
- Idaho Equine Activities Immunity Act
- Ride for Joy Policy for Discharge of a Participant

Signature: _____ Date: _____
Parent or Legal Guardian

Ride for Joy Therapeutic Riding Program
Returning Student Application Packet

Created: 1/11/10
Revised: 2/1/11

**NEW STUDENT APPLICATION –
COMPLETE AND RETURN TO RIDE FOR JOY**



New Student Application

MEDICAL INFORMATION AND PHYSICIAN STATEMENT

Date: _____

Dear Healthcare Provider:

Your patient, _____, is interested in participating in the Ride for Joy Therapeutic Riding Program. In order to safely provide this service, we request that you complete the attached Medical Information 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, if so, to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Sensory Deficit
Seizure
Spina Bifida/Chiari II malformation/Tethered
Cord/Hydromyelia

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e. photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of medical conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions about therapeutic riding activities, please email us at studentinfo@rideforjoy.org.

Sincerely,

Teri Argo, NARHA Certified Instructor
Ride for Joy Program Manager and Head Instructor



New Student Application

MEDICAL INFORMATION AND PHYSICIAN STATEMENT

Participant Name: _____
 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 Syndrome: AtlantoDens Interval X-rays Date: _____ Result + -
 Neurologic Symptoms of AtlantoAxial Instability: _____

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

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			



New Student Application

MEDICAL INFORMATION AND PHYSICIAN STATEMENT

	Y	N	Comments
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

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

Name/Title: _____ MD DO NP PA Other _____
Signature: _____ Date: _____
Address: _____
Phone: _____ License/UPIN Number: _____

WE DO NOT ACCEPT FAXED FORMS
RETURN THIS FORM BY MAIL TO RIDE FOR JOY, P. O. BOX 140295, BOISE, ID 83714