



Internal use only

Name:

Received:

Complete: Y N

Needed:

Staff Check:

Salesforce:

Returning Participant Application Packet

APPLICATION INSTRUCTIONS

- Please read the Ride for Joy Policies and Rules in the Student Information Packet before completing the application (available online at www.rideforjoy.org under the Forms & Docs tab).
- Complete the attached Returning Participant Application (to be completed by parent or guardian if participant is under 18).
- **Ride for Joy requires that all participants have permission annually from their physician** to participate in programming to ensure that therapeutic riding lessons can be safely provided and that they will be of some benefit. Please have your physician complete the attached Medical Information Request form (3 pages).

If you have any questions, please email lpekovich@rideforjoy.org or call 208-454-8894.

You may return applications in one of three ways:

- Scan and email to lpekovich@rideforjoy.org
- Fax to 1 208 550-3208.
- Mail to Ride for Joy 28379 El Paso Rd. Caldwell, ID 83607.

ALL completed forms, including the Medical Information and Physician Statement form, must be completed each year before a returning individual may participate.

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.

Participant Annual Update Form

GENERAL INFORMATION

Participant Name: _____ DOB: _____

Age: _____ Developmental Age: _____ Height: _____ Weight: _____

Has any contact information for this rider changed in the last year? YES NO

If yes, please indicate any new information (address, phone, email, school, etc):

MINIMUM PHYSICAL REQUIREMENTS

Is the rider still able to sit up with torso vertical, legs astride the horse? YES NO

Is the rider still able to maintain head and neck position without assistance? YES NO

Is the rider still under 200 pounds? YES NO

If you answered no to any of these questions, the minimum physical requirements for participation in the Ride for Joy Therapeutic Riding Program have not been met.

HEALTH UPDATE

Have any changes occurred in this rider's diagnoses in the past year? YES NO

If yes, please indicate any new information: _____

Has the rider's health or physical abilities changed in the last 12 months? YES NO

If yes, please indicate any new information: _____

Have any of the rider's medications changed in the past year? (include prescription and over-the-counter; name, dose and frequency): YES NO

If yes, please any new information: _____

Has the rider experienced any seizures in the past year? YES NO

If yes, please **elaborate** type, frequency and method of control. _____

What new goals does the rider have this year (or for this event)? (Feel free to include other therapy goals and IEP objectives)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Name: _____ DOB: _____

Primary Care 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/Guardian if participant is under 18)

APPLICATION REQUIRED SIGNATURES

RELEASE AND INDEMNITY AGREEMENT

I the undersigned, for myself and/or on the behalf of my child in consideration of participation of me and/or child in the programs of 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

Ride for Joy Therapeutic Riding Program
Returning Participant Application Packet

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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/Guardian if participant is under 18)

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 myself and/or my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
(Parent/Guardian if participant is under 18)

ATTENDANCE POLICY

Ride for Joy values our riders' time and understand when life circumstances arise. However, when a rider does not show up to a lesson, it disrupts the horses' herd dynamics, other lessons in the arena, staff time, and most importantly, our volunteers' time. We ask that our riders please abide by the following attendance policy so we can provide quality and respectful lessons to all.

-If a rider is a **no call/no show to 2 lessons in a session, they will forfeit their spot for the rest of the session and any fees paid.**

-If a rider has ***3 no call/no shows in a calendar year, they will lose the remainder of their scheduled lessons and will be placed back on our waiting list.***

-If a rider is more than 10 minutes late, they will not be allowed to ride.

-There are no refunds or make-up lessons for missed lessons when canceled by the rider or their guardian.

-For excused absences, Ride for Joy, must be notified 24 hours in advance. Exceptions for extenuating circumstances is at the discretion of program staff. Please call the barn at (208)454-8894.

Signature: _____ **Date:** _____
(Parent/Guardian if participant is under 18)



MEDICAL INFORMATION AND PHYSICIAN STATEMENT

Date: _____

Dear Healthcare Provider:

Your patient, _____, has been participating in supervised equine activities at Ride for Joy Therapeutic Riding Program, and is due for an update of his/her medical status. In order to safely provide this service, we request that you complete the attached Medical Information and Physician's Statement Form. ***If this person has Down Syndrome or any other condition that predisposes him/her to Atlantoaxial Instability, please include results of his/her most recent neurologic exam (must have been within the last year).***

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 lpekovich@rideforjoy.org.

Sincerely,

Lucy Pekovich
Ride for Joy Program Coordinator



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: WERE NEUROLOGIC SYMPTOMS OF ATLANTOAXIAL INSTABILITY PRESENT AT THIS VISIT? Y N DATE: _____

If yes, symptoms observed were: _____

AtlantoDens Interval X-rays Date: _____ Result + -

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			



	Y	N	Comments
Orthopedic			
Allergies			
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: _____

**PLEASE FAX THIS FORM TO:
1 208 550-3208**

Or provide it to the requesting party.