

Saddle Up Riding Club, Inc.

Participant Registration Information – please write clearly in ink.

Rider Full Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Alt#: _____

E-mail address: _____

[] Parents or [] Guardian: _____

Address: _____

Father / Guardian Employer: _____ Phone: _____

Mother / Guardian Employer: _____ Phone: _____

Caregiver Name & Phone number: _____

School or Institution presently attending: _____

Photo Release

I hereby consent to and authorize the use and reproduction by Saddle Up Riding Club and the City of Pinellas Park of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____ Date: _____

(Adult Signature: Parent or Legal Guardian for Minor Child)

Rider Authorization for Emergency Medical Treatment

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 Saddle Up 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 emergency medical treatment.

I give 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. 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 below is unable to be reached.

In an emergency, Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy: _____

Signature: _____ Date: _____

(Adult Signature: Parent or Legal Guardian for Minor Child)

Saddle Up Riding Club, Inc.

6080 94th Ave
 Pinellas Park, FL 337820
 Voice: (727) 520-3132
 www.saddleupridingclub.org

Rider's Medical History and Physician's Release – Must be completed by Physician

Name: _____ DOB: _____ Height: _____ Weight _____
 Address _____ Name of [] Parent or [] Guardian _____
 Primary Diagnosis: _____ Date of Onset: _____
 Secondary Diagnosis _____ Date of Onset: _____
 Tertiary Diagnosis _____ Date of Onset: _____
 Shunt Present: Y N Date of Last Revision: _____ Tetanus shot: Y/N: Date if Yes _____
 Seizure Type: _____ Controlled: Y N Date of last seizure: _____

PLEASE LIST ALL CURRENT MEDICATIONS:

1. _____ taken for _____
2. _____ taken for _____
3. _____ taken for _____

Any contagious diseases: _____

Please indicate if a patient has a problem and/or surgeries in any of the following areas. If yes, please comment, using the back of the form if necessary.

Areas	yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disabilities			
Mental Impairment			
Psychological			
Impairment			
Incontinence			
Coordination			
Balance			

Mobility: Independent Ambulation: Yes _____ No _____ Crutches: Yes _____ No _____
 Wheelchair: Yes _____ No _____ Braces: Yes _____ No _____

Past/Prospective Surgeries: _____

Special Precautions/Needs: _____

Physician's signature required on other side

Physician Information

The following conditions, if present, may represent precautions and contraindications to therapeutic horse riding. Please be sure to clearly identify and check the boxes if any of the following conditions are present and explain to what degree.

<u>Orthopedic</u>	<u>Medical/Surgical</u>
Spinal Fusion	Allergies
Spinal Instabilities/ Abnormalities	Cancer
Internal Spinal Stabilization Devices	Poor Endurance
Atlantoaxial Instabilities	Recent Surgery
Scoliosis	Diabetes
Kyphosis	Peripheral Vascular Disease
Lordosis	Varicose Veins
Hip Subluxation and Dislocation	Hemophilia
Osteoporosis	Hypertension
Pathologic Fractures	Serious Heart Condition
Coxas Arthrosis	Stroke (Cerebrovascular Accident)
Heterotopic Ossification	
Osteogenesis Imperfecta	<u>Neurologic</u>
Cranial Deficits	Seizure disorders
Spinal Orthoses	Hydrocephalus/shunt
<u>Secondary Concerns</u>	Spina Bifida
Behavior problems	Tethered Cord
Age two – four years	Chiarii II Malformation
Acute exacerbation of chronic disorder	Hydromyelia
Indwelling catheter	Paralysis due to Spinal Cord Injury
Inegumentary/Skin	

Riders with Down Syndrome- PLEASE NOTE:

Due to the nature of the activity of horseback riding, no individual diagnosed with Downs Syndrome can be accepted for riding instruction without proof of a negative diagnostic x-ray for Atlantoaxial Instability. Please provide the following information:

- a) Most recent cervical x-ray for AAI: Positive Negative Date of X-Ray _____
- b) Annual cervical exam for AAI: Positive NegativeDate of Exam_____

Physician Verification – Please PRINT your name, sign & date – THANK YOU

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications.

Physician Name/Title: (please print) _____

Signature: _____ Date: _____ Phone: _____

Address: _____

Additional Comments: _____

Saddle Up Riding Club, Inc.

Participant Release Form – please write clearly in ink.

Participant Full Name: _____ Date of Birth: _____

UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student (“Participant”) in a program, event, or activity taking place under the sponsorship of or at the facilities of **Saddle Up Riding Club, Inc.**, a Florida not for profit corporation (“Saddle Up”), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Saddle Up (“Activities”). I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities. In consideration of Participant’s being allowed to participate in the Activities, on behalf of Participant, Participant’s heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Saddle Up, the City of Pinellas Park, and each of Saddle Up and the City of Pinellas Park’s owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively “the Releasees”), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I hereby authorize the Releasees to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services (“Emergency Services”). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releasees from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services. I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT DATED this _____ day of _____ 20____.

Signature of []Participant, []Parent or []Legal Guardian _____

Printed Name of []Participant, []Parent or []Legal Guardian _____

WARNING

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OR, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

RELEASE AND HOLD HARMLESS AGREEMENT

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and working around horses at SADDLE UP RIDING CLUB, INC. The Undersigned does hereby agree to hold harmless and indemnify KELLIE AND JEFF SIPOS OR THE OWNER OF ANY HORSE USED BY THE SADDLE UP RIDING CLUB, INC and PARK RANCH AND ARIANNA LLC and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Saddle Up Stables, Pinellas Park, FL.

Date _____

Participant's printed name and address _____

Phone number _____

Signature _____

Parent's Signature required if under 18 _____

Saddle Up Riding Club, Inc. Therapeutic Riding Program

STUDENT GOAL CHECKLIST

(To be completed by student, parent, guardian, teacher or therapist)

Student Name: _____ Age: _____

Diagnosis: _____

To assist our instructors in formulating both their mounted and classroom lesson plans please mark each item below that is an individual goal for this student. These skills can be directly applied to experiences at Saddle Up Riding Club, Inc. Therapeutic Riding Program (i.e. feeding horses, working with others, games and activities, etc.). Within each category, PLEASE prioritize the item with #1 being the most important goal.

<u>Physical Goals</u>	<u>Social & Recreational Goals</u>	<u>Cognitive/Educational Goals</u>
<input type="checkbox"/> Improved balance	<input type="checkbox"/> Socialization	<input type="checkbox"/> Color recognition
<input type="checkbox"/> Improved posture	<input type="checkbox"/> Cooperation	<input type="checkbox"/> Shape recognition
<input type="checkbox"/> General coordination	<input type="checkbox"/> Sportsmanship	<input type="checkbox"/> Verbalization
<input type="checkbox"/> Eye/hand coordination	<input type="checkbox"/> Enjoyment	<input type="checkbox"/> Vocabulary Expansion
<input type="checkbox"/> Head control	<input type="checkbox"/> Confidence/self-esteem	<input type="checkbox"/> Sequencing
<input type="checkbox"/> Trunk control	<input type="checkbox"/> Communication skills	<input type="checkbox"/> Spatial Awareness
<input type="checkbox"/> Muscular Strength	<input type="checkbox"/> Attention (increase/decrease)	<input type="checkbox"/> Reading Skills:
<input type="checkbox"/> Gross Motor Skills	<input type="checkbox"/> Responsibility	a. Letter recognition
<input type="checkbox"/> Fine Motor Skills	<input type="checkbox"/> Self-sufficiency	b. Word recognition
<input type="checkbox"/> Decrease tactile defensiveness	<input type="checkbox"/> Social skill development	c. Basic Sentences
<input type="checkbox"/> Muscle tone	<input type="checkbox"/> Teamwork	d. other
<input type="checkbox"/> Increased R.O.M	<input type="checkbox"/> Respect	<input type="checkbox"/> Math Skills:
<input type="checkbox"/> Sensory Integration	<input type="checkbox"/> Independence	a. Number Recognition
<input type="checkbox"/> Endurance	<input type="checkbox"/> Trust	b. Add/Subtract
<input type="checkbox"/> Visual/spatial orientation	<input type="checkbox"/> Interpersonal relationships	c. Multiplication
		d. Fractions
		e. Measurements

How would you (as parent, teacher, therapist) like to be involved in the program experience, if at all?

If this student has any special needs (behavioral, sensory, social, etc.), how do you prefer to handle a specific situation? (Please include methods of behavioral modification, communication, and anything else that may be pertinent to the instructor working with this student.) _____

Completed by: _____ Date: _____

Saddle Up Riding Club, Inc. - Rider Questionnaire

The following questionnaire is designed to give Saddle Up riding Club, Inc. information pertaining to each individual rider's behavior and ability. This will help us prepare group lesson plans and assist you in attaining individual goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Name: _____ Age: _____

1. Briefly describe his/her disability _____

2. What are the physical symptoms of the disability? _____

3. What goals do you hope he/she will achieve by participating in this program? _____

4. What other treatments or therapies has he/she undergone? Please specify when and for how long: _____

5. How would you describe his/her concentration, attention span and general awareness? _____

6. Would you characterize him/her as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted or extroverted? _____

7. How does he/she communicate? (Expressive and Receptive language) _____

8. Is there a history of incontinence? _____

9. What positive reinforcements does he/she respond to? _____

10. Please use the rest of this sheet / the reverse side to indicate any other areas of the potential rider's behavior and personality that will help us to best communicate, understand and work with him/her at Saddle Up Riding Club, Inc. _____

Completed by: _____ Date: _____

Relationship to Rider: _____

Saddle Up Riding Club, Inc.

6080 94th Ave.

Pinellas Park, FL 33782

Voice: (727) 520-3132

www.saddleupridingclub.org

FOR STATISTICAL USE ONLY

Completion of this form will assist Saddle Up Riding Club, Inc. in tracking information needed to apply for grant funding for the program. The information received from this form will remain confidential. The information will not be kept with the rider application form, nor will it affect the decision for a participant to ride with Saddle Up Riding Club, Inc.

Rider's Name: _____

Sex: Male Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Race: American Indian/ Alaskan Asian / Pacific Islander Black Hispanic
 White (non-Hispanic) Other _____

Disability: _____

Annual Household Income (please check)

\$0-\$10,000 11- 20,000 21- 30,000 31- 50,000 50- 75,000

75,000+

Number in Family: _____

Number of Employed Family Members: _____

Parent / Guardian Signature: _____ Date: _____