

Therapeutic Horseback riding Application Packet 2018

Welcome to the Ivey Ranch Park Equestrian Program!

We are looking forward to your participation in this fun and exciting program and invite you to contact the office with any questions or concerns.

Enrollment and Participation:

Please fill out and sign the enclosed forms completely and return. Lessons are scheduled 6 weeks at a time with occasional availability on a week-to-week basis. Please let us know if the participant is unable to make a scheduled lesson by calling (760) 439-2340. This phone number is for lesson cancellation only; all other business should be directed to the main office at (760) 722-4839.

Program Fee Policy:

The session fees are \$180.00 (6 – 20-30 minute lessons). Fees are to be paid in advance of participation and paid at the business office at the ranch house or by utilizing the “payment box” at the ranch house next to the sign-in desk. This program fee covers less than 50% of the costs associated with this program so we ask that you regularly support the fundraisers and events that Ivey Ranch Park Association hosts to offset these costs.

Riding and Apparel:

Classes are held daily. During times of rainy and stormy weather, or extreme heat, classes will be cancelled. Please call (760) 439-2340 if you are unsure whether or not to attend. Participants should dress appropriate for the current weather conditions. Long pants and boots or sneakers (no sandals) are always mandatory – rain or shine.

Participant's Application & Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

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) _____

Describe your 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.)

GOALS (i.e. why are you applying for participation? What would you like to accomplish?)

I HAVE READ, AND AGREE TO ABIDE BY, THE EQUESTRIAN PROGRAM POLICIES PROVIDED TO ME. ALL INFORMATION PROVIDED ON THESE FORMS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDE AND I FURTHER UNDERSTAND INCOMPLETE PAPERWORK VOIDS PARTICIPATION IN THIS PROGRAM.

Signature: _____ Date _____
Client, Parent or Legal Guardian

PHOTO RELEASE

- I DO
- DO NOT

consent to and authorize the use and reproduction by Ivey Ranch Park Association of any and all photographs, and any other audio/visual materials, taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Client, Parent or Legal Guardian

Parent/Guardian or Self Signature _____ Date _____

Demographic Information 2018

As a non-profit organization, Ivey Ranch relies on grants and community support to run the many programs we offer. **The following demographic information is collected for grant reporting purposes only and must be completed.** The volunteer opportunity selection is to assist us in recruiting individuals interested in offering support in order to keep program costs as low as possible. Please help us by providing the following information and letting us know if you are interested in helping the program in any of the ways listed.

Participant 's Name _____

HOW DID YOU HEAR ABOUT IVEY RANCH?	
RACE (please identify only one category)	
	Caucasian
	African American
	American Indian (including North, Central & South America and Alaskan Native)
	Asian
	Native Hawaiian or other Pacific Islander
	Other
ETHNICITY (please identify only one category)	
	Hispanic or Latino
	Not Hispanic or Latino
HOUSEHOLD INFORMATION	
	Family Size
	Female Headed Household (YES or NO)
	Disabled or Special Needs (YES or NO)
INCOME INFORMATION	
	Household Income at or below \$32,000
	Household Income between \$32,001 – \$36,400
	Household Income between \$36,401 - \$40,950
	Household Income between \$40,951 - \$45,450
	Household Income between \$45,451 - \$49,100
	Household Income between \$49,101 - \$52,750
	Household Income between \$52,751 - \$56,400
	Household Income above \$56,401

I would like more information on Volunteer Opportunities at Ivey Ranch in the following areas:

- Equestrian Program Assistance
- Care Program Assistance
- Public relations, event coordination, fund raising
- Facility - and grounds maintenance

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Physician's Phone: _____

Allergies to medications: _____

Current medications: _____

I have received and read the concussion and head injury information sheet and agree to abide by the concussion protocol as established by the California Interscholastic Federation and adopted by Ivey Ranch Park Equestrian Center.

Date: _____ Signature _____

Client (if 18 or older), Parent or Legal Guardian

In the event of an emergency contact:

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 participation, or while being on the property of the agency, I authorize Ivey Ranch Park Association 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 "lifesaving" 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

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 participation or while being on the property of Ivey Ranch Park Association.

- 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:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian

Physician's Referral

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/Assisted Devices: _____
For those with Down Syndrome: Atlanto Dens Interval X-ray, date: _____ Result: + -
 Neurological Symptoms of Atlanto Axial 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			
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 and/or therapies. I understand that Ivey Ranch Park Assoc. will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Ivey Ranch Park Equestrian Programs for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: (____) _____ License/UPIN Number: _____

WAIVER OF LIABILITY FOR PARTICIPANTS

I hereby waive any right or cause of action arising as a result of my own or my child's participation in the Ivey Ranch Park Association Equestrian Program from which any liability may or could accrue against Ivey Ranch Park Association, or the officers, staff, volunteers, and associates collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the Ivey Ranch Park Association Equestrian Program.

In consideration of the acceptance of myself or my child's participation in the program listed above, I hereby, for myself, my heirs, executors, administrators, and assignees, release, waive, and/or forever discharge any and all rights and claims for damages that may be suffered by me or my child as a result of preparation for, or participation in, the equestrian program. I recognize the risks associated with my/his/her participation in the program and specifically agree to indemnify and hold harmless Ivey Ranch Park Association; including any members, any employee, all program participating individuals associated with Ivey Ranch Park Association, any promoter, sponsor, or subcontractor whose facilities and/or services are being used for this program, from any and all injuries or damages arising from, or in any way contributed to, my or my child's participation in this program.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified (or the contact I have listed) as soon as possible in case of any emergency affecting me or my child. In the event I cannot be reached (or the contact I have listed) in an emergency, I hereby authorized the directions listed on the Emergency Medical Treatment Form to be followed.

I, the participant, parent, guardian, or legal custodian of the minor participant, do hereby assent to above waiver and release and agree to all terms as stated above.

Participant's Printed Name: _____ D.O.B. _____

Signature: _____ Date: _____

Signatories Printed name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Ivey Ranch Park Association Equestrian Program Policies

Absentee/ Sick

An absence can be excused/ credited if the office is contacted AT LEAST four (4) hours ahead of the scheduled riding time. You must call the business office at (760) 722-4839. You are allowed one (1) Excused absence per Session only (this includes sickness and vacations).

Continuing Riders

If you plan on continuing riding after the current Session (participating in the next scheduled Session), payment must be received by the last lesson. Following Session Time, Day and Slot will only be held if payment is RECEIVED by the last lesson of the Session a rider is currently participating in.

Family Compliance

When you come for lessons with your child you are asked to "leave your child at the gate". You are welcome to sit at the benches outside of the fence, or in your car, or even at the benches by the Horse Office, but the idea is that the Instructor takes over and parents, family members and friends all are now JUST observers. Under no circumstance should you be handling, grooming, tacking, holding or leading horses or coaching your child from the sidelines (that includes repeating what you heard the Instructor say). The Instructor instructs – leave her as the authority in relation to the horses.

Interaction with Horses

Do not pet or feed any of the horses. "Visiting", which consists of looking at only, is allowed only at the conclusion of your lesson time until the next class arrives or the Instructor leaves the area, whichever comes first.

Late Arrival

If you are more than 10 minutes late to a class you will not be allowed to participate and there will be no credit issued.

Make-Ups/ Credits

There are no "Make-Up" lessons. In the case of an excused absence the rider's account is credited the single lesson fee. This credit is applied to the following Session's fees. If a rider does not continue, a refund will be issued at the end of the Session (by check or posted to a credit card if that is how fees were originally paid).

Pick Up

A child may be dropped off for a lesson but MUST be picked on time. Late pick-up is cause for immediate dismissal from the program without refund.

Rain/ Instructor's Absence

If lessons are canceled due to rain there will be a message on the barn message machine that says "Lessons for (day and time) are canceled due to rain". Please call the barn phone if you are concerned about weather conditions at (760) 439-2340. If the message does not specifically say that lessons are canceled, than they are not. Full credit will be given in the instance of rain or an instructor's absence.

Finally, if there are circumstances that fall outside of these standard policies than please contact the office directly. **INSTRUCTORS CAN NOT EXCUSE ABSENCES**, only the office can, so please communicate with us so that attendance and books are kept accurately.

Bylaw 503 H. Concussion Protocols as Per Ed. Code 49475.(a).(1)

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of no less than 7 days, from the time of diagnosis, in duration under the supervision of a licensed health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent or guardian before the athlete's initiating practice or competition.