

SPECIAL RIDERS OF SUMNER

THERAPEUTIC HORSEBACK RIDING PROGRAM

Phone: (615) 403-3866 *

Email: info@specialridersofsumner.com

DIRECTIONS FOR FILLING OUT STUDENT REGISTRATION FORMS

1. Rider's Registration and Release Form:
 - a) Fill out the Registration portion, where applicable, as completely as possible, including emergency contacts.
 - b) Special Riders of Sumner medical and liability insurance requires signing of the Liability Release to discourage unscrupulous filing of lawsuits. This does not mean that medical insurance coverage of injuries sustained by volunteers or students is waived.
 - c) Special Riders of Sumner special events are occasionally covered by members of the media. Also, Special Riders of Sumner maintains its own agency album of activities and events to be viewed upon request by funding organizations and interested parties. However, we respect our students' privacy, therefore, if you do not want your/your child's picture included in the above mentioned capacities, signing the photo release is optional.

2. Rider's Authorization for Emergency Medical Treatment Form:
 - a) Fill out name, address, phone etc. portion and attach copy of insurance card if available.
 - b) Choose Consent or Non-Consent Plan and fill in information. (Forms must be signed by guardian if student is under 18 years of age.)

3. Participant's Consent for Release of Information:
 - a) Fill in participant's name, Date of Birth, and sign at Signature line. Please do not date or fill in any other information. This form will be used by Special Riders of Sumner to annually update medical information with the student's physician, and such information will be held in strict confidentiality.

4. Rider's Medical History and Physician's Statement:
 - a) Please fill in Student's name, Date of Birth, Address, and name of parent/guardian. The remainder of this form should be filled in by the student's physician.
 - b) If your physician has any questions regarding this form, please have their office call Special Riders of Sumner at (615) 403-3866.

5. Physician's Prescription:
 - a) Please fill in the student's name and phone number.
 - b) Special Riders of Sumner offers each student one class per week. If the physician feels this frequency is greater or less than beneficial for the student, he should indicate under Recommended Frequency.
 - c) If Special Riders of Sumner should be aware of any special precautions or concerns in the course of a therapeutic horse-back riding class for this student (i.e. seizure onset), the physician should indicate under Precautions.

After these forms have been completed, please return them to Christi Carter, Executive Director.

THANK-YOU

SPECIAL RIDERS OF SUMNER

Rider's Registration and Release Form

Registration:

Client: _____ Date of Birth _____ Age: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____ Email: _____

Parents or Guardian: _____

Address/Phone: _____

School or Institution presently attending: _____

In case of emergency contact: _____ Phone: _____

contact: _____ Phone: _____

Liability Release:

_____ (Client's Name) would like to participate in the SPECIAL RIDERS OF SUMNER program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against SPECIAL RIDERS OF SUMNER, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at SPECIAL RIDERS OF SUMNER.

Date: _____ Signature: _____

Client, Parent or Guardian

Photo Release (Optional)

I hereby consent to and authorize the use and reproduction by SPECIAL RIDERS OF SUMNER 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.

Date: _____ Signature: _____

Client, Parent or Guardian

Rider's Authorization for Emergency Medical Treatment Form

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 SPECIAL RIDERS OF SUMNER 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.

Client's
Name: _____ Phone: _____

Address: _____

In the event I cannot be reached,
contact: _____ Phone: _____

contact: _____ Phone: _____

Physician's
Name: _____

Preferred Medical
Facility: _____

Health Insurance
Co.: _____ Policy#: _____

Consent Plan

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.

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

Print Name: _____

Phone: _____

Address: _____

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 property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent

Signature: _____
(Client, Parent or Guardian)

Print _____ Phone: _____

Address: _____

A COPY OF THE COMPLETED MEDICAL HISTORY SHOULD BE ATTACHED TO THIS FORM.

**SPECIAL RIDERS OF SUMNER
Rider's Medical History and Physician's Statement**

to be completed annually

Name: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Diagnosis: _____ Date of Onset: _____

**** For Persons with Down Syndrome:**

Negative Cervical X-ray for Atlantoaxial Instability. X-ray date _____

Negative for clinical symptoms of Atlantoaxial Instability.

Tetnus Shot: Yes No Date _____ Height _____ Weight _____

Seizure Type _____ Controlled _____ Date of last seizure _____

Medications: _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Mobility: Independent Ambulation: Yes No Crutches: Yes No

Braces: Yes No Wheelchair: Yes No

Please indicate any special precautions: _____

<p>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</p>

the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician Name (please print) _____

Physician Signature: _____

Information for Physician

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Spinal Fusion
Spinal Instabilities/Abnormalities
Atlantoaxial Instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Paralysis due to Spinal Cord injury
Seizure Disorders

Medical/Surgical

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Hypertension
Serious Heart Condition
Stroke (Cerebrovascular Accident)

Secondary Concerns

Behavior problems
Age under two years
Age two – four years
Acute exacerbation of chronic disorder
Indwelling catheter

SPECIAL RIDERS OF SUMNER
Rider's Consent for Release of Information

I hereby authorize: _____
(Person or Facility)

to release information from the records of: _____
(Client's Name)

The information is to be released to: SPECIAL RIDERS OF SUMNER for the purpose of developing a Therapeutic Riding Program for the above named student. The information to be released as marked below.

- _____ Medical History
- _____ Physical Therapy evaluation, assessment and program plan
- _____ Occupational Therapy evaluation, assessment and program plan
- _____ Speech Therapy Evaluation, assessment and program plan
- _____ Classroom Individual Education Plan (I.E.P.)
- _____ Other: _____

Date: _____

Signature: _____
(Client, Parent, or Guardian)

Please send the indicated material to: SPEICAL RIDERS OF SUMNER
P.O. BOX 131
COTTONTOWN, TN 37048

SPECIAL RIDERS OF SUMNER

SPECIAL THERAPEUTIC AND RECREATIONAL RIDING STUDENTS

INFORMATION FOR OUR STUDENTS, PARENTS AND GUARDIANS

Special Riders of Sumner, its board members, and volunteers, will strive to provide an enjoyable and SAFE riding experience for its students. We ask that you review the following information and facility rules in order to help us achieve this goal.

About Our Program

Hippotherapy, a Greek term, literally translates as “treatment with the help of a horse.” Because a horse has a natural, rhythmic progressive gait, a swinging motion, which then transfers from horse to rider, horse-back riding provides a combination of sensory and neurological input that can be used to treat a broad range of disabilities. Hippotherapy is the basis for therapeutic riding in which students learn balance and coordination through a therapy that supports the whole body. The horses used in our program are screened for their soundness and temperament. Volunteers are required to complete training before working with our students. Parents are encouraged to observe riding sessions and make constructive suggestions on how we may better serve our students. Siblings are welcome at our program, but must be supervised by a parent or guardian. They may watch the riding session, but we ask that children do not run, yell or cause distractions while sessions are being held. Special Riders of Sumner requires that a parent/guardian remain on the premises at all times while their child rides.

Students are required to wear an ASTM certified riding helmet at all times during riding classes. Students should be dressed in long pants, hard shoes or boots with an approx. 1-inch heel, and a comfortable top in keeping with weather conditions. Parents should supervise their children at all times when not riding. We will provide you with a schedule for your child's sessions.

Special Riders of Sumner has a number of helmets available to use if you cannot provide one for your child. Due to insurance liability, and most importantly, **OUR STUDENTS' SAFETY**, children **MUST** wear an ASTM certified riding helmet to ride.

Please have the necessary forms completed prior to your child's riding session. If you have not received these forms, please call our office to request them. Completed forms are mandatory for student participation.

FACILITY RULES

1. Please park your vehicle in front of the barn, keeping the driveway clear at all times.
2. No alcoholic beverages or illegal substances are allowed on premises.
3. **Do not climb, hang or sit on fence panels or mounting ramp.**
4. If a gate is open, leave it open, if it's closed, please leave it closed.
5. PLEASE - no unruly behavior or yelling.
6. Do not allow children around horses without supervision.
7. If you bring horse treats, please give them to a volunteer. We will give the horses treats AFTER our riding lessons.
8. If you are not a student, please stay outside of the riding ring.
9. Cameras/cam-corders are permissible.
10. Please see Riding Instructor, Executive Director, or Facility Manager if you have any questions or concerns.
11. **Please call and notify us if you will not be attending a riding session - OUR VOLUNTEER'S GIVE THEIR TIME, IF YOU DON'T ATTEND AND DON'T LET US KNOW, THEIR TIME IS WASTED**

These rules are put in place for our students' safety. Observation of these rules is mandatory and your understanding is appreciated.

Special Riders of Sumner is a 501(c)(3) non-profit organization. We currently charge no fee for our students to ride. If you would like to help participate in our fund-raising programs, please let us know. Donations are always welcome from individuals, organizations or corporate programs. Funds are used for horse care, equipment purchase, insurance coverage, volunteer training and printed materials. If you would like to become a volunteer, your assistance is welcome but not required.

Phone: (615) 403-3866

**PLEASE CALL IF YOU HAVE QUESTIONS OR NEED ADDITIONAL INFORMATION.
THANK YOU FOR YOUR COOPERATION.
WE LOOK FORWARD TO SERVING OUR STUDENTS!**