

Freedom Reins Therapeutic Riding Center, Inc.

1077 N Meridian Rd. Jasper, IN 47546 (812)482-7400 freedomreinscenter.org

Participant Application Form 2023

Participant Retain - General Information – Page 1

Enclosed you will find all the documentation that we will need completed before the participant can attend class. If you have any questions or need help with any of the forms please call Jennifer, 319-504-3507. All documentation needs to be completed and given to Freedom Reins by the first night of lessons.

Items needing to be turned in are listed below:

Required

- Signed and Completed Application Form (2 pages)
- Signed and Completed Parents/Participant Assessment of Participant (1 page)
- Signed and Completed Release and Waiver (1 page)
- New Participant Evaluation (2 pages)
- Signed and Completed Participant's Medical History and Physician's Statement (2 pages)

The "Physician Statement" must be completed by the Physician's office.

Optional

- Signed and Completed Release of Information (1 page) if you would like us to talk to other services about the participant

A few reminders:

All paperwork is required to be turned in on the first day of lessons or the participant will not be able to ride.

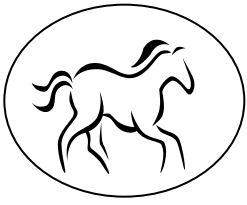
Appropriate riding apparel as stated on page 2, bullet 3 must be worn at all riding lessons.

A responsible adult must remain with the participant at the grounds at all times. Family and Friends are always welcome to watch the participants.

A lesson can consist of mounted (on a horse) and un-mounted activities. Unmounted activities would include, but are not limited to working on grooming, ground skills, stretching, identifying horse parts, and using the Equicizer "Toy". If the participant becomes agitated, displays physical outburst and/or is done working and wants to stop they could/will be dismounted and/or be removed from the lesson environment.

Please retain all participant forms not required to be turned in for your reference.

From all of us at Freedom Reins...We hope that you enjoy riding with us and as always if you have any questions please feel free to talk with your instructor or a board member. Contact information is located on the bottom of page 2.



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Participant Retain - General Information – Page 2

Lessons: Our first session of the year will start on **March 2nd** and our last class will be **November 17th**. Cost for each session (6 wks of classes) will be \$120.00. We will accept a check made out to Freedom Reins, or cash. We will need to receive payment the first day of each session. The first week of the New Year you will also need to bring all completed forms. **Each 6-week session is \$120 unless the class is cancelled by Freedom Reins or the participant has a SERIOUS medical condition. Vacation, camp or illness still requires a class payment.** In the case of a cancelled lesson, a credit will be given from the next session. Classes will consist of mounted and un-mounted activities.

Important Guidelines for participants and families of Freedom Reins:

1. Participants may not be dropped off. **A parent or guardian 18 years or older must stay on the grounds at all times when their participant is at Freedom Reins.** Exceptions will only be made if the participant is their own guardian.
2. It is preferred that participants wear boots with heels. The safety stirrups used at Freedom Reins allow the participants to use tennis shoes, but heels help keep the foot from sliding too far into the stirrup.
3. Jeans or cotton pants are required while riding. This will help to protect the participant's legs from the stirrup leathers, and allow the volunteers easy access for a quick dismount. **No shorts are permitted while riding.**
4. No running in the barn area before, during or after classes.
5. Payments should be placed in the container located in the lounge, or handed to your instructor.

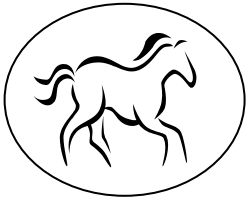
Phone numbers: If you can't make your lesson or are going to be late, please call your instructor prior to the lesson. The sooner you let us know, the better we are able to adjust the volunteer's schedules. Call or text the participant's instructor.

Jennifer (cell) 319-504-3507, Karissa (812)-631-9453

Observation Area: There is an observation area set up for parents and visitors to watch the lessons. Please be aware of horses entering and exiting the ring.

Contacts: Direct any comments or questions to Ron Thyen 812-639-3874 or a board member: Julie Payne - 812-827-4398, Nancy Eckerle - 812-630-5526, Gary (Buzz) Salb – 812-630-2981, Paula Anderson – 812-639-0177, Michelle Bauer – 812-639-0039 or Katie Hilgeman – 812-630-6171. Any volunteer questions or inquiries should be directed to Paula Anderson – 812-639-0177.

Comments about the program are always welcome.



Participant Retain - Discharge of a Participant

Occasionally, it is necessary for an existing (current) participant in the Therapeutic Riding program to be discharged. These discharges may occur after an assessment has been made by one of the following:

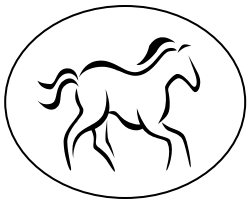
- 1) The instructor and one other staff personnel.
- 2) A licensed PT or OT
- 3) The doctor of record
- 4) Parents request

Freedom Reins may discharge a participant based on any of the following reasons:

- 1) The participant is in danger of being injured just by sitting on the back of a moving horse.
- 2) Freedom Reins does not have a horse which is suitable for the participant.
- 3) Freedom Reins does not have the staff to serve the participant within established safety guidelines.
 - a. (Staff is consisted of Instructor, Therapist, or Volunteers)
- 4) The participant's weight exceeds the maximum weight limit (200 lbs)
- 5) The participant's behavior has become unacceptable.
- 6) The participant's profile no longer fits into Freedom Reins program.

The procedure for the discharge of an existing participant may follow these steps, but is not limited to this process:

- 1) One of the mentioned above will assess the participant and document any and all concerns that they may have.
- 2) The instructor and another Freedom Reins staff member will evaluate the participant and or lesson. Any concerns will be shared at that time with the second staff member. Second staff member documents their findings.
- 3) All documentation is reviewed.
- 4) A face to face consultation with the parent/guardian will be scheduled.
- 5) Documentation of concerns and possible action needed by instructor, participant & or family will be gone over at this meeting. A timeline will be established and documented.
- 6) A follow-up meeting will be held with parent/guardian at the end of timeline to discuss progress or improvements and actions taken and to establish if any further action needs to be established.
- 7) A final decision will be made by the instructor and one other staff personnel after the second meeting with the parent/guardian is held.
- 8) Documentation is then written and given to the parent/guardian as to if the participant stays in the program, is put back on the waiting list or is dismissed from the program.
- 9) All documentation is filed in the participants file at Freedom Reins.



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Turn in - Participant's Application 2023 – Page 1

Participant: _____

Parent(s)/Legal Guardian(s) _____

DOB: _____ Age: _____ Weight: _____ Male/Female: _____

Address: _____

Email: _____

Home Phone: () _____ Cell Phone: () _____ Can we Text Y N

Employer/School: _____

Occupation (father): _____ (mother): _____

Work phone (father): () _____ (mother): () _____

Referred by: _____

Photo Release:

_____ I DO

_____ I DO NOT

Consent to and authorize the use and reproduction by Freedom Reins Therapeutic Riding Center, Inc. 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: _____

(Participant, Parent or Guardian)

Parent Guide Book:

I have received and read over the Parents Guide Book and agree to follow all the guidelines and policies set forth by Freedom Reins.

Signature: _____ Date: _____

(Participant, Parent or Guardian)

Medications: Please list what medications are currently being taken, including over-the-counter medication and reason for taken: _____

Turn in - Participant's Application 2023 – Page 2

Emergency Contact Information:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving or giving services, or while being on the property of the agency, I authorize Freedom Reins Therapeutic Riding Center, Inc. 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.

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(s) above is unable to be reached.

Consent Signature: _____ Date: _____

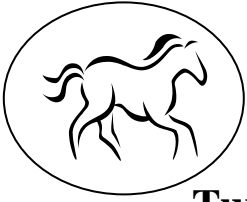
Participant, Parent or Legal Guardian

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 or giving 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:

Consent Signature: _____ Date: _____

Participant, Parent or Legal Guardian



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Turn in – Parents/Participants Assessment of Participant for Therapeutic Horseback Riding 2023

Date: _____

Participants Name: _____ Age: _____

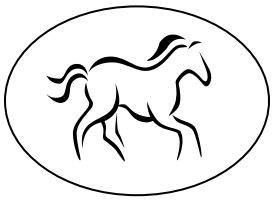
Disability/Impairment: _____

Physical Function: (Please describe the participants abilities/difficulties in this area)

Social Function: (Please describe the participants work/school including grade completed, leisure interest, relationships., family structure, support systems, companion animals, fears/concerns, what motivates them)

What motivates this participant and what are your goals for this participant

Any other comments you feel would help our instructors develop goals for this participant and make the most of their therapeutic horseback riding lesson?



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Turn in - Release and Waiver 2023

FOR AND IN CONSIDERATION of Freedom Reins Riding Centers, Inc. furnishing horses, equipment and instruction (herein referred to as “the activity”) and permitting _____ (name of participant) (herein referred to as “Participant”) to participate in the activity at 1077 N. Meridian Rd. Jasper, Indiana 47546 the undersigned individual, being of lawful age, or if the Participant is not of legal age, then Participant and Participant’s parent or legal guardian, Participant’s heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all participants, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assignees, and each of them (collective “Releasees”) from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Participant attending and participating in the activity.

Participant and, if applicable, Participant’s parent or legal guardian, understand that by signing this Release and Waiver, Participant and, if applicable, Participant’s parent or legal guardian covenant and agree that Participant, as well as assignees, will never institute any suit or action at law, or otherwise, against the Releasees, any other Participants, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Participant’s person or property, or both, which may result from the Participant’s attendance and participation in the activity, or travel or other activity associated herewith.

Participant and, if applicable, Participant’s parent or legal guardian, acknowledge that by attending the above mention activity, Participant and, if applicable, Participant’s parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant Participant’s attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver, and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

Signature of Participant (if an adult)

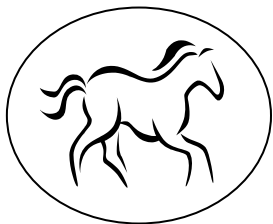
** Mother’s Signature (if a minor)*

Guardian Signature

** Father’s Signature (if a minor)*

Date

***Both Mother and Father’s signature is required. Some exceptions may be granted**



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New Participant Evaluation – Page 1

Date _____

Name of Participant _____ DOB _____ AGE _____

Has participant ridden before? _____ If yes, for how long? _____ What Type of riding? _____

Disability: _____

Ambulatory [] Non-Ambulatory [] Appliances Used: _____

Height _____ Weight _____ School/Teacher: _____

Participant/Parent Goals:

Special Concerns for Participant/Parent:

Participants Strengths:

How did participant/family learn about Freedom Reins? _____

Is participant cooperative? Attentive/inattentive? Y N

Does participant follow directions? How? (Spontaneously, with encouragement, with detailed explanation, periodically, infrequently, slowly) Y N _____

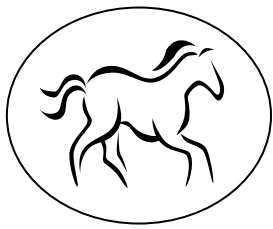
Participant's behavior toward others: (cooperative, over-affectionate, aggressive, inappropriate, i.e. spitting, ignoring, no interaction, distractibility, eye contact, touching, defensive) _____

Does participant exhibit inappropriate behaviors? (Such as - spitting, screaming, biting self or others, moving arms or legs, hyperactivity, hitting, kicking) Y N

Is the participant allergic to anything? Y N With what reaction? _____

What is participant's general mood? (Happy, lethargic, cool, over-excited, distractible, dull) _____

What does the participant enjoy? _____



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New Participant Evaluation – Page 2

How is the participants' hearing? (Easily distracted with sounds, deaf-uses sign language, hearing aids, reads lips) _____

How is the participants' vision? (Blind, partially sighted, visually distractible, wears glasses) _____

Can participant tolerate being touched and touching? (Tactilely defensive, seeking, giggles) Y N _____

Is the participant aware of his/her position in space? (Follows imitation of postures, positions body without eyes) Y N _____

Participant's vestibular system function: (balance, seeks movement, rigid-won't leave midline) _____

Can participant remember movements? (kinesthetic/synaptic memory, exercises, reining, 2-point, games) Y N _____

How is the participants balance? _____

COGNATIVE SKILLS

Names or recognizes 1-3 colors: Y N

follows a 5-part command: Y N

4 or more colors: Y N

Verbalizes or signs one-word sentences: Y N

Matches colors: Y N

2-word sentences: Y N

Knows right and left: Y N

full sentences: Y N

Counts to 10: Y N

Answers who, what, where, why & when: Y N

Recognizes or names numbers 1-10: Y N

Communicates feelings (sign or verbal): Y N

Adds numbers: Y N

Recognizes or names letters of the alphabet: Y N

Subtracts numbers: Y N

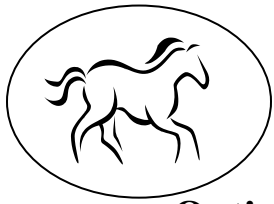
Read words: Y N

Multiplies and divides numbers: Y N

Reads and comprehends sentences: Y N

Follows a 3-part command: Y N

Additional comments:



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Optional - Participants Consent for Release of Information 2023

This form is only to be filled out if you would like collaboration between health care facilities, teachers and freedom reins. Otherwise you can disregard this form.

I hereby authorize the below listed people/facilities to release from the records of:

Participant: _____ DOB: _____

The information is to be released to: **Freedom Reins Therapeutic Riding Center, Inc.** for the purpose of developing an equine activity program for the above-named participant. The information to be released is indicated below:

____ Physical Therapy evaluation, assessment, program plan and/or verbal consultation
Name: _____

____ Occupational Therapy evaluation, assessment, program plan and/or verbal consultation
Name: _____

____ Speech Therapy evaluation, assessment, program plan and/or verbal consultation
Name: _____

____ Mental Health diagnosis and treatment plan and/or verbal consultation
Name: _____

____ Individual Habilitation Plan (I.H.P.)

____ Classroom Individual Education Plan (I.E.P.)

____ Cognitive-Behavior Management Plan

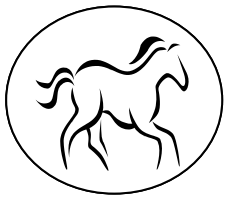
____ Teacher's Assessment of Student and/or verbal consultation
Name: _____

____ Other: _____

Signature: _____ Date: _____

Printed Name: _____

Relation to Participant: _____



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Turn in - Physician's Statement 2023 – Page 1

Participant: _____ **DOB:** _____ **Height:** _____ **Weight:** _____

Primary and Secondary diagnosis: _____

Past/Prospective surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of last seizure: _____

Shunt present: Y N Date of last revision: _____

Special precautions/needs: _____

Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Internal X-rays, date: _____ Result: + -
(Please attach a copy of results)

Neurological Symptoms of AtlantoAxial Instability: _____

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

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

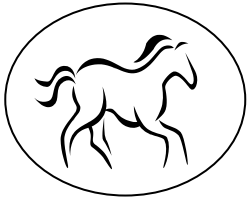
Given the above diagnosis, medical information and the list of Contraindications to equine activities, this person is not medically precluded from participation in equine assisted activities. Therefore, I refer this person to Freedom Reins for ongoing evaluation to determine eligibility for participation.

Print Name/Title: _____ MD DO NP PA Other _____

Signature: _____ **Date:** _____

Address: _____

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



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Turn in - Physician's Statement 2023 – Page 2 Contraindications to Therapeutic Horseback Riding

Participant _____

For safety reasons, persons in the following categories are **NOT PERMITTED** to participate unless approved by a physician

1. Children under the age of four.
2. Moderate agitation with severe confusion, aggression or self-abusive behavior.
3. Unstable spine.
4. Moderate to severe osteoporosis.
5. Seizures accompanied by uncontrollable motor activity.
6. Pathological fractures.
7. Acute stages of arthritis.
8. Open pressure sores or open wounds.
9. Structural scoliosis greater than 30 degrees. Excessive hyphosis or lordosis, hemi-vertebrae. Exceptions are sometimes made. The patient can ride with a supportive spinal brace or rigid body jacket.
10. Drug dosages causing a physical state uncondusive for safe riding.
11. Hemophilia.
12. Hip subluxation and or dislocation.
13. Coxa Arthrosis (degeneration of the hip).
14. Spondylolisthesis.
15. Acute Herniated disk.
16. Spinal fusion within one year post surgery. Includes Harrington rods.
17. Juvenile Kyphosis (Scheurman) in the acute phase.
18. Patient on medication that affects the coagulation of blood.
19. CVA caused by aneurysm with spontaneous bleeding if not surgically removed; or presence of other aneurysms; CVA from angioma of brain if not totally surgically removed, or a known embolus or thrombus.
20. Heterotropic ossification in the hip resulting in inadequate range of motion.
21. Osteogenesis Imperfecta
22. Hydrocephalus or cranial deficits if helmet cannot offer complete protection.
23. Tethered Cord, Hydromyelia or development of Chiari II malformation symptoms associated with Spina Bifida.
24. Spinal Cord Injury above T6.
25. Poor endurance if fatigue persists well after session and impairs function.
26. Uncontrolled diabetes or medically unstable conditions associated with diabetes.
27. Peripheral Vascular Disease (PVD) if indication of skin damage due to riding.
28. Severe cases of Varicose Vein.
29. Uncontrolled hypertension.
30. Serious heart condition.
31. Disorders in exacerbation.
32. Persons with indwelling catheter.
33. Post-surgery riding only:
 - a. Status – post tendon lengthening 8 to 10 weeks
 - b. Status – post fracture/osteotomy 6 to 8 weeks.
 - c. Status – post rhizotomy 3 to 12 months.

I have read the above list and maintain that this patient **DOES NOT** currently have any disorder that is a contraindication to therapeutic horseback riding, or I authorize riding in spite of the contraindication.

Physician's Signature

Date