

**HORSES FOR A CHANGE
PARTICIPANT'S APPLICATION AND HEALTH HISTORY**

Clients Name: _____

Best phone number to contact for schedule changes, etc: _____

Can we text you with schedule changes, etc.? yes _____ no _____

If yes, cell phone number if different from above _____

Dear Participants of Horses for a Change at Frog Hollow Farm Therapeutic Riding Center:

Thank you for your interest in becoming a participant with us! Horses for a Change at Frog Hollow Farm. Horses for a Change is a not-for-profit 501(c)(3) organization. Our instructors are certified by PATH, Intl. (Professional Association of Therapeutic Horsemanship, International).

We ask that all participants and or their families adhere to our policies. Please review the following policies for Horses for a Change at Frog Hollow Farm Therapeutic Riding Center below. Please initial next to each policy as well as sign and date the bottom of this form.

PARTICIPANT POLICIES:

An annual update of the Participants Application and Medical Forms is required. This includes but is not limited to the Participant's application, full health history, all medications if applicable, all liability and photo releases, authorization for emergency medical treatment.

Horses for a Change at Frog Hollow Farm is committed to keeping the confidentiality of all client information and submits it anonymously. As you UPDATE the participant's application, please be assured that all data is held in strictest confidence.

Donations to Horses for a Change are tax-deductible to the fullest extent of the law. (Federal Tax ID #xx-xxxx) Horses for a Change at 570 Old Post Rd/, Esopus, New York 12429, 845 384-6424

Helmets Policy: When near/on horses, participants must wear A STM-SEI-approved riding helmets. Horses for a Change at Frog Hollow Farm does provide these helmets to those that need them. Please note bike helmets and or ski helmets are not acceptable. ____Initial

Clothing Requirements: Long pants and closed-toe shoes (with heels if possible) is required. ____ Initial

Initial Cancellation policy: Horses for a Change requires 24 hour cancellations for all lessons. Failure to do so will result in a \$25.00 charge for each no show/no call. ____Initial

Bad Weather: Classes will only be cancelled in the event of dangerous or threatening weather. To determine cancellations you can call Horses for a Change at Frog Hollow Farm directly at 845-384-6424..____Initial

Late Rider Policy: It is important for a client to arrive 5 minutes prior to the scheduled riding time. If a client is more than 15 minutes late to a lesson, Horses for a Change cannot guarantee he/she will be able to ride. If a Horses for a Change instructor is running late your full lesson time will still be granted. ____Initial

Siblings: If siblings are in attendance with parents and or caregivers to the client participating in class, parents are responsible for the direct supervision of these children at all times. Noises and lots of activity can distract horses and other students. ____Initial

Weight Limit: Rider weight limit is 200 lbs. ____Initial

Safety: Horses for a Change reserves the right at any time to refuse any participant we cannot safely accommodate. ____Initial

Horses for a Change at Frog Hollow Farm Therapeutic Riding Center looks forward to working with you. If you have any questions about the above policies please ask.

Signing below is acknowledging that you have read and understand all of our policies and procedures here at Horses for a Change.

Participants Name: _____

Signature: _____ Date: _____ Participant,
Parent or Legal guardian

HOW DID YOU HEAR ABOUT HORSES FOR A CHANGE?

Thank You for your participation in our program

**2015 HORSES FOR A CHANGE
PARTICIPANT' S APPLICATION AND HEALTH HISTORY**

(This information must be updated annually)

PARTICIPANT NAME _____
 DATE _____ DOB _____ AGE _____ HEIGHT _____ WEIGHT _____
 GENDER _____ ETHNICITY _____
 ADDRESS _____
 _____ EMAIL _____ HOME PHONE _____
 CELL _____ EMERGENCY CONTACT
 NAME _____ PHONE NUMBER _____
 EMPLOYER/SCHOOL _____ PHONE
 NUMBER _____ PARENT/LEGAL GUARDIAN _____
 PHONE NUMBER _____ ADDRESS (if different from
 above) _____

HOW DID YOU HEAR ABOUT HORSES FOR A CHANGE?

HEALTH HISTORY

DISABILITY: PRIMARY _____

SECONDARY _____ Please indicate current or past)

	Y	N	Comments
VISION			
SENSATION			
COMMUNICATION			
HEART			
BREATHING			
DIGESTION			
ELIMINATION			
CIRCULATION			
EMOTIONAL			
BEHAVIORAL			
PAIN			
BONE/JOINT			
MUSCULAR			
THINKING/COGNITIVE			
ALLERGIES			
SEIZURES			
OTHER, please describe			

PLEASE LIST ALL MEDICATIONS TAKEN AND FOR WHAT PURPOSE :

**2015 HORSES FOR A CHANGE
PARTICIPANT' S APPLICATION AND HEALTH HISTORY**

Functional Status	Independent	Some Assistance	Dependent
Sitting			
Standing			
Walking			
Wheelchair			
Dressing			
Toileting			
Feeding			

Language: Verbal_____ Sign_____ Gestural_____ Augmenative_____
Grade Level_____ Math_____ Reading_____

Explanation of Conditions/DiseasesChecked:

Social Development (i.e., work/school, leisure interest, etc.)

What form of behavior modifications do you use, if any?

LIABILITY RELEASE _____ (RIDER'S NAME) would like to participate in the Horses for a Change at Frog Hollow Farm Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding. However, I feel the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors and administrators, waive and release all claims for damages against Horses for a Change at Frog Hollow Farm Therapeutic Riding Unlimited, Inc. its Board of Directors, Instructors, Therapists, Aids, Volunteers, and Employees for any and all injuries and losses, I/my child/my ward may sustain while participating in the Horses for a Change at Frog Hollow Farm Program.

Date_____

PRINT NAME _____ CLIENT,
PARENT, GUARDIAN, CAREGIVER

SIGNATURE _____

*Riders with Down Syndrome are required to have an Atlantoaxial Verification release signed by a physician each year. * There is a rider weight limit of 200 lbs.

2015 HORSES FOR A
PARTICIPANT'S APPLICATION AND HEALTH HISTORY

Photo Release form

PHOTO RELEASE (optional): I HEREBY CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION BY Horses for a Change at Frog Hollow Farm of any and all photographs and any other material, educational activities, exhibitions or for any other use the benefit of the program.

_____ DO CONSENT

_____ DO NOT CONSENT

Date _____ CLIENT, PARENT, GUARDIAN, CAREGIVER

SIGNATURE _____

HORSES FOR A CHANGE
PARTICIPANT'S APPLICATION AND HEALTH HISTORY
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 Horses for a Change at Frog Hollow Farm Therapeutic Riding Unlimited, 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.

Client/Rider's name _____ Phone _____

Address _____

In the event I cannot be reached:

1. Contact _____ Phone _____

2. Contact _____ Phone _____

Physicians name _____

Preferred medical facility _____

Health Insurance Company _____

Policy number _____

CONSENT PLAN _____ I CONSENT _____ I DO NOT CONSENT

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 _____

Print Name _____

Phone _____

Address _____