

Equi-Ed

Equines and Education

Mailing address: 1535 Farmer's Lane #217 Santa Rosa, CA 95405

Phone: (707) 5-HORSES (546-7737) | Fax: (707) 942-0915 | Website: www.equi-ed.org

Equi-Ed is a state and federally recognized non-profit, tax exempt organization under IRS regulation 501(c)3.

Donations are tax deductible according to the extent of the law.

Federal Tax Identification # 68-0356989

Thank you for your interest in our program. The community-based component of EQUI-ED in Santa Rosa is a small, adjunct program to that which is a part of the Santa Rosa Junior College Adapted Physical Education Department.

I'd like to take a moment and let you know some of the procedures involved in arranging for yourself or your child to participate with EQUI-ED. I also want to apprise you of some of the safety and program rules, which have been established to make this experience one that is enjoyable, beneficial and safe.

Some factors to consider in terms of riding lessons include riding attire, which are an important safety feature, but not necessarily an expensive one. Students are required to wear an ASTM-SEI approved riding helmet; the program has helmets available for students. Students need to wear shoes that are fully enclosed and have a square heel, at 1 inch (unless participating in vaulting, when a soft soled slip on shoe is most appropriate). Shoes with large rubber tread are not advised. Clothing should not be baggy and shirts need to be tucked in when riding. Riders must always wear full-length pants. Earrings, necklaces and bracelets (unless medical I.D.) are not to be worn. The instructor reserves the right to have a student change, or remove apparel or other items on their person if in their opinion it constitutes a safety issue.

There is a fee of \$40.00 per lesson. Lessons are typically 30-50 minutes in duration and may be private, semi-private or in a group. Payment is due at the beginning of each session or by arrangement. Our Cancellation/Attendance policy covers in detail student and parent responsibilities.

Once all forms are completed, please call to set up a time to meet with us and observe the program. This must occur before being considered for participation in the program. Final determination of a student's participation is made by the riding instructor. The instructor will determine the type of activity the student will begin in: ground work only, riding or vaulting or a combination. This decision is based upon their assessment of the client, a review of the documentation, ability of the program to meet the needs of the client, volunteer availability and guidelines established by NARHA (North American Riding for the Handicapped Association). Equi-Ed is a small non-profit organization. We count on our riders, their family and friends, and our community for support. We need and appreciate any and all assistance with our programs and fund raising endeavors.

If you are interested in setting up an appointment or have other questions, please call the barn phone at (707) 546-7737.

Sincerely,

Sheila McCarthy
Program Operations

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PARTICIPANT'S APPLICATION AND HEALTH HISTORY

General Information

Participant: _____

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

Diagnosis: _____

Address: _____

Phone: _____ Cell # _____ Email: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address: (if different from above) _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

(If Applicable) Agencies or individuals with which they are connected/receiving support from: _____

(If Applicable) Toileting needs: _____

(If Applicable) Verbal _____ Non-Verbal _____ Signs? _____ Mental Age _____

Health History

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/your child's 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, companion animals, fears/concerns, etc) _____

Discuss Social Relationships/Support Systems:

With family members (please include names and ages) _____

With peers: _____

Any specific behavioral issues or concerns: _____

Is there a behavioral management plan in place? Yes No

If yes, please describe. _____

Goals (i.e. What is the reason for your interest to participate in therapeutic riding? What would you like to accomplish?)

*****SIGNATURE NEEDED*****

Signature of person completing health history form

Title/Relationship to client

Date

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STAFF/VOLUNTEER/STUDENT/GUEST/PARTICIPANT EMERGENCY INFO

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in services/activities, or while being on the property of the agency, I authorize Equi-Ed/SRJC to:

1. Secure and retain medical treatment and transportation if needed.
2. Release staff/volunteer/client/participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name: _____ Phone # _____

Parent/Guardian/Spouse/Other (specify relationship _____) _____

Address _____ City : _____ Zip _____

Allergies: _____

Medications: _____

Please describe any other medical conditions/physical limitations that we or medical personnel should be aware of i.e. seizures, diabetes, etc.:

Emergency Contacts:

Name _____ Phone (H) _____ Phone (W) _____

Name _____ Phone (H) _____ Phone (W) _____

Physician's Name _____ Phone _____

Preferred medical facility _____

Insurance Company _____ Phone _____

Full Address _____

Group # _____ Policy # _____

Medi-Care # _____ Medi-Cal # _____

*****SIGNATURE NEEDED BELOW*****

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 listed below is unable to be reached.

Consent signature (self/parent/guardian) _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

OR

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness/injury during the process of participating in the services or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature (self/parent/guardian) _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

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Name: _____ Birthdate: _____
Address _____ City : _____ Zip _____
Parent/Guardian/Spouse/Other (specify relationship _____) _____
Home Phone: _____ Cell _____ Work Phone _____ Email _____
In Emergency Contact: _____ Phone # _____

LIABILITY RELEASE:

WHEREAS, the undersigned acknowledges the inherent risks involved in riding and working with horses, which risks could include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider or the volunteer assisting them can be injured in normal use or in competition or schooling (horses are unpredictable by nature, when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; horses are extremely powerful; and if a rider falls to the ground, the fall distance will be generally from 3 to 5 feet).

I understand these risks, and I voluntarily assume these risks and dangers with the feeling that the potential benefits to myself/my son/daughter/my ward are greater than the risk assumed.

IN CONSIDERATION, therefore, for the privilege and personal desire to take riding lessons and/or be with horses in the Equi-Ed Therapeutic Riding Program, whose instruction or related activities are held at:

10020 Loch Haven Road, Santa Rosa, CA
1218 Bennett Lane, Calistoga, CA
Cresta Ranch 3000 Porter Creek Road, Santa Rosa, CA
and/or the Santa Rosa Junior College Shone Farm, 6225 Eastside Rd., Forestville, CA

the undersigned does hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, agrees to hold harmless and indemnify Equi-Ed, and Santa Rosa Junior College, its directors, instructors, therapists, students, other volunteers, and the owners of 1218 Bennett Lane, Calistoga, CA and further release any of them from any liability or responsibility for accident, damage, injury, illness or death to the Undersigned or to any horse owned by the Undersigned while under the direction, instruction or participation in any aspect of the Equi-Ed Therapeutic Riding Program.

Date: _____ 20____
Student/Staff/Guest/Volunteer Signature

Date: _____ 20____
(Parent/Guardian Signature if under 18)

PHOTO RELEASE (Optional): I HEREBY CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION BY EQUI-ED OF ANY AND ALL PHOTOGRAPHS AND ANY OTHER AUDIOVISUAL MATERIALS TAKEN OF ME/MY CHILD/MY WARD FOR PROMOTIONAL PRINTED MATERIAL, EDUCATIONAL ACTIVITIES, EXHIBITIONS OR FOR ANY OTHER USE FOR THE BENEFIT OF THE PROGRAM.

Date: _____ 20____
Student/Staff/Guest/Volunteer Signature

Date: _____ 20____
(Parent/Guardian Signature if under 18)

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Cancellation and Attendance Policy

PAYMENT

Riders pay a flat amount per session, which varies depending on the number of weeks scheduled. The session fee must be paid before the first lesson in the session or by arrangement if this creates a financial difficulty. Lesson accounts must be in good standing in order for a student to participate.

CANCELLATIONS MUST BE MADE BY 9 AM the day of lessons. Riders canceling with insufficient time will be responsible for the full fee and not eligible for makeup lessons. Riders may be offered to make-up one missed lesson at the end of each session. Makeup times and days may vary from the regular schedule. Any additional missed lessons will not be refunded or credited in any way. Make up lessons may or may not be offered at the discretion of Equi-Ed staff during short sessions (7 weeks or shorter in duration).

- Equi-Ed hopes that all parents and students will make a commitment to attend all lessons in a session. Since every student receives a partial scholarship (lessons cost \$30 each versus the actual cost of approximately \$80) Equi-Ed must rely on a baseline number of lessons in order to continue its operations.
- Riders with two or more last minute cancellations, "No Shows" or excessive cancellations each session may be dropped from the program.
- Equi-Ed reserves the right to cancel a lesson at any time and for any reason. (Some examples would be weather conditions, inappropriate clothing, behavioral difficulties, power outages, health considerations or an insufficient number of available volunteers).
- **Riders must have submitted a completed registration packet. Riders with Down Syndrome must have AtlantoDens Interval X-rays. Students who experience seizures must fill out a supplemental form.**

WEATHER: Lessons will be held regardless of weather conditions unless we notify you otherwise. Lesson activities on bad weather days will focus on horsemastership and other applicable subjects. These activities or shortened lesson times may also occur if we do not have enough volunteers on a given day, or to adequately meet the needs of the students.

ARRIVAL TIME: Please arrive at least 5 minutes prior to your scheduled riding time to provide time to find out the plan for the day, a helmet etc...Students arriving late to the lesson may not be able to ride, but may still participate in the arena if the instructor deems it suitable.

Equi-Ed is a small non-profit organization. We count on our riders, their family and friends, and our community for support. We need and appreciate any and all assistance with our programs and fund raising endeavors.

I have read and understood Equi-Ed's attendance and cancellation policy and agree to all its conditions.

Print Signers Name Print Riders Name

Date

Signature of Parent/guardian or rider if over 18 and independent

FOR OFFICE USE ONLY:

Paper Work: _____ **Dated:** _____ **Session Fee \$** _____ **Date** _____ **Page 1**

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CONSENT FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____

I, the undersigned, request the appropriate person and/or agency or institution to release information to EQUI-ED for the purpose of developing a Therapeutic Riding Program Plan. All information will be kept confidential and maintained as part of student records with Equi-Ed. I hereby authorize the release of information which may include one or more of the following:

- Medical History
- Physical Therapy Evaluation, Assessment, and Program Plan
- Occupational Therapy Evaluation, Assessment, and Program Plan
- Speech Therapy Evaluation, Assessment, and Program Plan
- Psychological Evaluation, Assessment, and Program Plan
- Classroom Individual Education Plan (I.E.P.)

I further give permission for EQUI-ED certified staff to discuss the student's therapeutic riding situation with other staff and professionals who have a legitimate need to know such information.

This authorization shall remain in effect while a client with EQUI-ED or until revoked in writing.

Signature Date

Signature of Parent/Guardian if under 18 Date

Please note: This information will assist our program in planning an effective riding therapy program. The client has a right of access to any information you may provide as a result of this release.

A photocopy of this is as valid as the original.