



Participant Registration

Program Information

Date _____

Participant Name: _____

Phone: _____

Address: _____

Email: _____

DOB _____ Age _____ Height _____ Weight _____ Gender

M F

Primary Diagnosis _____

Secondary Diagnosis _____

Mobility status (walks unassisted, assistive devices, etc) _____

Communication (verbal, non-verbal signs) _____

Behaviors (impulsive, fearful, frustration tolerance) _____

Medications Taken _____

Seizures (if applicable please describe) _____

Limitations _____

Allergies _____

Skin sensitivity _____

Participant's occupation/ school grade level _____

Personal Goals (fill in the areas that apply, can be added to later):

Physical _____

Cognitive _____

Social/Behavioral _____

Emotional _____

Life skills _____

Other _____

Contact Information

Participant Name: _____

Address _____

City/State/Zip _____

Home Phone _____

Cell _____

Preferred Email Address _____

Names of parents/guardian (if minor):

Father _____ Cell _____

Email _____

Mother _____ Cell _____

Email _____

Emergency Contacts:

Name _____

Phone _____

Name _____

Phone _____

How were you referred to Worthy Stables? _____

Participant Liability Release, Confidentiality Agreement, Photo and Video Release

Participant Name: _____

Date:

Parent/Legal Guardian/ Conservator (if applicable)

Liability Release:

Name of Parent/Guardian/
Conservator _____

I acknowledge the risks and potential risks for horseback riding and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I hereby waive and release forever all claims for loss or damages of any kind against Worthy Stables, its Board of Directors, Instructors, Therapists, aids, Volunteers and employees for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the Worthy Stables program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Worthy Stables voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Worthy Stables and the property owners are materially relying on this waiver and assumption of risk in allowing me/my son/my daughter/my ward to participate in activities at Worthy Stables.

Date _____

Signature _____

(Participant, Parent or Caregiver)

Photo and Video Release:

_____ I consent to and authorize:

_____ I do not consent to nor do I authorize:

the use and reproduction by Worthy Stables of any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date _____

Signature _____

(Participant, Parent or Caregiver)

Possible Reasons for Participant Discharge

Please be advised of the following reasons that may lead to discharge from the riding program.

1. The client has reached all of their goals and is ready to graduate.
2. The client's potential to maintain head and neck control while riding presents a safety concern.
3. Inability to follow directions is interfering with progress toward goals.
4. Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, staff and/or horse.
5. Client exceeds weight that can safely be managed by staff, volunteers, and/or horses.
6. Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding inappropriate.
7. Three scheduled appointments are missed without prior cancelation.
8. Non-payment of fees as originally agreed.
9. Caregiver/family member/sibling presents disruptive or otherwise inappropriate behavior while on premises.

I understand and agree with the possible reasons for client discharge.

Signature of Participant or Legal Guardian: _____

Date: _____

Barn Rules

1. Shoes must be worn at all times at the facility.
2. Only service animals may accompany guests.
3. Please do not hand feed horses and ask which ones may be pet.
4. Horses will be mounted and ridden in the arena or round pen only unless arrangement has been made to ride in empty paddocks.
5. Boarders may ride in open areas after hours or when no guests are present.
6. Children under 14 must be accompanied by an adult to handle any horse.
7. Helmets will be worn by minors and are highly recommended for adults.
8. Posted barn hours will be adhered to unless special arrangements are made 72 hours in advance.
9. If you open a gate or door, close it behind you.
10. Do not open gates or doors unless you have been instructed to do so.
11. The office is off limits without a staff member present.
12. No smoking in barn or arena area. Smoking is only permitted in parking area.
13. Place your trash in designated trash or recycling cans.

14. Riders and guests must sign a liability release before handling any horse.
15. No climbing on gates, fences, or railing.
16. Therapy horses will be properly groomed and cooled before and after all use.
17. Do not borrow any tack, tools, or other items without asking.
18. No cussing, please.
19. Do not come to the facility while under the influence of alcohol or drugs.
20. Be kind and respectful to all humans and animals present. Encourage one another and help us keep our horses healthy and happy so that we can all enjoy our time together.

Rules are in place for the safety and enjoyment of our guests, horses, volunteers, and staff. If you do not understand any of the rules, please ask any staff member to clarify. We would be happy to do so. Repeated failure to adhere to them will result in being asked to leave the premisses. Any guest or participant expelled from any program due to bad behavior will not receive a refund for lessons remaining in the session.

I, _____, have read and understand the rules of Worthy Stables and commit to follow them.

Information for Physician

(Please give to the participant's physical as a guideline for Therapeutic Riding if any of the following conditions are present.)

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. **Please complete the Worthy Stables Medical Release and Health History Assessment forms. Also, please note if any of the following conditions are present, and to what degree.**

Orthopedic

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

Medical/Surgical

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

Neurological

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

Secondary Concerns

Behavior Problems
Age under Two Years
Age Two - Four Years
Indwelling Catheter
Acute Exacerbation of
Chronic Disorder

Annual Participant Health History

Participant Name _____ DOB _____ Height _____

Weight _____

Address _____

Diagnosis: _____ Date of

Onset _____

Past/Prospective Surgeries:

Medications _____

Seizures Y N Type _____ Controlled Y N Date of Last Seizure _____

Shunts/Implants/Appliances

Hospitalizations/

Surgery _____

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

Neurologic Symptoms of Atlanto Axial Instability Yes No

Please indicate and comment on any Special Problem Areas Below:

Area	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological/Sensation			

Bowel/Bladder			
Muscular			
Orthopedic			
Allergies			
Behavior			
Cognition			
Emotional/Psychological			
Other			

Physician Annual Medical Clearance report for Neurologic Symptoms of Atlanto Axial Instability Exam

For All Participants with Down syndrome ONLY:

_____ has undergone a neurological exam by a licensed physician to test for symptoms consistent with atlantoaxial instability.

_____ has been given medical clearance by the licensed physical below, due to the results of the neurological exam that denies any symptoms consistent with atlantoaxial instability.

Physician name: _____

Signature: _____

Stamp: _____

A few important policies:



We use a booking site called Hopoti to book all activities at Worthy Stables. Once we have your paperwork filed and you have received a confirmation of that, you can book any time slot with OPEN in the name. If you will be a weekly or regular participant, we will make a booking time slot specifically for you. Cancellations must be made on the Hopoti site at least 24 hours in advance to get credit for a makeup session. If you need the session fee broken into several installments, please let us know and we will accommodate that.



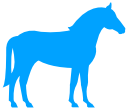
Early/late arrival: Again because of our busy schedule, it is best if you arrive for your time slot **no earlier than 5-10 minutes before** you are scheduled. This is largely for safety. Also, if you are **10-15 minutes late** for your time slot, there will not be time for a complete riding session and we will instead work on unmounted activities. Beyond 15 minutes late your horse will be turned out and lesson considered a no-show.



No shows: If you are a scholarship recipient and don't show up for appointments twice in a row without calling, we will have to take you/your child off the schedule or, if you are self-pay client, you'll have to pay for missed sessions.



Other kiddos: Siblings or children of riders need to be under the supervision of an adult at all times. We love how much your kids enjoy the Stables. However, a working barn is simply not safe for unsupervised children.



Payment must be received by due date noted on invoice or sessions will be cancelled and suspended until payment is made.

Booking can be completed at <https://Hopoti.com/stable/WorthyStables/booking>

Forms and information can be found at worthystables.org

Please follow us on all social media platforms to stay up-to-date on our latest activities.

Thanks for being part of the Worthy Stables Family!
We are here for you!