



Ridin' High Registration Packet

We're glad you're interested in Ridin' High, Inc.'s program. To participate in our program, we need to help you determine if the program is a good fit. As such, please read carefully through this paperwork, initial or sign where indicated, and then have the rider's doctor complete/sign the medical information. Mail the completed packet to: Ridin' High, 5722 Long Creek Road, Morristown, TN 37813. We will contact you after receiving this information to set up an assessment. If accepted, we will find a time on the schedule that works for everyone concerned.

As beneficial as therapeutic riding can be, there may be medical reasons that horseback riding may not be advisable, which is why doctor clearance is required. Additionally, Ridin' High, Inc. reserves the right to refuse services if contraindications or staffing considerations exist which do not allow Ridin' High to safely service all parties involved. For the health and safety of our horses and volunteers, we have a 180-pound weight limit. If your rider exceeds this weight limit we are able to offer well-designed, valuable unmounted activities that focus on interaction with the horse and still reach therapeutic goals.

_____ **(Int. and Date) Registration Process:** All riders must submit a completed Rider Registration Form, including a Medical Release signed by a Physician. Please be as thorough as possible when completing forms because the information provided helps us establish goals for riders and lets us know what you would like us to do in the event of an emergency. Ridin' High must have the completed forms before making a decision about whether a rider will be accepted. After your forms have been received, you will be scheduled for a short assessment. At that time, we will also review our program guidelines and services to determine if we can meet the needs of your rider and if our program services meet your expectations. There will be no riding the first visit in order to evaluate the student so we can determine the best horse/rider combination.

_____ **(Int. and Date) Information About Lessons:** Therapeutic riding sessions are scheduled once a week. Lessons are 45 minutes, including groundwork, mounting and dismounting time. Lessons may include grooming activities, unmounted therapeutic interventions centered around the horse, and/or actual riding time on the horse. It is important to understand that equine 'groundwork' therapeutic activities are extremely beneficial—sometimes more so than actually riding the horse. As such, our equine assisted therapies typically include both mounted or unmounted activities.

_____ **(Int. and Date) Fees:** Riding students reserve a SLOT – that is, a student reserves a riding lesson space for each 8-week session. If classes are cancelled by Ridin' High for reasons of weather, etc., a make-up lesson MAY be offered to the rider or a credit issued toward future lessons. Riders are also allowed one makeup/8 week session for sickness (not if the rider opts to do other activities, etc.) The rider fee for semi-private lessons is **\$30/lesson (\$35 for 'typical' riders)**; the rider fee for private lessons is **\$60/lesson**. Tuition must be paid for the entire month by the first lesson of each month, prior to the beginning of lessons.

Other sources of payment: Some insurance companies (or government programs) may reimburse you for therapeutic riding tuition fees; however, Ridin' High does not do the insurance billing. You are responsible

for coordinating insurance or submission to government programs. With proper documentation, scholarships are sometimes available for those with financial need.

_____ **(Int. and Date) General Guidelines:** Ridin' High is a non-profit program. We provide services primarily through trained volunteers. Most riders require at least **FOUR** people to assist them during lessons – an Instructor, two side walkers and a horse leader. With limited paid staff, we rely very heavily on our volunteers.

Additionally, it will be up to the individual instructor to create an appropriate Lesson Plan related to the special needs of each student. There are MANY horse-related activities (including unmounted activities) that are extremely therapeutic, and we will attempt to address those appropriate to each student. To help each student become more functional and have a higher quality of life, we stress a total approach to our therapeutic program. Because we consider the horse as a part of the therapeutic team, horsemanship, horse behavior, and horse care skills will be taught in addition to mounted activities.

_____ **(Int. and Date) Behavior, Attendance, and Dismissal Policies:** We have certain expectations with regard to the behavior and attendance of riders (outlined on our website under Dismissal Policies). The safety of our riders and staff/volunteers is of a great importance to us. Many schedules are coordinated to ensure safety for our participants. Unsafe, disrespectful, or dangerous behavior will not be tolerated and will result in dismissal from the program. Please read the Dismissal Policy on our website for details; signature below will indicate that you have read the policies and agree to them.

Please call as soon as possible if you will be unable to attend a lesson. If a student has not arrived within 10 minutes of the scheduled lesson, that lesson will be cancelled. A late arrival time does not extend the lesson period.

Clothing: Riders must wear closed-toed shoes and an ASTM/SEI helmet approved for horseback riding activities. We strongly recommend that riders wear long pants (fitted at waist) and boots with a heel.

Registration Process:

All prospective riders must complete the "Registration Packet for Riders" paperwork when initially enrolled and annually, including medical clearance by their doctor. Failure to update the medical records (with physician approval for "Participation in All Activities") by a rider's physician will result in dismissal from the program. Please return these forms to us at 5722 Long Creek Road, Morristown, TN 37813.

We will discuss all of these items when we have the opportunity to meet you and your rider. In the meantime, please return the following:

- Registration and Release Form (Parent/Guardian to complete)
- Physician Letter (attach to the Participant Medical History & give to Physician)
- Participant Medical History & Physician Statement (Physician's Office to complete)
- Authorization for Emergency Medical Treatment Form (Parent/Guardian to complete)

Respectfully,

Ridin' High Board of Directors

5722 Long Creek Rd, Morristown, TN 37813

(423) 585-0331

www.ridinhhigh.org

PARTICIPATION GUIDELINES

Clothing:

Your rider MUST ALWAYS come to his/her lesson with the following items:

- ASTM/SEI approved horseback riding helmet - Ridin' High will provide a helmet if you do not own one.
- Long pants must be worn. They should be loose enough for the rider to feel comfortable stretching, mounting, and dismounting.
- Closed-toed shoes with a heel (Note: Footwear, including boots, may not have any zippers or buckles on the inside of the foot or calf as these cause irreparable damage to saddles).

Weather-Related Cancellations:

- Lessons will be held unless you are notified by call or text. If you do not receive a call or text, lessons will resume as usual **regardless of weather**.
- It's important to understand that '**therapeutic riding**' is more than just the time **on** the horse. Our instructors create valuable and **important unmounted therapeutic activities** to assist them even if weather conditions preclude riding.

Arrival Time:

- Please adhere to a speed limit of 10 MPH on the driveway; when driving to the back of the facility, please drive a maximum of 5 MPH and watch carefully for horses and people.
- Please plan to arrive for your rider's lesson **at least 5 minutes** before your assigned time. A rider that arrives late (after all others have been mounted and lessons have begun) will not be mounted and will forfeit the lesson.
- If a student has not arrived within 10 minutes of the scheduled lesson, that lesson will be cancelled.

Forms of Payment:

- Ridin' High must receive all paperwork and lesson fees **before** your rider can participate in a lesson. Payment may be made at Ridin' High, 5722 Long Creek, Morristown, TN 37813 by check or cash. Alternately, you may pay online using the Donate button on the website (www.ridinhigh.org) and PayPal. Please add 3% to cover PayPal fees.

_____ (Int. and date)

Tuition Refunds:

You are reserving a SLOT for your rider. Non-profit, therapeutic riding programs are not able to function the same way a commercial facility does that offers private riding lessons. In our case, riders/families must commit to a session and pay upfront. Makeup lessons are scheduled ONLY in case of sickness (limit one/8 week session) or for weather/staff cancellations by Ridin' High. Makeup lessons are not available for missing lessons due to transportation issues, going on vacations, etc. If you miss your scheduled makeup lesson time, you forego your opportunity to 'make up' the original lesson.

Weight Restrictions:

For safety reasons, as well as for the physical well-being of our horses (and so they can continue long term in the program), each horse has an assigned maximum weight. In general, we restrict the weight for those riding ponies to 100 pounds and 180 pounds for those riding our horses. Each of our horses has weight limits based on recommendations of our veterinarian, farrier, horse behavioralist, board members and staff. If a rider exceeds the weight limit, they will be offered valuable unmounted horsemanship activities that help reach therapeutic goals, potentially including work on the mechanical horse and unmounted interaction with our therapeutic horses.

Health/Safety:

Riders must have a current tetanus vaccination to participate in the program (exceptions are made with written documentation from the parents indicating they assume all risk). Additionally, all riders/families must agree in writing to follow the current safety/health protocols.

Update Information of Rider's Condition:

Ridin' High's Program and its instructors must have current information about all elements of your rider's condition in order to provide the most effective instruction and ensure the safety of all participants. Please let us know immediately if there is a change in your rider's condition. Additionally, if your rider has an injury, surgery, or hospitalization, your rider must have physician's clearance in writing before returning to the program.

Absent Rider Notification – 3 Strikes:

- Because a number of volunteers commit their time to ensure a safe ride, we ask for notification at least 24 hours in advance when a rider knows they will be absent. If it is a last-minute emergency or illness, we ask to be notified as soon as possible.
- If you miss two lessons without notifying Ridin' High, you may be dismissed from the program.
- We are dedicated to serving persons and providing equine-based therapeutic interventions. We have reserved a specific lesson time for you! We also have a list of potential riders who are waiting patiently for a lesson opening. As such, frequent absences (for any reason) by you deprive others from the opportunity to participate in our program and gain benefits from it. Therefore, riders who cancel more than 3 times over the period of two months for any reason (including planned absences, lack of transportation, etc.) may be dismissed from the program so that another rider can benefit from our program.

Lesson Visitors:

An adult must monitor all siblings and friends/family of our students at all times. This is to protect them from the inherent hazards in and around equine facilities. All family members/friends must also sign a waiver the first time they are at the facility. We also reserve the right to perform background checks on riders, visitors, volunteers, staff, and others at the facility. **No visitors are allowed in the barn aisle way, fields, or mounting ramp area unless otherwise specified.** However, families are welcome to use the gazebo during lessons (especially if they have young children as this provides a safe, enclosed area.) If the siblings or friends of students are not monitored and they cause distractions or problems, they will be asked to leave. If the problem persists, the student will be asked to leave the program. **For the safety of our riders and horses, there is to be no running or loud noise in the barn.**

Statement of Understanding – Participant Guidelines

I have read and understand the rules and policies under which the Ridin' High, Inc. Program operates and by my signature, indicate my willingness to abide by these rules. I have also read the dismissal policies and agree to their implementation if necessary.

Students Name (Please Print)

Parent/Guardian Signature, if student is under 18 years old

Date

Parent/Guardian Name (Please Print)



REGISTRATION AND RELEASE FORM

Participant's Name: _____

DOB _____ Weight _____ Height _____

Disability: _____

Parent/Guardian's Name: _____

School Presently Attending _____

CONTACT INFORMATION:

Emergency Contact Person: _____

Home Phone: _____ Cell Phone: _____

Primary Contact (information, billing, etc.)

Name: _____ Relationship: _____

Address: _____

City _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Business Name: _____ Business Phone: _____

Address: _____

PHOTO RELEASE

_____ I hereby consent to and authorize

_____ I do not consent to, nor do I authorize

the use and reproduction of any and all photographs and other audiovisual materials taken of me/participant by Ridin' High, Inc. for promotional printed material, educational activities, social media, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____
(Client, Parent or Guardian)

LIABILITY RELEASE

_____ (Name) would like to participate in the Therapeutic Riding Program at Ridin' High. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm; however, I feel that the possible benefits to myself /my child /my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Ridin' High, Inc., located at 5722 Long Creek Road, Morristown, TN, its Board of Directors, Instructors, Therapists, Volunteers, Employees, and its owner for any and all injuries and/or losses that my child/my ward may sustain while participating in the Program or any other related activities from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety, that he/she understands the terms of this release, and has signed this voluntarily and with full knowledge of the effects thereof.

Date: _____ Signature: _____
(Client, Parent or Guardian)



5722 Long Creek Road,
Morristown, TN 37813
(423) 585-0331

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____ DOB: _____ Phone: _____

Physician's Name: _____ Facility: _____ Phone: _____

Health Insurance Company _____ Policy _____

Allergies (Medication/Other) _____

Current Medications: _____

Current Health Concerns: _____

In the event of an emergency:

Primary Contact:

Name: _____ Relation: _____ Phone: _____

Secondary Contact:

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Ridin' High, Inc. to:

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

CONSENT PLAN I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and or any treatment procedure deemed "lifesaving" by the physician) in the event of illness or injury while on the property of the agency. **This provision will only be Invoked If the person(s) listed cannot be reached.**

Date: _____ Consent Signature: _____

(Client Parent or Legal Guardian)

NON-CONSENT PLAN I do NOT give consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency. In the event emergency medical treatment is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____



5722 Long Creek Road,
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(423) 585-0331

Date _____

Dear Physician:

Your patient, _____, is interested in participating in supervised equestrian activities.

In order to safely provide this service, our center requests that you complete/update the following attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precaution's and contraindications to therapeutic horseback riding; therefore, when completing this form, **please note whether these conditions are present and to what degree.**

Circle all that apply:

Orthopedic

Atlantoaxial instability- include neurological symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossifications/ Myositis Ossificans
Joint Subluxation/ Dislocation
Osteoporosis
Pathological Fractures
Spinal Fusion/ Fixation
Spinal Instability/ Abnormalities

Neurologic

Hydrocephalus/ Shunt
Seizure
Spina Bifida/ Chiari II Malformation/ Tethered Cord
Hydrocephalus

Other

Indwelling Catheters
Medications, i.e., photosensitivity
Poor Endurance
Skin Breakdown

Medical/ Psychological

Allergies
Animal Abuse
Physical/ Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire Settings
Heart Conditions
Hemophilia
Medical Instability
Migraines
PVØ
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equestrian activities, please feel free to contact the center.

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

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

Address: _____

Diagnosis: _____ Date of Onset: _____

Past / Prospective Surgeries: _____

Medications _____

Seizure Type: _____ Controlled? Y N Date of Last Seizure: _____

Shunt Present? Y N Date of last revision: _____

Special Precautions, Diets/ Needs: _____

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

Braces/ Assistive Devices: _____

** For Those with Down Syndrome: AtantoDens Interval X-rays, Date: _____ Result: + -

Neurologic Symptoms of AtlantoAxia Instability _____

Physicians, please lease make sure to sign the following:

_____ May participate in all activities _____ May participate except for: _____

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

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Balance			
Pain			
Other			

For Physician to Complete

This participant is up to date on the following routine childhood immunizations:

	Y	N	Date
Measles			
Rubella			
Tetanus			
Pertussis			
Polio			
Diphtheria			
Other			

Note: For participation in the program, a current tetanus vaccination is required.

For the Physician's Office: 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 the medical information above against the existing precautions and contraindications to implement an effective equestrian program. If there are precautions or contraindications for the person indicated, they are documented below or in accompanying paperwork.

Name/Title: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

For Parent/Guardian to Complete



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AUTHORIZED DRIVER FORM

As legal guardian for _____, a minor child, I authorize the following persons to pick up my child at Ridin' High:

Name of Driver	Relationship to Child	Cell Phone	Vehicle Description (Color, Make and Model)

Date: _____ Signature: _____
(Client, Parent or Guardian)

For Parent/Guardian to Complete



RIDING/HORSEMANSHIP GOALS

Student _____

Physical Goals:

Cognitive Goals:

Social Goals:

Emotional Goals:

Date: _____ Signature: _____

(Client, Parent or Guardian)