



STRIDES Therapeutic Riding Centers, Inc.

P.O. Box 572455, Tarzana, CA 91357-2455 (818) 341-4737
e-mail: strides@onebox.com web site: www.strides.org Tax ID # 95-4786134

Welcome

to Strides Therapeutic Riding Centers, Inc. We look forward to working with you. Enclosed you will find some information about our program, and forms you will need to fill out and return to us before enrolling. **Please be sure to read and keep the sheets entitled, "Rules and Policies".** This contains important information you will need to know about how our program works.

Please be as complete as possible when filling out the back of the application form. We need to know as much as possible about the medical background in order to provide the safest, most effective care possible. This information is kept completely confidential, and will not affect acceptance to the program.

The form, "Physician's Statement" is to be filled out by your physician. It does not require a physical exam. The form may be faxed back to us by the physician.

Riders are accepted into our program subject to the results of the initial evaluation and availability. Strides adheres to NARHA guidelines when determining the appropriateness of our program for each rider. No one is ever excluded on the basis of race, religion, creed or ability to pay.

If you have any questions, please call me at (818) 341-4737.

Sincerely,

Nora Fischbach, Program Director

STRIDES Therapeutic Riding Centers, Inc.

P.O. Box 572455, Tarzana, CA 91357-2455 (818) 341-4737
A California Non-Profit Benefit Corporation (501c3) Tax ID # 95-4786134

Participant's Application

Participant: _____
Parent(s)/Legal Guardian(s) _____
DOB: _____ Age: _____ Weight: _____ Male/Female: _____
Address: _____
City: _____ Zip: _____
Phone: () _____ Alternative Phone: () _____
E-mail address: _____@_____.
Occupation (father): _____ Employer: _____
Occupation (mother): _____ Employer: _____
Work phone (father): () _____ (mother): () _____
Occupation (participant) _____ Employer/school: _____
Work phone (participant): () _____
Referred by: _____

PHOTO RELEASE

- I DO
- I DO NOT

Consent to and authorize the use and reproduction by Strides Therapeutic Riding Centers, 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: _____
Client, Parent, or Legal Guardian

Application for Session(s):

_____ January 6-February 28 (8 wks) \$280 _____ June 14 – July 4 Mini-Session (4 wks) \$180
_____ March 2- April 25 (8 wks) \$280 _____ July 6 –August 1 (4 wks) Mini Session \$180
_____ April 27 –June 13 (8wks) \$280 _____ June 14 – August 1 (8 weeks) \$280

Annual Participation Fee: ___ \$50 ___ \$100 ___ \$200 ___ other \$ _____

The Annual Participation Fee is a donation to cover the cost of mailings and to support the program. A minimum of \$50 per year is required. **This fee is due now.**

Please enclose a check for each session checked plus the annual participation fee. If applying for more than one time slot per session, the fee is for each time slot. We no longer accept Regional Center funding.

- _____ I have enclosed a check for \$ _____
- _____ I have filled out this application form
- _____ I have filled out the Participant's Health History form
- _____ I have enclosed the Authorization for Emergency Medical Treatment Form
- _____ I have enclosed the Participant's Medical History and Physician's Statement signed by my doctor
- _____ I have enclosed the Release and Waiver Form

Participant's Health History

Name _____ Diagnosis _____

Please indicate current or past difficulties in the following areas:

| | Yes | No | Comments |
|-------------------------|-----|----|----------|
| Vision | | | |
| Hearing | | | |
| Sensation | | | |
| Speech or communication | | | |
| Heart | | | |
| Breathing | | | |
| Digestion | | | |
| Elimination | | | |
| Circulation | | | |
| Emotional | | | |
| Behavioral | | | |
| Pain | | | |
| Bone/Joint | | | |
| Allergies | | | |
| Thinking/Cognition | | | |
| Other | | | |

Please list what medications are currently being taken, including over-the-counter medication:

Describe abilities/difficulties in the following areas (include assistance required or equipment needed):

FUNCTION (i.e. Mobility skills such as transfers, walking wheelchair use, driving/bus riding)

SOCIAL (i.e. Work/school including grade completed, leisure interest, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)

Physician's Statement

(To be filled out completely by the Participant's Doctor)

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Primary diagnosis: _____
 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: + -
 Neurologic 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 | | | |

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. I concur with a review of this person's abilities/limitations by a licensed/credentialed heal professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Name/Title: _____ MD DO NP PA Other _____
 Signature: _____ Date: _____
 Address: _____
 Phone: () _____ License/UPIN Number: _____

**Please return this form to: Strides Therapeutic Riding, P.O. Box 572455, Tarzana, CA 91357-2455
 Or fax to: (818) 705-2201**

STRIDES Therapeutic Riding Centers, Inc.

Authorization for Emergency Medical Treatment

Name: _____ DOB: _____ Phone: () _____

Address: _____ City _____ Zip _____

Physician's Name: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

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 Strides Therapeutic Riding Centers, 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.

Date: _____ Consent Signature: _____

Client, 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:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

STRIDES Therapeutic Riding Centers, Inc.

RELEASE AND WAIVER

FOR AND IN CONSIDERATION of Strides Therapeutic 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 Rancho Cordillera del Norte, 9015 Wilbur Ave, Northridge, California, 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 assigns, 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.

The undersigned acknowledges that there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated in such activities. Inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface condition; collisions with other animals; the limited availability of emergency medical care; and the potential of a rider to act in a negligent manner that may contribute or injury to the rider or others, such as failing to maintain control over the animal or not acting within the rider's ability.

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 assigns, 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 to 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)

Signature of Parent or Legal Guardian if Participant is a minor

Date

STRIDES THERAPEUTIC RIDING – RULES AND POLICIES
(PLEASE READ!)

APPAREL:

1. Leather shoes with heels to prevent the foot from sliding through the stirrup are preferred, rather than tennis shoes. Sandals and slip-on shoes are not allowed. Braces and prostheses may be worn with whatever shoes are required for them.
2. **Long pants are required.** (NEVER wear shorts or dresses/skirts. The saddle can bruise unprotected legs. Stretch pants or riding pants are recommended for comfort. Corduroy is too slippery for safety.
3. All riders must wear an ASTM/SEI approved riding helmet. We will provide a approved helmet until such time as you are able to purchase one. Please purchase a helmet as soon as possible.

ATTENDANCE:

1. It is the attendance policy of Strides Therapeutic Riding that following three (3) unexcused and/or unnotified absences, a student will be terminated from the program without refund .
2. Excused absences may be made up by special arrangement with our staff. Make-up lessons are scheduled on a space-available basis.
3. We must be notified 24 hours before the scheduled lesson times for the absence to be excused. The exception to this is for an emergency or sudden illness, which will also be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency.
4. **There are no make-ups for closure due to vacations, holidays or weather.**
5. *Because our volunteers work extra-hard to get horses ready for you, if you do not call in advance to cancel your lessons, there will be a **\$10 surcharge**, which will be used to provide special activities for the volunteers so that they do not feel that they have worked hard for no reason.*

SCHEDULE CHANGES:

1. In case of rain, mounted classes will be cancelled for a minimum of 24 hours following the end of the rain to allow the ground to dry. Ground lessons may be scheduled instead, if there is safe access to the classroom.
2. Classes will be cancelled if the temperature at the ranch exceeds 95 degrees. Ground lessons may be scheduled instead in an air-conditioned environment. Please listen to the Weather Hotline message for location.
3. In case of high winds, ground lessons or lessons on the vaulting barrel will be given instead of mounted lessons.
4. If you are not sure if we will be open, please check our Weather Hotline message. In the event that a class is cancelled or a time is changed, that information will be on the Weather Hotline. Please call before coming to the ranch to determine any changes in schedule. The phone number is **(818) 341-4737**.

PROGRAM FEE POLICY

1. **The fee per session is \$280.** A session consists of 8 weeks, with one lesson per week. A rider who takes two lessons a week would pay \$560 per session. Additional lessons other than regularly scheduled times may be arranged on a space-available basis for \$45 per lesson.
2. Payment for the quarter is due with the application **PRIOR** to the start of the quarter. If payment and application are not received by the day before the quarter begins, or financial arrangements have not been made with the Program Director, that time slot will be given to a person on the waiting list.
3. Payment for additional lessons other than regularly scheduled lessons is due at the start of the lesson, prior to riding.
4. Riding fees may be reduced or waived in case of financial need.
5. Regional Center funding is only accepted with written approval from Regional Centers. If you are applying for Regional Center funding and we have not received written approval, you will be required to pay your fees until funding has been approved.
6. **There are no refunds.**
7. **A \$25.00 late fee, plus 15% per month interest will be charged for fees not paid prior to the beginning of the quarter. This applies to annual membership fees as well, which must be paid by January 1 of the current year or at the time of the application if this is a new rider.**

*Program fees pay for the feed and board on our horses, as well as the other ranch expenses. For this reason, they are expected to be paid on a timely basis, and throughout times of vacation or illness, including excused absences. Occasionally, weather will use us to close the program for days or weeks. Program fees must still be paid. **The program fee you pay covers less than 50% of the actual cost of the lessons.** Therefore, you are asked to participate in and support our fund raising activities. Funds raised through these activities are used only to ensure that Strides Therapeutic Riding will continue to operate.*

ABLE-BODIED RIDING LESSONS

1. As a courtesy to our families, Strides Therapeutic Riding provides riding lessons for parents and siblings at a fee of \$45 per lesson, payable to Strides, not to the instructor providing the lesson.
2. All rules that apply to our disabled riders also apply to our able-bodied riders.
3. Children must be at least 4 years old to participate.
4. Lessons must be scheduled in advance and paid for by the start of the lesson.
5. Lessons are only available when there is available time that is not needed for a disabled rider. We are a program for disabled riders, and they take priority.

GENERAL POLICIES

1. Absolutely **NO SMOKING** on the ranch.
2. Dogs must be on a leash at all times, and must not be disruptive to the horses or classes. If your dog barks or fights, please leave him in the car.
3. Children must be supervised at all times. **PLEASE DO NOT LEAVE YOUR SLEEPING CHILD IN THE CAR.** The ranch is not secure, and there are many inherent dangers in and around the ranch.
4. Please remind your children: No rock throwing. No digging. No kicking dirt. No running. No yelling.
5. No one is allowed near a horse unless directly supervised by a volunteer or instructor. Please do not allow your children to run up to a horse or to feed them. *Any horse can bite or kick, and some horses are on special diets.*
6. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
7. Please do not come to the ranch wearing open toed shoes or sandals. And **NO ONE** is allowed to come barefooted, not even babies.

RIDER FORMS

Application forms must be completed prior to each quarter. Liability and Medical Release forms are required to be updated annually. The Physician's statement must also be updated annually. *Please inform us of any change in address, phone numbers, or medical condition, including changes in medications.*

ANNUAL PARTICIPATION FEE

There is an annual participation fee required of each family to help offset the cost of mailings, including the newsletter. Participation fees must be renewed annually, in January of each year. If we do not get your renewal check, you will be billed for the minimum participation fee of \$50, plus late fees and interest.

Participation fees are a tax-deductible donation. Suggested participation fees per calendar year are as follows:

| | |
|--------------------------|--------|
| General (one person) | \$50 |
| Silver Spur (two people) | \$100 |
| Sterling Saddle (family) | \$200 |
| Golden Horseshoe | \$500 |
| Winner's Circle | \$1000 |

Please make your annual participation fee check payable to STRIDES THERAPEUTIC RIDING. Thank you.

LOCATION

Strides Therapeutic Riding's activities are based 11582 Longacre Ave., Granada Hills, CA 91344. We are off the 118 freeway, between Balboa Blvd and Reseda Blvd offramps, north of Rinaldi. Please see our web site (www.strides.org) for driving directions.

THE FIRST DAY

Please bring the following with you when you come for your evaluation or first day of class:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Participant's Medical History and Physician's Statement
- Signed and completed Release and Waiver
- Appropriate riding apparel:
 - Jeans, britches, or long pants
 - Closed shoes (preferably hard soled with heels – no loafers, flats or sandals)
 - ASTM/SEI approved riding helmet if you have one. If not, one will be provided for you.
 - Medications if needed.

A responsible adult must remain with all minor children at the ranch at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the ranch at all times.