

# Freedom Reins Therapeutic Riding Center, Inc.

1077 N Meridian Rd. Jasper, IN 47546 (812)482-7400 [freedomreinscenter.org](http://freedomreinscenter.org)

## Rider Application Form

### Rider Retain - General Information – Page 1

Enclosed you will find all the documentation that we will need completed before the rider can attend class. If you have any questions or need help with any of the forms please contact Katie Hilgeman at 812-630-6171. All documentation must be completed and given to Freedom Reins by the first night of lessons.

Items needing to be turned in are listed below:

#### **Required**

- Signed and Completed Application Form (2 pages)
- Signed and Completed Parents (Riders) Assessment of Rider (1 page)
- Signed and Completed Release and Waiver (1 page)
- New Rider Evaluation (2 pages)
- Signed and Completed Participant's Medical History and Physician's Statement (2 pages)  
**The "Physician Statement" must be completed by the Physician's office.**
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#### **Optional**

- Signed and Completed Release of Information (1 page) if you would like us to talk to other services about the rider

#### **A few reminders:**

**All paperwork is required to be turned in on the first day of lessons or the rider will not be able to ride.**

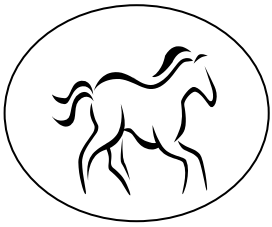
Appropriate riding apparel as stated on page 2, bullet 3 must be worn at all riding lessons.

A responsible adult must remain with the rider at the grounds at all times. Family and Friends are always welcome to watch the riders.

A lesson can consist of mounted (on a horse) and un-mounted activities. Un-mounted activities may include, but are not limited to, working on grooming, ground skills, stretching, identifying horse parts, and using the Equicizer "Toy". Mounted activities may include, but are not limited to, stretching exercises, walk, walk/trot, arena patterns and games on horseback. If the rider becomes agitated, displays physical outburst, or is done working and wants to stop they may be dismounted and/or removed from the lesson environment.

Please retain all rider forms not required to be turned in for your reference.

From all of us at Freedom Reins...We hope that you enjoy riding with us and as always if you have any questions please feel free to talk with your instructor or a board member. Contact information is located on the bottom of page 2.



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## Rider Retain - General Information – Page 2

**Lessons:** Our first session of the year will start the week of March 3rd and our last session will end the week of November 17<sup>th</sup>, 2024. All completed paperwork must be turned in the first week of the first session for the rider to be able to ride. The cost for each 6 week session will be \$120.00. We will accept a check for the entire amount (\$120) made out to Freedom Reins, or cash. Refunds or credits are not applied unless the class is cancelled by Freedom Reins or the rider has a SERIOUS medical condition. Vacation, camp or non-serious illness still requires a class payment. In the case of a cancelled lesson, a credit will be given for the next session.

### **Important Guidelines for riders and families of Freedom Reins:**

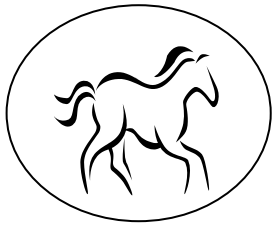
1. Riders are not be dropped off. A parent or guardian 18 years or old older must stay on the grounds at all times when their rider is at Freedom Reins. Exceptions will only be made if the rider is their own guardian.
2. It is preferred that riders wear boots with heels. The safety stirrups used at Freedom Reins allow the riders to use tennis shoes, but heels help keep the foot from sliding too far into the stirrup.
3. Jeans or cotton pants are required while riding. This will help to protect the rider's legs from the stirrup leathers, and allow the volunteers easy access for a quick dismount. No shorts are permitted while riding.
4. No running in the barn area before, during or after classes.
5. Payments should be placed in the container located in the lounge, or handed to your instructor.

**Phone numbers:** If you can't make your lesson or are going to be late, please call/text your instructor prior to the lesson. The sooner you let us know, the better we are able to adjust the volunteer's schedules. Call or text the rider's instructor.

Katie Hilgeman: 812-630-6171, Karen Fetter: 812-661-7380, Kim Dietz: 812-631-6379

**Observation Area:** There is an observation area set up for parents and visitors to watch the lessons. Please be aware of horses entering and exiting the ring.

**Contacts:** Direct any comments or questions to Ron Thyen: 812-639-3874 or a board member: Nancy Eckerle: 812-630-5526, Paula Anderson: 812-639-0177, Michelle Bauer: 812-639-0039, Gary (Buzz) Salb: 812-630-2981, or Julie Winger: 812-827-4398. Any volunteer questions or inquiries should be directed to Paula Anderson: 812-639-0177. Comments about the program are always welcome!



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## Rider Retain - Discharge of a Rider

Occasionally, it is necessary for an existing (current) rider in the Therapeutic Riding program to be discharged. These discharges may occur after an assessment has been made by one of the following:

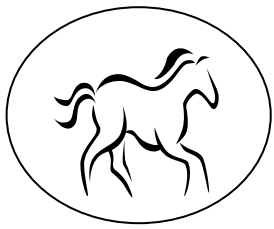
- 1) The Instructor and one other staff personnel.
- 2) A licensed PT or OT
- 3) The Doctor of record
- 4) Parents Request

Freedom Reins may discharge a rider based on any of the following reasons:

- 1) The rider is in danger of being injured just by sitting on the back of a moving horse.
- 2) Freedom Reins does not have a horse which is suitable for the rider.
- 3) Freedom Reins does not have the staff (Instructor, Therapist, or Volunteers) to serve the rider within established safety guidelines.
- 4) The rider's weight exceeds the maximum weight limit (215 lbs)
- 5) The rider's behavior has become unacceptable.
- 6) The rider's profile no longer fits into Freedom Reins program.

The procedure for the discharge of an existing rider may follow these steps, but is not limited to this process:

- 1) One of the mentioned above will assess the rider and document any and all concerns that they may have.
- 2) The instructor and another Freedom Reins staff member will evaluate the rider and or lesson. Any concerns will be shared at that time with the second staff member. Second staff member documents their findings.
- 3) All documentation is reviewed.
- 4) A face to face consultation with the parent/guardian will be scheduled.
- 5) Documentation of concerns and possible action needed by instructor, rider & or family will be gone over at this meeting. A timeline will be established and documented.
- 6) A follow-up meeting will be held with parent/guardian at the end of timeline to discuss progress or improvements and actions taken and to establish if any further action needs to be establish.
- 7) A final decision will be made by the instructor and one other staff personnel after the second meeting with the parent/guardian is held.
- 8) Documentation is then written and given to the parent/guardian as to if the rider stays in the program, is put back on the waiting list or is dismissed from the program.
- 9) All documentation is filed in the riders file at Freedom Reins.



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## Turn in – Rider Application – Page 1

Rider: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Can we Text Y N

Employer/School: \_\_\_\_\_

Occupation: (father): \_\_\_\_\_ (mother): \_\_\_\_\_

Work phone (father): \_\_\_\_\_ (mother): \_\_\_\_\_

Referred by: \_\_\_\_\_

### Photo Release:

\_\_\_\_\_ I DO

\_\_\_\_\_ I DO NOT

Consent to and authorize the use and reproduction by Freedom Reins Therapeutic Riding Center, 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: \_\_\_\_\_

(Rider, Parent or Guardian)

### Parent Guide Book:

I have received and read over the Parents Guide Book and agree to follow all the guidelines and policies set forth by Freedom Reins.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Rider, Parent or Guardian)

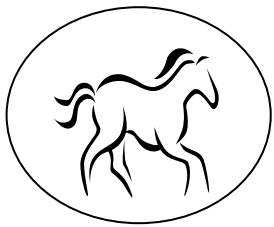
**Medications:** Please list what medications are currently being taken, including over-the-counter medication and reason for taken:

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## Turn in - Rider Application – Page 2

### Emergency Contact Information:

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 Freedom Reins Therapeutic Riding Center, 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.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rider, 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:

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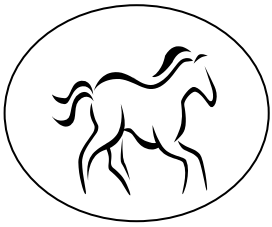
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Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rider, Parent or Legal Guardian



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## Turn in – Parent, Guardian, or Self-Assessment of Rider for Therapeutic Horseback Riding

Date: \_\_\_\_\_

Riders Name: \_\_\_\_\_ Age: \_\_\_\_\_

Disability/Impairment: \_\_\_\_\_

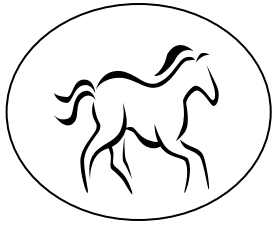
Physical Function: (Please describe the riders abilities/difficulties in this area)

Social Function: (Please describe the riders work/school including grade completed, leisure interest, relationships, family structure, support systems, companion animals, fears/concerns, what motivates them)

What motivates this rider and what are your goals for this rider?

Any other comments you feel would help our instructors develop goals for this rider and make the most of their therapeutic horseback riding lesson?





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## New Rider Evaluation – Page 1

Date \_\_\_\_\_ Name of Rider \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Has rider ridden before? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_ What Type of riding? \_\_\_\_\_

Disability: \_\_\_\_\_

Ambulatory [ ] Non-Ambulatory [ ] Appliances Used: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ School/Teacher: \_\_\_\_\_

Rider/Parent Goals:

Special Concerns for Rider/Parent:

Riders Strengths:

Is rider cooperative? Attentive/inattentive?    Y    N

Does rider follow directions? How? (Spontaneously, with encouragement, with detailed explanation, periodically, infrequently, slowly)    Y    N    \_\_\_\_\_

Rider's behavior toward others: (cooperative, over-affectionate, aggressive, inappropriate, i.e. spitting, ignoring, no interaction, distractibility, eye contact, touching, defensive) \_\_\_\_\_

\_\_\_\_\_

Does rider exhibit inappropriate behaviors? (Such as - spitting, screaming, biting self or others, moving arms or legs, hyperactivity, hitting, kicking)    Y    N

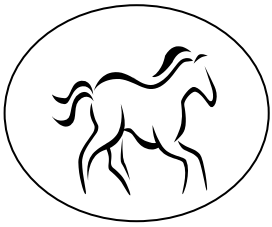
Is the rider allergic to anything?    Y    N With what reaction? \_\_\_\_\_

What is rider's general mood? (Happy, lethargic, cool, over-excited, distractible, dull) \_\_\_\_\_

What does the rider enjoy?







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## Optional – New Rider Consent for Release of Information

**This form is only to be filled out if you would like collaboration between health care facilities, teachers and freedom reins. Otherwise you can disregard this form.**

I hereby authorize the below listed people/facilities to release from the records of:

Rider: \_\_\_\_\_ DOB: \_\_\_\_\_

The information is to be released to: **Freedom Reins Therapeutic Riding Center, Inc.** for the purpose of developing an equine activity program for the above named rider. The information to be released is indicated below:

\_\_\_\_ Physical Therapy evaluation, assessment, program plan and/or verbal consultation  
Name: \_\_\_\_\_

\_\_\_\_ Occupational Therapy evaluation, assessment, program plan and/or verbal consultation  
Name: \_\_\_\_\_

\_\_\_\_ Speech Therapy evaluation, assessment, program plan and/or verbal consultation  
Name: \_\_\_\_\_

\_\_\_\_ Mental Health diagnosis and treatment plan and/or verbal consultation  
Name: \_\_\_\_\_

\_\_\_\_ Individual Habilitation Plan (I.H.P.)

\_\_\_\_ Classroom Individual Education Plan (I.E.P.)

\_\_\_\_ Cognitive-Behavior Management Plan

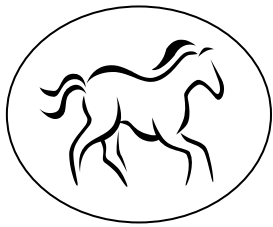
\_\_\_\_ Teacher's Assessment of Student and/or verbal consultation  
Name: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_



# Freedom Reins Therapeutic Riding Center, Inc.

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## Turn in - Physician's Statement – Page 1

Rider: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Primary and 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: \_\_\_\_\_ (Please attach a copy of results)

Neurological 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			

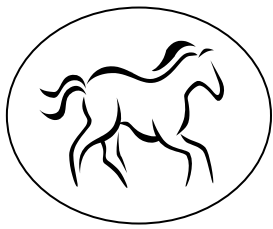
Given the above diagnosis, medical information and the list of Contraindications to Therapeutic Riding (pg. 2) this person is not medically precluded from participation in equine assisted activities. Therefore, I refer this person to Freedom Reins for ongoing evaluation to determine eligibility for participation.

**Name/Title:** \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_



# Freedom Reins Therapeutic Riding Center, Inc.

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## Turn in - Physician's Statement – Page 2 Contraindications to Therapeutic Horseback Riding

Rider \_\_\_\_\_

For safety reasons, persons in the following categories are **NOT PERMITTED** to participate unless approved by a physician

1. Children under the age of four.
2. Excessive weight: maximum weight is two hundred fifteen pounds. Stability issues among the physically disabled will be considered in addition to weight. Student must be able to maintain sitting balance for riding.
3. Students with DOWN SYNDROME MUST HAVE AN X-RAY for Atlanto-Axial Instability after the age of 4.
4. Moderate agitation with severe confusion, aggression or self-abusive behavior.
5. Unstable spine.
6. Moderate to severe osteoporosis.
7. Seizures accompanied by uncontrollable motor activity.
8. Pathological fractures.
9. Acute stages of arthritis.
10. Open pressure sores or open wounds.
11. Structural scoliosis greater than 30 degrees. Excessive kyphosis or lordosis, hemi-vertebrae. Exceptions are sometimes made. The patient can ride with a supportive spinal brace or rigid body jacket.
12. Drug dosages causing a physical state un conducive for safe riding.
13. Hemophilia.
14. Hip subluxation and or dislocation.
15. Coxa Arthrosis (degeneration of the hip).
16. Spondylolisthesis.
17. Acute Herniated disk.
18. Spinal fusion within one year post surgery. Includes Harrington rods.
19. Juvenile Kyphosis (Scheurman) in the acute phase.
20. Patient on medication that affects the coagulation of blood.
21. CVA caused by aneurysm with spontaneous bleeding if not surgically removed; or presence of other aneurysms; CVA from angioma of brain if not totally surgically removed, or a known embolus or thrombus.
22. Heterotropic ossification in the hip resulting in inadequate range of motion.
23. Osteogenesis Imperfecta
24. Hydrocephalus or cranial deficits if helmet cannot offer complete protection.
25. Tethered Cord, Hydromyelia or development of Chiari II malformation symptoms associated with Spina Bifida.
26. Spinal Cord Injury above T6.
27. Poor endurance if fatigue persists well after session and impairs function.
28. Uncontrolled diabetes or medically unstable conditions associated with diabetes.
29. Peripheral Vascular Disease (PVD) if indication of skin damage due to riding.
30. Severe cases of Varicose Vein.
31. Uncontrolled hypertension.
32. Serious heart condition.
33. Disorders in exacerbation.
34. Persons with indwelling catheter.
35. Post-surgery riding only:
  - a. Status – post tendon lengthening 8 to 10 weeks
  - b. Status – post fracture/osteotomy 6 to 8 weeks.
  - c. Status – post rhizotomy 3 to 12 months.

***I have read the above list and maintain that this patient **DOES NOT** currently have any disorder that is a contraindication to therapeutic horseback riding, or I authorize riding in spite of the contraindication.***

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
Date