



## FIELD TRIP AND EVENT PARTICIPANT APPLICATION

### APPLICATION INSTRUCTIONS AND REMINDERS

- Please read RFJ's Participant Handbook before completing an application.
- Complete the Field Trip and Event Participant Application (to be completed by parent or guardian if participant is under 18).
- Have the participant's physician complete the attached Medical Release Form. Ride for Joy requires physician approval annually to ensure that therapeutic riding lessons can be provided safely.
- Submit the completed application, including medical paperwork, to Ride for Joy's Program Coordinator no later than two weeks prior to the event. Students will not be allowed to participate in riding activities unless ALL required forms are completed.

### Teacher/Event Coordinator:

Please ensure **ALL completed applications are received at least two weeks prior to the event.**

Please submit the application(s) in one of three ways:

- Scan and email to [lpekovich@rideforjoy.org](mailto:lpekovich@rideforjoy.org)
- Fax to 1-208-550-3208.
- Mail to Ride for Joy, 28379 El Paso Rd. Caldwell, ID 83607.

Payment can be mailed or provided to RFJ at the time of the event.

Ride for Joy is committed to maintaining strict confidentiality of all information pertaining to students, families, staff, volunteers, or other persons affiliated with Ride for Joy. Any information provided will be kept confidential and shared with Ride for Joy team members only on a need-to-know basis during and after the event.

**If you have any questions, please email [lpekovich@rideforjoy.org](mailto:lpekovich@rideforjoy.org) or call 208-454-8894.**



**GENERAL INFORMATION**

**Participant Name:** \_\_\_\_\_

Preferred Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Organization/School: \_\_\_\_\_

**Parent/Legal Guardian/Caregiver:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Alternate Parent/Legal Guardian/Caregiver:** \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Ride for Joy?

- Friend or family member     Healthcare Provider \_\_\_\_\_  
 Web Search                       Ride for Joy Booth at an Event     Other \_\_\_\_\_

Has the applicant ever participated in a therapeutic riding program before?     YES     NO

If yes, where? \_\_\_\_\_



**MINIMUM REQUIREMENTS FOR RIDING**

- Is the participant 4 years old or older?  YES  NO
- Does the participant weigh less than 200 lbs. when dressed?  YES  NO
- Is the participant able to sit up with torso vertical and legs astride the horse?  YES  NO
- Is the participant able to maintain head and neck position without assistance?  YES  NO

**HEALTH HISTORY**

Primary Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Additional Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

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**Current or past seizures?**     YES     NO **Type:** \_\_\_\_\_

If yes please describe type, frequency, last occurrence and method of control. \_\_\_\_\_

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*Please indicate current or past considerations in the following areas:*

	<b>Examples</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Vision	Glasses/contacts			
Hearing	Hearing aids, implants			
Sensation	Over/under sensitivity			
Communication	ASL, speech delays, gesture			
Heart	Surgeries, implants			
Breathing	Asthma, oxygen			
Circulation	Varicose veins, hemophilia, reduced circulation			
Digestion	Gastronomy tube			
Elimination	Catheters, colostomy, incontinence			



Emotional/Mental Health	Depression, anxiety			
Behavioral	Aggression, defiance			
Pain	Over/under sensitive, headaches, joint pain			
Bone/Joint	Spinal surgeries, fusions, implants, osteoporosis, arthritis, breaks (If yes, when?)			
Muscular	Weakness, high/low tone			
Cognitive	Ability to follow 1 to multi-step instructions			
Allergies	Hay, dust, dander			

The following conditions may represent precautions or contraindications to equine-assisted activities. **Please note whether these conditions are present, and to what degree.**

**YES NO CONDITION**

**Orthopedic**

- Spinal Fusion
- Spinal Instabilities/Abnormalities
- Atlantoaxial Instabilities
- Scoliosis
- Kyphosis
- Lordosis
- Hip Subluxation and Dislocation
- Osteoporosis
- Pathologic Fractures
- Coxas Arthrosis
- Heterotopic Ossification
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Stabilization Devices (such as Harrington Rods)

**Neurological**

- Hydrocephalus/shunt
- Spina Bifida
- Tethered Cord
- Chiari II Malformation
- Hydromyelia
- Paralysis due to Spinal Cord Injury (above T-9)
- Uncontrolled Seizure Disorders



**Medical/Surgical**

- Allergies to Grasses, Animals and Dust
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Hypertension
- Serious Heart Condition
- Stroke (Cerebrovascular Accident)

**Additional Concerns**

- Behavior regulation
- Acute exacerbation of chronic disorder
- Indwelling catheter

If you checked YES to any of the above, please explain:

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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications (include prescribed and over-the-counter): \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT**

I DO authorize Ride for Joy to complete the following actions in the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the premises of Ride for Joy:

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.

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: \_\_\_\_\_  
*(Parent/Guardian if participant is under 18)*

**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 services or while being on the premises of Ride for Joy.

**Guardians MUST remain on site at all times during equine-assisted activities.** In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/Guardian if participant is under 18)*



**RELEASE AND INDEMNITY AGREEMENT**

I, the undersigned, on the behalf of my child in consideration of participation my child in the programs of the Ride for Joy Therapeutic Riding Program now and at any time in the future, acknowledge and agree to the following: The use, riding or handling of a horse involves a risk of physical injury to any individual undertaking such activities, and that any horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based on instinct or fright, which is also an inherent risk assumed by a horseback rider. Ride for Joy operates on a working horse farm, training and boarding facility and there are risks associated with being on the premises. Horses and equipment present potential risks of damage to persons and property. The undersigned expressly assumes such risks, and with full appreciation of the risks associated with the premises, does hereby agree to release, defend, indemnify and hold harmless the Ride for Joy Therapeutic Riding Program, Inc., its board of directors, officers, trustees, agents, instructors, employees, vendors, representatives, and volunteers, the owner of the horse, their successors, heirs, assigns, representatives, agents, servants, employees and insurers, together with all persons acting for, by or through them or any of them (hereinafter "releases") from all injuries, claims, or damages to person or property that are suffered by the undersigned, his/her agents, children, or other persons accompanying the undersigned, which may occur while on the premises, save and accept those injuries to persons and property caused by releases' gross negligence, which shall be defined as recklessness and extreme deviation from the normal standards of reasonable care and control. This release of all claims and indemnity shall be binding upon the heirs, representatives, executors, administrators, assigns, and successors of the undersigned, and no promise inducement or agreement not herein expressed has been made to the undersigned. The terms of this release and indemnity agreement are contractual in nature and are not mere recitals.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian if participant is under 18)*

**PHOTO RELEASE**

I (check one)  **DO**  **DO NOT** consent to and authorize the use and reproduction by Ride for Joy, without compensation, of any and all photographs and any other audio/visual materials taken of myself and/or my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian if participant is under 18)*

I acknowledge that I have read, understand, and agree to the policies outlined in the RFJ Participant Handbook (provided on the RFJ website):

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian if participant is under 18)*