



NEW PARTICIPANT APPLICATION

APPLICATION INSTRUCTIONS AND REMINDERS

- Please read RFJ's Participant Handbook before completing an application.
- Complete the New Participant Application (to be completed by parent or guardian if participant is under 18).
- Please have the participant's physician complete the [Medical Release Form](#) and submit it with the application.
 - Ride for Joy requires that all participants receive physician permission annually to participate in programming and to ensure that adaptive/therapeutic riding lessons are safe and beneficial.

Please submit your application in one of three ways:

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

ALL required forms, including the Medical Release form, must be submitted before riders may participate in lessons.

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 your time at Ride for Joy.

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

Internal Use Only

Participant Name:

Received:

Complete: Y N

Salesforce:

Needed:

Ride for Joy Therapeutic Riding Program

New Participant Application

Created: 1/2010

Revised: 3/2024



NEW PARTICIPANT APPLICATION

GENERAL INFORMATION

Program Interest:

- Adaptive Riding
- Veterans Horsemanship
- Barn Pals

Participant Name: _____

Preferred Name: _____

DOB: _____ Age: _____

Height: _____ Weight: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Alternate #: () _____ Email: _____

Employer: _____

School/Grade: _____

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? _____



VETERANS

Is the applicant a military veteran?

- Yes No

Documentation:

Please submit a copy of one of the following with your application.

- DD-214
- Veteran Identification Card (VIC)
- Veteran Health Identification Card (VHIC)
- Honorable Discharge Certificate
- State issued ID with veterans endorsement
- Equivalent documentation

Funding:

Ride for Joy strives to secure funding for each Veterans Horsemanship participant and to offer this program at no cost to those who have served. Please help us identify which of the following opportunities you may qualify for by checking the boxes below:

- Wounded Warrior Project
 - Eligibility: *“WWP supports veterans and service members who incurred a physical or mental injury, illness, or wound while serving in the military on or after September 11, 2001. You may also be eligible for the program if you are the family member or caregiver of a wounded warrior.”*

- AETNA/Medicaid
 - Eligibility: *Some Medicaid plans cover equine-assisted services.*

- Other: _____



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 assistance? YES NO without

HEALTH HISTORY

Primary Diagnosis: _____ Date of Onset: _____
 Secondary Diagnosis: _____ Date of Onset: _____
 Additional Diagnosis: _____ Date of Onset: _____
 Additional Diagnosis: _____ Date of Onset: _____
 Additional Diagnosis: _____ Date of Onset: _____
 Additional Diagnosis: _____ Date of Onset: _____

Medications (include prescription and over-the-counter; name, dose and frequency):

Current or past seizures? YES NO **Type:** _____

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

Please indicate current or past considerations in the following areas:

	Examples	Y	N	Comments
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: _____



Describe the participant's abilities, strengths, and weaknesses. Please include any information that may be helpful to RFJ instructors.

PHYSICAL (include mobility skills such as use of assistive devices and transfers, orthotics worn and for what purpose, etc.): _____

COGNITIVE: _____

SOCIAL: _____

EMOTIONAL/MENTAL HEALTH: _____

PARTICIPANT INTERESTS AND PREFERENCES: _____

PARTICIPANT DISLIKES AND FEARS: _____

ADDITIONAL INFORMATION: _____

GOALS (What would you like to accomplish through participation in equine-assisted activities? Feel free to include other therapy goals and IEP objectives)



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, for myself and/or on the behalf of my child in consideration of participation of me and/or child in the programs of the Ride for Joy Therapeutic Riding Program now and at any time in the future, acknowledges and agrees 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)



ATTENDANCE POLICY

Ride for Joy values our riders' time and understands when life circumstances arise. However, when a rider does not show up to a lesson, it disrupts the horses' herd dynamics, other lessons in the arena, staff time, and most importantly, our volunteers' time. We ask that our riders please abide by the following attendance policy so we can provide quality and respectful lessons to all.

- **Please notify Ride for Joy at least 24 hours in advance of a rider's absence.** Exceptions for extenuating circumstances regarding absences is at the discretion of program staff.- Please email the Program Coordinator or call Ride for Joy at 208 454-8894.
- If a rider misses two lessons in a session without prior notification to Ride for Joy, they will forfeit their spot in lessons for the rest of the session, as well as any fees paid.
- If a rider misses three lessons in a calendar year without prior notification to Ride for Joy, they will lose the remainder of their scheduled lessons and will be placed back on the waiting list.
- If a rider is more than 10 minutes late, they will not be allowed to ride.
- If a rider or guardian cancels a lesson, there will be no refunds or make-up lessons.

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)