

Therapeutic Horseback Riding for Children and Adults with Disabilities



at
Latta Equestrian Center
6201 Sample Rd., Huntersville, NC 28078

Rider Registration Packet

NARHA Certified Therapeutic Riding Instructors:
Teresa Tucker (704) 701-4711 and Phyllis Smeaton (704) 740-6720
(North American Riding for the Handicapped Association)

website: www.kidsrein.com

email: info@kidsrein.com

(Kids Rein is a local 501(c) non-profit organization serving the community)

Kids Rein is proud to be a "Center Member" of North American Riding for the Handicapped Assoc.



***Please return completed Packet to KIDS REIN, c/o Teresa Tucker at 9122 Crofton Springs Dr, Charlotte NC 28269**

WARNING:

Under North Carolina Law, Chapter 99 E of the North Carolina General Statutes, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

Rider's Registration and Release Form

Please Print all information

Client First Name: _____ Client Last Name: _____

Date of Birth: _____ Age: _____

Parents/Guardian Name: _____

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

Home Phone: _____ Cell/Work Phone: _____

Emergency Phone: _____ Email Address: _____

School or Institution presently attending: _____

In the event of an emergency, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Liability Release

_____(Client's/Rider's name) would like to participate in the Kids Rein therapeutic riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. Thereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Kids Rein, Inc., Teressa Tucker, Phyllis Smeaton, Country Time Carriages, LLC d/b/a Latta Equestrian Center, Mecklenburg Parks & Recreation Dept. or any Instructors, Therapists, Aides, Volunteers, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Kids Rein therapeutic riding program at Latta Equestrian Center.

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

Photo Release

I hereby consent to and authorize the use and reproduction by Kids Rein of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

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

I do not give my consent

Riding Helmets are available to all riders. Helmets are mandatory for those under 18 years of age and optional for those 18 years of age or older. It is understood that should you choose not to wear a riding helmet, any resulting accident or injury is the sole responsibility of the rider with no recourse to Kids Rein, Teressa Tucker, Phyllis Smeaton, Latta Plantation Equestrian Center, Country Time Carriages, its officers, agents, employees or volunteers.

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Authorization for Emergency Medical Treatment

(Please Print)

Client First Name: _____ Client Last Name: _____

Date of Birth: _____ Home Phone: _____ Cell: _____

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

Physicians Name: _____ Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

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 services, or while being on the property of the agency, I authorize Kids Rein, Inc., Teresa Tucker, Phyllis Smeaton, Latta Equestrian Center, or any of its employees or volunteers to:

1. Provide, 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 (Signed in the presence of operating center staff)

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 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 (Signed in the presence of operating center staff)

A COPY OF THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM.

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PHYSICIAN'S PRESCRIPTION

Client First Name: _____ Client Last Name: _____

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

Date of Birth: _____ Home Phone: _____

Prescription for Therapeutic Horseback Riding

Prescription, where appropriate for evaluation and treatment by a Physical, Occupational and/or Speech Therapist in conjunction with the Therapeutic Horseback Riding Operating Center:

Recommended Frequency:

Precautions:

Physician's Signature: _____

Date: _____

Please Print, Type or Stamp

Physician's Name: _____

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

Phone: _____

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Riding Helmets are available to all riders. Helmets are mandatory for those under 18 years of age and optional for those 18 years of age or older. It is understood that should you choose not to wear a riding helmet, any resulting accident or injury is the sole responsibility of the rider with no recourse to Kids Rein, Teresa Tucker, Phyllis Smeaton, Latta Plantation Equestrian Center, Country Time Carriages, its officers, agents, employees or volunteers.

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RIDER'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

(To Be Completed Annually)

Client First Name: _____ Client Last Name: _____

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

Date of Birth: _____ Home Phone: _____

Parents/Guardian Name: _____

Diagnosis: _____ Date of Onset: _____

*For Persons with Downs Syndrome:

- Negative Cervical X-ray for Atlantoaxial Instability. X-RAY Date: _____
- Negative for clinical symptoms of Atlantoaxial Instability.

Tetanus Shot:

- Yes Date: _____
- No

Height: _____ Weight: _____

Seizure Type: _____ Controlled _____ Date of Last Seizure _____

Medications: _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

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Rider's Medical History and Physician's Statement
(Continued)

Client First Name: _____ Client Last Name: _____

Mobility

Independent Ambulation:

Yes No

Crutches:

Yes No

Braces:

Yes No

Wheelchair:

Yes No

Please indicate any special precautions:

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 health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician's Name (please print): _____

Physician's Signature: _____

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

Phone: _____

Date: _____

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Information for Physician

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore when completing this form, please check whether these conditions are present, and note to what degree.

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

Medical/Surgical

- Allergies
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Hypertension/Hypotension
- Serious Heart Condition
- Stroke (Cerebrovascular Accident)

Neurological

- Hydrocephalus/shunt
- Spina Bifida
- Tethered Cord
- Chiari II malformation
- Hydromyelia
- Paralysis due to Spinal Cord injury
- Seizure Disorders

Secondary Concerns

- Behavior problems
- Age less than two years
- Age two – four years
- Acute exacerbation of chronic disorder
- Indwelling catheter

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Therapeutic Program Rules

Our goal is to provide a safe and beneficial experience for our riders and volunteers. With this goal in mind, please familiarize yourself with the following points:

1. Please no siblings at or around the lesson areas. This distracts from the lessons.
2. Please, if possible be 15 minutes earlier than your ride time.
3. No pets please.
4. Wear long pants (this is to keep the straps from rubbing or cause bruising).
5. Wear shoes with a heel (this is for safety).
6. Keep riders in the designated waiting areas and/or bench outside unless directly working with the instructor.
7. When you arrive for the program always stop and sign in.
8. Make sure all paperwork is current and completed (including physician's report).
9. All paperwork must be in completed and returned to Teresa Tucker before a rider can begin the program.
10. If you cannot make your riding time, please call as soon as possible. Our volunteers are a vital part of our program. In order to utilize them, we have adopted a three (3) strikes policy.
11. All NO SHOWS will be recorded daily.
12. If you have two (2) NO SHOWS, your session will be by appointment only!
13. Three (3) NO SHOWS (without prior notification) will result in the rider being dropped from the session.
14. If we do not have enough volunteers to run a class safely, we reserve the right to cancel the class or a student
15. Approved helmets must be worn at ALL TIMES.
16. If the student is accepted, on-going evaluation will determine if the riding therapy continues to be beneficial and our horses and volunteers are able to safely and effectively accommodate the student.
17. All students with Down syndrome must have Atlantoaxial stability verification from their doctor's office.
18. Parents are an important part of Kids Rein and may be asked to help with the riding program, Spring Festival/Special events, program tasks and other barn tasks.
19. Anyone allergic to insect bites need to bring medication each time whether he or she is a rider or volunteer.

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FIRE SAFETY RACE

- R.** REMOVE horses from the barns and put in paddocks away from fire.

- A.** ALERT the fire department by dialing “911” and stating that there is a fire. Stay on the line and give them directions as outlined in the emergency poster.

- C.** CONTAIN the fire, if possible, by shutting doors, etc.

- E.** EXTINGUISH fire if possible by aiming the fire extinguisher at the base of the fire and gently pulling the trigger. Use wet blankets or dirt to try to smother flames. Only use water if you are sure that it is not an electrical fire.

SAFETY IS EVERYONE’S BUSINESS!!!!!!

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Kids Rein **Non-Discrimination Policy**

It is the policy of Kids Rein to provide equality of opportunity in volunteer service and therapy. Accordingly, Kids Rein does not practice or condone unlawful discrimination in any form against staff, volunteers or clients on the grounds of race, color, religion, creed, sex, national origin, age, disability, or veteran status. Nor does Kids Rein allow discrimination on the basis of sexual orientation, with respect to internal organizational matters that do not contravene federal or state law and that do not interfere with the Kids Rein relationships with outside organizations, including the federal government, donors, corporations and other means of support.

Discrimination based upon race, color, religion, sex, national origin, age, disability, or veteran status is in violation of federal and state law and Kids Rein policy, and will not be tolerated.

It should be noted that Kids Rein may make determinations related to the ability to effectively serve a client. There may be occasions when our professional staff determines that our therapies and programs may not be of benefit to a particular client. This is an analytical process and is not based in discrimination; it is a question of therapeutic effectiveness. Our ultimate goal is to provide programs and services that bring maximum benefits to each and every client.

Retaliation against any person complaining of discrimination is in violation of federal and state law and Kids Rein policy, and will not be tolerated.

Kids Rein will respond promptly to all complaints of discrimination and retaliation. Violation of this policy can result in serious disciplinary action up to and including total denial of access to the premises, including its facilities and programs.

Kids Rein hereby affirms its desire to maintain an environment for all staff, volunteers and clients that is free from all forms of unlawful discrimination. Unlawful discrimination is completely incompatible with the values and goals of Kids Rein and will not be tolerated.

Definitions

Discrimination is unequal and unlawful treatment based upon race, color, religion, sex, national origin, age or disability. In addition, impermissible discrimination on the basis of sexual orientation would include conduct or decisions in violation of Kids Rein policy.

Retaliation is conduct causing any interference, coercion, restraint or reprisal against a person complaining of discrimination or participating in the resolution of a complaint of discrimination.

Harassment is a form of discrimination, and will not be tolerated.

Violations of Policy

Any individual with a concern, grievance or complaint of discrimination or retaliation should contact Kids Rein staff in writing at the following mailing address:

Teresa Tucker or Phyllis Smeaton
Kids Rein
9122 Crofton Springs Dr.
Charlotte, NC 28269
(704) 701-4711 or (704) 740-6720

KIDS REIN

INFORMATION REGARDING PROTECTION OF PRIVACY

This document details how your medical information may be used or disclosed. Kids Rein uses your personal health information primarily for treatment. However, we may disclose your personal health information without prior authorization for public health purposes, for audits, when required by law, and in an emergency. In other situations, it is Kids Rein policy to obtain your written authorization before releasing personal health information. You may revoke this authorization at any time. Furthermore, you have the right to access a copy of your personal health information at any time.

I have read and understand Kids Rein policy regarding protection of privacy. I agree to the use and disclosure of my personal health information for purposes detailed in the above paragraph. I also agree not to disclose any of the rider/client personal, medical or any health related information to any other individuals without prior written authorization of the rider/client or their parent/guardian under any circumstances.

Printed Name: _____

Signature: _____

Date: _____

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