

Handicapped High Riders Club
t/a: Riding High Farm
145 Route 526, Allentown New Jersey, 08501

PARTICIPANTS REGISTRATION FORM

*A \$50.00 non-refundable deposit MUST accompany all registrations.
Limited space is available and is on first come first serve basis.*

Client Information:

Name: _____ DOB: _____ Age: _____

Mailing Address: _____

City _____ Zip Code: _____ Phone Number: _____

Parent or Legal Guardian information:

Name: _____ Relationship: _____

Mailing Address: _____

City _____ Zip Code: _____ Phone Number: _____

Emergency Contact information:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

***BILLING Information:**

Name: _____ Relationship: _____

Mailing Address: _____

City _____ Zip Code: _____ Phone Number: _____

Photo and Media Release:

I hereby consent to and authorize the use and reproduction by Riding High Farm Inc. Of all photographs and other audio/visual materials taken of me/my child or ward for promotional printed materials, internet website and educational activities or for any other us of the program.

Signature of Legal Guardian: _____ **Date:** _____

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PROCIDURES

Our Mission is to improve the minds, bodies & spirits of children and adults with physical, developmental, and emotional disabilities through the benefits of equine-assisted activities.

Whether activities are mounted (on horseback) or unmounted (on the ground), all sessions are planned with the participant's individual physical, social, educational, emotional and recreational goals in mind. Instructors work collaboratively with parents, educators and therapists to maximize benefits. Equine assisted activities also provide a great format for addressing sensory challenges, increasing communication skills, team building experiences, and fostering self esteem

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom Riding High Farm programs may be determined inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in the programs. This determination is made based on an individual's physical and behavioral status, and other limitations such as available resources

Attendance & Cancellation Policies – Riding High Farm believes in the benefits of the human animal bond. If riding is prevented due to weather conditions, unless otherwise notified, an unmounted learning session is scheduled. If you are unable to attend a regularly schedule session, please contact the program directly by call 609-259-3884 so we may notify staff and volunteers.

Make-up sessions are not available unless Riding High Farm needs to cancel due to some unforeseen on farm emergency or circumstances. We will make every attempt to notify participants at least 2 hours prior to the change and an opportunity to reschedule will be provided with in two months.

Temperature Closing: For the health of our equine, staff and volunteers the program will be closed if the temperature is below 25 degrees or above 105 degrees this is a health and safety concern, and NO make ups will be offered. *We us AccuWeather app for Allentown New Jersey .*

Medical Hold: In the event you will not be able to ride due to a medical reason the program will hold your lesson time for a \$ 80.00 per monthly fee for up to three months WITH A MEDICAL NOTE FROM THE DOCTOR.

Attire, Helmets & Footwear -Participants are required to wear an ASTM/SEI approved riding helmet, which is NOT provided by Riding High Farm. Saddles are equipped with safety stirrups, however for additional safety, participants should wear a sturdy-soled boot with a ¼ inch heel. Please have participants prepared for an outdoor activity including – gloves, jackets and warm clothing for cooler weather and light pants, sun screen and bug repellent for the summer.

Holiday/Event Closings –We are closed on the following Special Olympic horse show • Halloween • Easter • Thanksgiving Day • Week between Christmas Eve and New Year day for winter break • Week of July 4th for Summer break • RHF annual Horse show

Cost of program: Program is open fifty weeks yearly with a **monthly fee of \$ 175.00** payable by check on or before the 10th of every month. One-time placement screening of \$ 145.00 and Annual registration due in September of \$50.00

Payment policy: Thirty- day notice to cancel session is required in writing, fifty-dollar return check fee, twenty-dollar late fee will be applied on the 10th of every month. Financial Aid is available.

State funding: in the event payment is denied parent/ guardian is responsible for fees.

Client/Parent/ Guardian Signature: _____ Date: _____

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Client 's Medical History and Physician's Release Form Completed by s Physician

Participant: _____

DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays Date: _____ Result: +/- Neurologic Symptoms of Atlantoaxial Instability: _____

Auditory	
Visual	
Tactile Sensation	
Speech	
Cardiac	
Circulatory	
Pulmonary	
Muscular	
Balance	
Orthopedic	
Allergies	
Cognitive	
Emotional/Psychological	

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Physician's Signature:

License/UPIN Number:

Stamp

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Authorization for Emergency Medical Treatment Form

Check all that apply: Participant__ Staff__ Volunteer__

PLEASE PRINT:

Name: _____ DOB: _____

Parent/Legal Guardian (if under 18): _____

Address: _____ City: _____ State _____ Zip _____

Telephone: (Home): _____ (Cell): _____

(Caregiver: _____ Cell Phone: _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Primary Physician:

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Health Insurance Company: _____ Policy Number: _____

Allergies to Medications: _____

Current Medications: _____

Consent Signature (Client, Parent or Legal Guardian)

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while participating in activities administered by Handicapped High Riders Club LLC/ Riding High Farm Inc.; I authorize Riding High Farm 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. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure

deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____

Consent Signature: _____

please indicate Client, Parent or Legal Guardian

Non- Consent Signature (Client, Parent or Legal Guardian)

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 participating in activities administered by Riding High Farm.

A parent/legal guardian will always remain on the site during these activities.

Date: _____

Non-Consent Signature: _____

please indicate: Client, Parent or Legal Guardian

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Liability Release

I / my child would like to participate in the Riding High Farm program. I acknowledge the risks and potential for risks of horseback riding and working around horses. However, I feel the possible benefits to me / my child are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Riding High Farm, its Board of Directors, Affiliated Organizations, Employees, Instructors, Therapists, Aides, Volunteers, Equines and Operating Site for any and all injuries and/or losses I / my child may sustain while participating in Riding High Farm activities.

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997,C.287,C:5:15-1 ET ESQ.

Print Name _____

Signed _____

Signature of parent/guardian if under 18 years of age

Date: _____

Code of Conduct

Riding High Farm is a community-based organization dedicated to providing equine assisted therapy . Participation in the organization's program is subject to the observance of the organization's rules and procedures. The activities outlined below are strictly prohibited Any participant, family member, visitor, staff or volunteer who violate this Code of Conduct is subjected to removal from the program.

- Abusive language toward anyone

- Possession or use of Alcoholic beverages or illegal drugs on the property
- Reporting to the program under the influence of drugs or alcohol.
- Verbal, Physical or visual harassment of anyone
- Failing to cooperate with an adult supervisor

I have read and understand the Riding High Farm Code of Conduct. I agree to abide by the rules described and understand that I may be removed from the property and not permitted to return if I violate any of these rules.

Signature _____ **Date** _____
Signature of Parent/Legal Guardian if under 18

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POLICY

Behavior:

For the safety of our TEAM (Client, Horse, Volunteer & Instructor) Riding High Farm has implemented a behavior and safety policy.

When dealing with disabilities we expect behaviors for many different reason frustrations in communication, Emotions and Over stimulation happen here daily, all our staff, volunteers and equine team understand and do our best to work with the issues in a safe and accepting environment.

When a behavior happens, our Instructors have second to determine if safety is an issue and a decision may be made to remove the rider and continue with an alternative lesson like grooming.

Each individual incident is handled with the goal of the client riding and getting the most out of every session but with safety in mind Clients will be redirected if the instructor feels it's safe.

Samples of behaviors:

- Striking any member of the team they are removed from the horse and offered a groom lesson Please NOTE: if during a ground session the client strikes anyone they will be asked to leave.
- Removal of the helmet if the client removes the safety helmet if it can be put back on, we will continue the session after the second removal they will be taken off and given a grooming session

If behaviors continue and become regular the program director will contact the parent or guardian to talk about our issue and concerns with possible removal from the program

Weather related closing

Due to the nature of our program mother nature plays a role in our ability to offer safe and effective session NO make ups will be offered.

* For the health of our equine, staff and volunteers the program will be closed if the temperature is below 25 degrees or above 105 degrees this is a health and safety concern.

*If Lightning is seen is unsafe for riding activities.

* If a state of emergency is declared the program has the right for the safety of our staff and volunteers to close the program

* in the event of loss of power.

Vacation/ Camps

Riding High will not hold or guarantee your session time with out full advanced payment as a non-profit we depend on lesson income to keep our doors open and staff healthy.

Scholarship

Partial scholarship is offered to clients in need with proof of income letter stating the reason for need are required

Recipients of the scholarship you are REQUIRED to volunteer and assist with one of our many event calendars is available as well as assist with our annual Bingo in the barn event You will be required to sell 5 tickets to the event and assist with the set-up of the event 3pm-6pm failure to show will result in termination of scholarship effective JUNE

Signed _____

Signature of parent/guardian if client is under 18 years of age

New Jersey Department of Human Services (DHS) oversees the participant-directed care programs in the Division of Aging Services, Division of Developmental Disabilities, and Division of Disability Services. The Division of Aging Services (DAS) administers the Jersey Assistance for Community Caregiving (JACC), the Participant-Employed Provider (PEP) program, and the Veterans Directed Home and Community Based Services (VDHCBS) program. The Division of Developmental Disabilities (DDD) administers the Community Care Waiver (CCW), the Interim Program, and the Supports Program. The Division of Disability Services (DDS) administers the Personal Preference Program (PPP)

Riding High is an approved provider for GOODS and SERVICES for Equine Assisted activities

We are happy to bill DDD for services **as a courtesy** but ultimately it is the client's responsibility if payment for services are not paid within 60 days of service.

Monthly fee of \$175.00 must be paid in full by goods and services or the client regardless of attendance.

Support Coordinators Name: _____

Direct Contact #: _____

PLEASE have your NJ Individualized service plan (NJSIP) updated and emailed to me at ROBYNSTRUZ@gmail.com Cost \$175.00 per month at 12 months per **(30 min session)**

I agree that if the state does not provide payment to Riding High Farm, I understand I am financially responsible for the balance due.

Signed _____

Signature of parent/guardian if client is under 18 years of age

Date: _____

ANY question please contact me directly by email at Robynstruz@gmail.com

Thank you