

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

[Mike, this entire packet should be available for download, only the medical portion won't be online. See below in brackets]

### PARTICIPANTS REGISTRATION FORM

*A \$40.00 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 use of the program.

**Signature of Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Use:**

Deposit paid \_\_\_\_\_ Placement scheduled \_\_\_\_\_ Tuition Assistance \_\_\_\_\_

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POLICY AND 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 your instructor directly or 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 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

**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 Day and New Year for winter break • Week of July 4<sup>th</sup> for Summer break • RHF annual Horse show

**Cost of program:** Program is open fifty weeks yearly with a monthly fee of \$ 165.00 payable by check on or before the 10<sup>th</sup> of every month. One-time placement screening of \$ 145.00 and Annual registration due in September of \$40.00

**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 10<sup>th</sup> of every month. Financial Aid is available.

**State funding:** in the event payment is denied parent/ guardian is responsible for fee's.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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[mike, this portion needs to be printable download]

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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[Mike, this can continue the registration online]

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 "life saving" 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 remain on the site at all times 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 volunteer is under 18 years of age**

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

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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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