

Riding High Farm
145 Route 526, Allentown New Jersey, 08501

PARTICIPANTS REGISTRATION FORM

A \$100.00 non-refundable deposit MUST accompany all registrations.

Client Information:

Name: _____ DOB: _____ Age: _____

City _____ Zip Code: _____ Phone Number: _____

Parent or Legal Guardian information:

Name: _____ Relationship: _____

Mailing Address: _____

City _____ Zip Code: _____ Phone Number: _____

*Email: _____

Emergency Contact information:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

***BILLING Information: (If we will bill DDD for all fee's if they are your paying agent information MUST be included or Gaurdian will be billed)**

Name: _____ Relationship: _____

Mailing Address: _____

City _____ Zip Code: _____ Phone Number: _____

Email: _____

Please Note if DDD/ PPL or Easter Seals or self-payment client fails to make a payment the consumer/Client will be billed after 60 days of non-payment and subject to removal from the program.

Signature of Legal Guardian: _____ Date: _____

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 collaborate 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.

PROCIDURES & POLICIES

Attendance & Cancellation – 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 scheduled session, please contact the program directly by calling 609-259-3884 so we may notify staff and volunteers.

Make-up sessions- are not available unless Riding High Farm needs to be cancelled 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 within 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 use 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 \$ 100.00 per monthly fee for up to three months WITH A MEDICAL NOTE FROM THE DOCTOR.

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

Programs Available -At Riding High Farm , safety is our primary concern. We must ensure the health and wellness of our participants, volunteers, instructors, and horses as mandated by PATH Intl. Horses are selected for participants based on a rider's skill set, stability on the horse, equipment available, appropriateness of volunteers available, horse conformation and movement, and rider's weight. Riding High Farm Offers Two program

Mounted/ Riding : Equine Assisted Activities (EAA)

Non- Mounted / Ground: Equine Assisted Learning (EAL)

INITIALS _____

Weight limit:

EAA has maximum weight limits of 220 lbs. for balanced and/or independent riders and 160lbs for unbalanced and/or supported riders requiring our sure hands lift

EAL: Can accommodate anyone not suitable or not looking to ride for the EAA program

The **Equine Assisted Activities (EAA)** at Riding High Farm is unable to accommodate unbalanced and/or supported riders above 160lbs. An unbalanced and/or supported rider is an individual who may demonstrate one or several of the following: chronic leaning to one side, unable to consistently sit astride a horse without support, needs help supporting the upper body, needs physical assistance during the mount or dismount, needs physical assistance during an emergency dismount (or is unable to consent to the risks of being unassisted during an emergency), is easily left behind the horse's movement, etc.

Clients participating in sessions involving mounted work at Riding High Farm may not exceed 160 lb to enable the instructor the ability to incorporate position changes, dynamic stretches, interactive activities, etc. The Adaptive Riding Program at Riding High Farm is unable to accommodate riders above 220lb for the health and safety of the equine, staff, and volunteer in the event of an emergency or if the rider shifts weight in the saddle causing soreness to the equine back. **Unmounted Equine Learning Program Our Equine Learning Program (ELP)** curriculum is designed to meet the individual needs of the participant. We can creatively plan curricula that address executive functions, emotional regulation, communication, theory of mind, problem solving, and more- all through horsemanship skills. The focus of ELP's can be any combination of physical, sensory, emotional, cognitive/educational, or social and can serve a wide range of individuals that do not meet the requirements for our Equine Assisted Activity/Riding Program and has no weight limit.

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-soledboot 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, sunscreen, and bug repellent for the summer.

Holiday/Event Closings –We are closed on the following Halloween • Easter • Thanksgiving Day • Black Friday • Week between Christmas Eve and New Year Day for winter break • Week of July 4th for Summer break • Mother's Day • Memorial Day and Labor Day

Cost of program: Program is open fifty weeks yearly with a **monthly fee of \$ 200.00** payable by check on or before the 10th of every month. One-time placement screening of \$ 150.00 , Re-eval \$ 60.00 and Annual registration due in September of \$100.00

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. Vacation/Camp we will not hold time slot without full payment. 60 day of Non-payment you may be subjected to remove from the program.

Session Hold Policy: We do not offer to “ hold “ sessions if you are going on vacation or camp (non-medical) you will be responsible for that month fee **no exception the horses still need to eat and have needs that the lesson fee pays.**

Monthly fee: Is based on a 50-week year with a break down for a monthly payment for client's convenience

Client/Parent/ Guardian

Signature: _____ **Date:** _____

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

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 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.

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.

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 prohibited. Any participant, family member, visitor, staff, or volunteer who violates 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.

Signed _____

Signature of parent/guardian if under 18 years of age

Date: _____

The 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 all services **as a courtesy**, but it is the client's responsibility if payment for services is not paid within 60 days of service.

The monthly fee must be paid in full by goods and services or the client regardless of attendance.

Support Coordinators Name: _____

Direct Contact #: _____

Email: _____

PLEASE have your NJ Individualized service plan (NJSIP) updated and emailed to me at ROBYNSTRUZ@gmail.com

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 or 609-649-3760

Thank you!

BLANK SHEET FOR HOLD

Medical form for Physician to follow



Handicapped High Riders Club*t/a: Riding High Farm * 145 Rt 526, Allentown ,NJ 08501

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

Participant: _____

DOB: _____ Height: _____ **Weight:** _____ **POUNDS** (if not completed Rider will not be able to ride)

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

MUST BE STAMPED BY LICENSED PHYSICIAN