



HorseSense for Special Riders, Inc.

P.O Box 906, La Crosse WI 54602 - (608) 791-4868
info@hssr.org www.hssr.org

Rider and Registration & Release Form - 2017

Please complete the following information. **LEAVE NO SPACES BLANK - PRINT CLEARLY**

General Information:

Name of Participant: _____

Date of Birth: ____ / ____ / ____ Sex: _____ Age: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Current School/Work/Institution/Worksite: _____

Parent/Guardian Information:

Parent/Guardian: _____

Parent/Guardian Phone(H): _____ Phone(W): _____

Parent/Guardian E-mail: _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Place of Employment: _____

Emergency Information:

Person to contact in case of emergency: _____

Relationship: _____ Evening Telephone: _____

Preferred Medical Facility: _____



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Insurance Information:

Insurance Company/Medical Assistance: _____

Policy Number/Medical Assistance Number: _____

PLEASE CHECK ALL THAT APPLY

Seizures Medications Disabilities Behavior Concerns Allergies

Are there any changes since last year?

******Please indicate 1st, 2nd and 3rd choices in the indicated days and times for your riders color level. Also, (PLEASE REFER TO YOUR LETTER THAT WAS SENT OUT WITH OUR RIDERS ASSIGNED LEVEL) Contact us if NONE of these days or times work.******

Summer Session 2017

<p><u>YELLOW</u> level: Mount with assistance Use assistance of 2 sidewalkers Uses verbal or hand cues</p>	<p>MONDAYS ___ 4:00pm - 5:00pm ___ 5:00pm - 6:00pm TUESDAYS ___ 6:00pm - 7:00pm WEDNESDAYS ___ 5:00pm - 6:00pm</p>	<p><u>ORANGE</u> level: Spotters at walk Uses reins to control horse Little assistance at trot</p>	<p>TUESDAYS ___ 7:00pm - 8:00pm WEDNESDAYS ___ 6:00pm - 7:00pm THURSDAYS ___ 6:00pm-7:00pm ___ 7:00pm - 8:00pm</p>
<p><u>WHITE</u> level: May use 1 or 2 sidewalkers Can tell horse to walk and trot Use reins for most activities</p>	<p>MONDAYS ___ 6:00pm - 7:00pm TUESDAYS ___ 5:00pm -6:00pm WEDNESDAYS ___ 4:00pm - 5:00pm THURSDAYS ___ 5:00pm - 6:00pm</p>	<p><u>BROWN</u> level: Independent at the walk Learning rein use at the trot Learning use of legs and hands</p>	<p>TUESDAYS ___ 7:00pm - 8:00pm WEDNESDAYS ___ 6:00pm - 7:00pm THURSDAYS ___ 6:00pm-7:00pm ___ 7:00pm - 8:00pm</p>



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<p>RED level: Learning trot independence Learning use of legs and weight Completely independent at walk</p>	<p>Please call for scheduling</p>	<p>BLUE level: Starting to trot independently Knows sitting and posting trot Using legs in steering</p>	<p>Please call for scheduling</p>
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Fall 2017

<p>YELLOW level: Mount with assistance Use assistance of 2 sidewalkers Uses verbal or hand cues</p>	<p>MONDAYS ___ 4:00pm - 5:00pm ___ 5:00pm - 6:00pm TUESDAYS ___ 7:00pm - 8:00pm WEDNESDAYS ___ 5:00pm - 6:00pm</p>	<p>ORANGE level: Spotters at walk Uses reins to control horse Little assistance at trot</p>	<p>TUESDAYS ___ 6:00pm - 7:00pm WEDNESDAYS ___ 6:00pm - 7:00pm THURSDAYS ___ 6:00pm-7:00pm ___ 7:00pm - 8:00pm</p>
<p>WHITE level: May use 1 or 2 sidewalkers Can tell horse to walk and trot Use reins for most activities</p>	<p>MONDAYS ___ 6:00pm - 7:00pm ___ 5:00pm - 6:00pm TUESDAYS ___ 4:00pm - 5:00pm WEDNESDAYS ___ 4:00pm - 5:00pm THURSDAYS ___ 5:00pm - 6:00pm</p>	<p>BROWN level: Independent at the walk Learning rein use at the trot Learning use of legs and hands</p>	<p>TUESDAYS ___ 6:00pm - 7:00pm WEDNESDAYS ___ 6:00pm - 7:00pm THURSDAYS ___ 6:00pm-7:00pm ___ 7:00pm - 8:00pm</p>
<p>RED level: Learning trot independence Learning use of legs and weight Completely independent at walk</p>	<p>Please call for scheduling</p>	<p>BLUE level: Starting to trot independently Knows sitting and posting trot Using legs in steering</p>	<p>Please call for scheduling</p>

_____ I would like scholarship information and application

_____ Payment enclosed is \$420.00 for the summer session, or \$210.00 for fall session

_____ Please bill: _____ Billing address: _____



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RELEASE

***By submitting this form, I hereby request permission for the above named applicant (hereafter referred to as the "Participant") to participate In HorseSense for Special Riders.**

***I represent and warrant to you that the Participant is physically and mentally able to participate in HorseSense for Special Riders.**

***I acknowledge that the Participant will be using Facilities at his or her own risk.**

***I specifically grant permission to you to use the likeness, voice and words of the Participant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of HorseSense for Special Riders.**

***I hereby authorize HorseSense for Special Riders to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of the Participant in the event the Participant becomes ill or injured at any HorseSense for Special Riders activity and no responsible adult authorized to act on the Participant's behalf is immediately available to be consulted as to appropriate medical care for the Participant.**

***Each of the undersigned, individually and on behalf of the undersigned's family, guests and invitees, being aware of the risks and hazards inherent entering on the premises of the Stable or participating in any activities on or around horses, elects voluntarily to enter on the premises of the Stable, knowing their present condition and knowing that their condition may become hazardous and dangerous during the time that each of the undersigned and the undersigned's family, guests and invitees is on the premises of the Stable. Each of the undersigned, individually and on behalf of the undersigned's family, guests and invitees, voluntarily assumes all risks of loss, damage or injury, including death, that may be sustained by any or each of the undersigned and the undersigned's family, guests and invitees while in or on the premises.**

***This release is binding on the undersigned and the undersigned's family, guests and invitees, and their respective heirs, executors, administrators, personal representatives and assigns. In signing this release, each of the undersigned acknowledges and represents that he or she: (1) Has read the foregoing release, understands it and signs it voluntarily; (2) Is 18 years of age or older and of sound mind; (3) Is not an agent, servant or employee of the Stable; (4) Has authority to sign this Release for the undersigned's family, guests and invitees; (5) Will indemnify and hold harmless the Stable for any and all costs and expenses, including attorney's fees arising out of any matters released hereunder.**

***I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/my son/my daughter/my ward, however I feel that the possible**



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benefits to myself/my son/my daughter/my ward are greater than and out weigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless HorseSense for Special Riders, Inc., the Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur.

***In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."**

BY SIGNING BELOW. I ACKNOWLEDGE THAT I HAVE READ, FULLY UNDERSTAND, AND AGREE TO BE BOUND BY THE PROVISIONS OF THIS REGISTRATION AND RELEASE

Parent/Guardian or Adult Participant Signature _____ Date _____



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Rider's Medical History and Physician's Statement - 2017

Name: _____ DOB: _____

Address: _____

Name of Parent/Guardian: _____

Diagnosis: _____

Date of onset: _____

HorseSense For Special Riders is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally, Safety equipment and specially trained horses and volunteers are used In order to assure the fullest possible protection-and greatest' personal benefit from the program, Each rider is required to furnish the following medical information before being accepted as a rider,

FOR PERSONS WITH DOWN SYNDROME:

____ Negative Cervical X-ray for Atlantoaxial Instability _____ Date of X-ray

____ Negative for clinical symptoms of Atlantoaxial Instability

Basic Information:

Height: _____ Weight: _____

Seizure Type: _____ Controlled: _____

Date of last seizure: _____



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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.

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



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Mobility

	Yes	No
Independent Ambulation		
Crutches		
Braces		
Wheelchair		

Please indicate any special precautions:

INFORMATION FOR PHYSICIAN

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

ORTHOPEDIC

Spinal Fusion

Spinal Instabilities / Abnormalities Atlantoaxial

Scoliosis

Kyphosis Lordosis

Hip Subluxation & Dislocation Osteoporosis Pathologic Fractures Coxas Arthrosis Heterotopic

Ossification Osteogenesis Imperfecta Cranial Deficits

Spinal Orthoses

NEUROLOGIC

Hydrocephalus / Shunt Spina Bifida Tethered Cord



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**Chiari II Malformation Hydromyelia Paralysis due to Spinal Cord injury
Seizure Disorders**

MEDICAL/SURGICAL

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

SECONDARY CONCERNS

Behavior problems

Age under two years Age two - four years Acute exacerbation of chronic disorder Indwelling catheter

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

Physician Name (please print): _____ Date: _____

Physician signature: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____