

**The Children's Center For Neurodevelopmental Studies
Recreational Therapy
Therapeutic Horseback Riding Application**

5430 W. Glenn Dr. Glendale, AZ 85301 623-915-0345 xt. 301

Please indicate track(s) registering for:

Track 1 (10/7/09-11/18/09) [] Track 2 (1/6/10-2/10/10)[] Track 3 (2/17/10-3/31/10) []

Please indicate session time interested in:

*3:00-3:30 3:30-4:00 4:00-4:30FULL 4:30-5:00FULL

PLEASE NOTE: MAXIMUM OF 4 RIDERS PER SESSION TIME, WE WILL TRY TO ACCOMMODATE FIRST PREFERENCE. HOWEVER SESSION TIMES MAY FILL UP AND AN ADDITIONAL TIME MAY HAVE TO BE SELECTED.

Student Information:

Date: _____

Student's Name: _____ Date of Birth: _____

Diagnosis/Physician: _____

Parent(s)/Guardians Name: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____ Email address: _____

Does your child have any of the conditions below:

- seizure disorder: _____ metabolic disorder: _____
- cardiac disorder _____ respiratory/asthma: _____ diabetes _____
- bone/muscle/joint condition: _____ prosthesis/orthotics: _____
- past surgeries: _____ past hospitalizations: _____
- allergies: _____ other _____
- medications: _____

Is your child:

Ambulatory: __yes __no Independent in bathrooming: __yes __no Verbal: __yes __no

Special Communication needs(aug. comm. device, PECS, etc.): _____

Interests, hobbies, past activities: _____

List your child's strengths: _____

List your child's needs: _____

What is your goal(s) for your child's participation in this program? _____

List your child's sensitivities and/or sensory needs: _____

Indicate any strategies to aid your child's success:

- visual schedule chewies/oral toys fidgets, transitional objects other _____

Can your child participate safely with a 1:4 ratio? ____yes ____no

Does your child have any behaviors that may interfere with successful participation:_____

escape/running away behavior: __Y __N self injurious behavior __Y __N
aggressive behavior __Y__N

Situations/environments/events that may upset your child:_____

How does your child express their frustration:_____

Does your child get along with other children: Yes No

Does your child get upset if he/she does not win a game: Yes No

Does your child wander off or run away from you in outdoor/community environments: Yes No

Does your child put dirt, rocks or other items in his mouth while outside: Yes No

Can your child: Throw/catch a ball	Yes	No
Kick a ball	Yes	No
Swim	Yes	No
Ride a bike	Yes	No
Transition between activities	Yes	No
Stay with one activity until completion	Yes	No
Tolerate small groups	Yes	No
Play safely on playground equipment	Yes	No
Walk short distances (5-10 blocks)	Yes	No
Any limitations for physical activity participation:	Yes	No

Any other information you would like us to know about your child:_____

*****Please note: In order to best meet the needs of all participants; all applications are subject to review and acceptance. Once application is received a recreation therapist will contact you to schedule an interview(either over the phone or in person) .**

Parent/Guardian Signature:_____

Please mail or fax application to:

Dawna Sterner C/o: C.C.N.S. 5430 W. Glenn Dr., Glendale AZ 85301 fax 623-937-5425

Date Received/Initials:_____

Date Reviewed/initials:_____

Date Interviewed/initials:_____

**The Children's Center For Neurodevelopmental Studies
Recreational Therapy**

Emergency contact information and permission for participation

Emergency Contact information:

Participant's name: _____ age: _____

Parent/guardian: _____

Address: _____

day phone: _____ cell phone: _____ evening phone: _____

In case of an emergency contact: Name _____
**required

phone: _____ alternate phone: _____
**required

Parent/guardian permission to participate:

I _____ (parent/guardian) give permission for
_____ (participant) to participate in The Children's Center ***Therapeutic Recreation Horseback Riding*** program. I acknowledge that this is a therapeutic horseback riding program that will include mounted activities such as walking, trotting, and vaulting, games both mounted and at ground, grooming activities, treat feeding, etc. I realize that while close supervision will be provided and all precautions will be taken, the possibility of an accident or medical emergency cannot be ruled out. I assume responsibility for any medical treatment which may become necessary.

parent/guardian signature

parent/guardian - printed name

date

The Children's Center For Neurodevelopmental Studies Recreational Therapy

Participants Medical History and Physicians Statement

Participant Name: _____ DOB: _____

Address: _____

Parent/guardian _____

Diagnosis: _____

Tetanus shot: yes no Date: _____ height: _____ weight: _____

Seizure type: _____ controlled yes no precautions: _____

Medications: _____

**** for person's with Down's Syndrome**

negative cervical X-ray for Atlantoaxial Instability X-ray date: _____

Negative for clinical symptoms of Atlantoaxial instability

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

Areas	yes	no	Comments
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Visual			
Auditory			
Speech			
Learning Disability			
Mental Impairment			
Psychological			
Metabolic disorder			
other			

Mobility: Independent ambulation yes no **orthotics/prosthesis:** _____

Ear Health: tympanotomy tubes yes no **chronic ear infections** yes no

To my knowledge there is no reason why this person cannot participate in a supervised equine based recreational therapy program that includes mounted and un-mounted equestrian activities such as walking, trotting, vaulting, mounted games, grooming and other therapeutic riding activities.

Physician name (please print) _____

Physician Signature _____

Date _____ phone _____

Rider Name: _____

Parent/Guardian Name: _____

The Children's Center for Neurodevelopmental Studies Therapeutic Horseback Riding

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working on, with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of the Children's Center, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither the Children's Center, nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where the Children's Center events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Children's Center event.

I further acknowledge that I will not hold the Children's Center, its officers, instructors, volunteers, participants, employees, agents or owners of the property where the Children's Center events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release the Children's Center, instructors, volunteers, participants, employees, agents or owners of the property where lessons, horse shows or other Children's Center events occur, from all liability for property damage and personal injury to me, and I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with the Children's Center activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Children's Center event is being held, or any person or equipment affiliated with said event.

I represent that my child is able to undertake riding activities and have presented a Physician's Medical Statement indicating approval of my child's participation.

INITIALS: _____

I have read and understand all of the above and waive any claim which may arise against the Children's Center, its officers, instructors, volunteers, participants, employees, agents or owners of the property where events are conducted.

This agreement is effective upon signing and continues so long as I participate in the Children's Center events.

I agree to pay all costs and attorneys fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

Signature of Rider (if appropriate)

Signature of Parent/Guardian

Date: _____