Dear Prospective Participant,

Thank you for your interest in Hidden Acres Therapeutic Riding Center's equine-assisted activities. Our services include - therapeutic horseback riding, unmounted learning, and specialty programs. To be considered for our programs, we kindly ask that you complete the following forms and return to them to Hidden Acres.

- *Registration & Release – to be completed by participant, parent or guardian*
- *Medical History & Physician Statement – To be completed by participant's physician (Please note: diagnosis of Down Syndrome will also require AtlantoDens Interval X-rays report.)*
- *Questionnaire – to be completed by participant, parent or guardian*

And IF receiving these services –

- *Physical, occupational, or speech therapy – please request a Therapist Form*
- *Mental health services– please request a Mental Health Form*

Once we receive your completed forms, we will contact you to schedule an assessment to determine eligibility and determine which services may be most suitable based on individual needs. (There is a $25 fee for the assessment.)

Program Format: *Hidden Acres conducts four semesters per year. Semesters run 8-12 weeks in length. Participants take part in one session per week, the same day and time each week for the length of the semester. Sessions are either 30 minute private or 45 minute groups. The cost is $45 per session. Scholarship applications may be requested if financial assistance is needed. Please contact me should you have any questions regarding the application process.*

Sincerely,

Jeanna

Jeanna Pellino
Program Director

Hidden Acres Therapeutic Riding Center
PO Box 1879, Naugatuck, CT 06770
Tel. 203-723-0633 Fax. 203-723-6992

HIDDEN ACRES THERAPEUTIC RIDING CENTER, LLC
P.O. Box 1879, Naugatuck, CT 06770
Tel: (203) 723-0633 Fax: (203) 723-6992

PARTICIPANT REGISTRATION & LIBILITY RELEASE FORM
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Particiant Name: _____ D.O.B. _____Age:_____
Weight: _____ Height: _____ Diagnosis/Disability(if applicable): _____
Street Address: _____Town_____zip_____
Part. Home Phone: _____ Cell _____Email_____
Parent/Guardian/Caregiver Name: _____
Billing address (if different from part.)_____
School/ Institution Presently Attending: _____How did you hear about us: _____

Demographic Info. As a non-profit, Hidden Acres relies on funding sources that require this information.
Please check Male ____ Female ____ Veteran yes ____ no ____
Household Income: __ below $15,000 __ $15,000-24,999 __ $25,000-39,999 __$40,000-54,999 __$55, 000+
Ethnicity: White___ African-Amer__ Asian___ Nat. Amer___ Hispanic___ Other _____

EMERGENCY INFORMATION:
Preferred Medical Facility:_____ _____
Primary Emergency Contact: _____ Relationship: _____
Phone: ( ) _____ Alternate name &ph: _____
Health Ins. Co. _____Policy#_____

AUTHORIZATION FOR EMERGENCY CONSENT PLAN
In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Hidden Acres Therapeutic Riding Center to: Secure and retain medical treatment and transportation, if needed and 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) listed cannot be reached.
Date: _____Consent Signature_____
Client, parent or legal guardian

PHOTO & PR RELEASE (please check one) ___ I hereby consent to and authorize, or ___ I do not consent to, nor do I authorize, the use and reproduction of any and all photographs and other audiovisual materials taken of me by Hidden Acres Therapeutic Riding Center, LLC for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.
Date: _____Signature: _____
Client, parent or legal guardian

LIABILITY RELEASE (Required): _____ (Rider Name) would like to participate in the Hidden Acres Therapeutic Riding Center, LLC Program. I acknowledge the risks and potential for risks of horseback riding and equine activities including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater that the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Hidden Acres Therapeutic Riding Center, LLC its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to negligence of these released parties. The undersigned acknowledges that he/she has read this Registration and Release for in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.
Date: _____ Signature: _____
Client, parent or legal guardian

HIDDEN ACRES THERAPEUTIC RIDING CENTER
PARTICIPANT QUESTIONNAIRE

Completing the following information will allow us to develop equine assisted activities and programs that best serve our participants. Thank you.

Name: _____ DOB _____

Please indicate the program(s) you are interested in:
Therapeutic Riding _____ Unmounted Horsemanship _____ Other:_____

Availability: Day(s): _____Times:_____

Disability (Please indicate primary & secondary if applicable) _____

Posture: _____

Balance: _____

Movement/Coordination _____

General Attitude & Behavior _____

Perceptual / Balance Problems _____

Communication Methods/Challenges (verbal, sign, pictures) _____
_____

Cognitive Abilities (age level, multi step directions) _____
_____

What are your goals for participation? (skills, behavioral changes, physical improvements etc.)
_____
_____

Special considerations? (i.e. health, precautions, medications etc.) _____
_____

Previous riding experience? _____ _____

Special interests, activities, music, motivators etc. _____
_____
Comments / Suggestions: _____
_____

Please return to: Hidden Acres Therapeutic Riding Center, PO Box 1879, Naugatuck, CT 06770

Dear Physician,

Your patient is interested in participating in supervised equine-assisted activities, which may include horseback riding. In order to determine the appropriateness and safely provide services, our center requires the completion of this form and the signed and dated physician statement on the reverse side.

Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. **For individuals with Down Syndrome, please attach most recent AtlantoDens Interval X-ray report.**

Orthopedic
Atlantoaxial Instability – include neurological symptoms
Coxarthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities

Neurologic
Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II malformation/Tethered Cord/ Hydromyelia

Other
Age –under 4 years
Indwelling Catheters/medical equipment
Medications, i.e., photosensitivity
Poor Endurance, lack of trunk stability
Skin Breakdown

Medical/Psychological
Allergies
Animal Abuse
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire Settings
Cardiac Conditions
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact the center at the address/phone indicated below.

Sincerely,
Jeanna Pellino
Program Director

P.O. Box 1879, 45 Gabriel Drive
Naugatuck, CT 06770
Tel: 203-723-0633 Fax: 203-723-6992

(complete other side)

HIDDEN ACRES THERAPEUTIC RIDING CENTER
PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

PO Box 1879, Naugatuck, CT06770 Tel. 203-723-0633 Fax. 203-723-6992

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, Diets/Needs/Allergies: _____
_____May participate in all activities _____May participate except for: _____
Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N
Braces/Assistive Devices: _____
For Down Syndrome: attach most recent report for AtlantoDens Interval X-rays, date & result: + /--
Neurologic Symptoms of Atlanto-axial Instability: _____

This participant is up-to-date on all the following routine childhood immunization:

	Y	N	Date:
Measles			
Rubella			
Tetanus			
Pertussis			
Polio			
Diphtheria			
Other:			

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

IMPORTANT NOTE TO DOCTOR/MEDICAL FACILITY: 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 referral of the patient to a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, etc) in the implementations of an effective equestrian program.

Name/Title: _____ MD DO Other: _____
Signature: _____ Date: _____
Address: _____
Phone: _____ _____License/UPIN Number: _____

Hidden Acres Therapeutic Riding Center
Participant Eligibility Guidelines

For your safety…

Hidden Acres programs are based on an individual's ability to participate safely, provided the necessary resources are available including: a suitable instructor, horse, volunteers and class availability which meets an individual's needs. Financial consideration is not taken into account in determining the eligibility for participation.

As a PATH Intl. member center, Hidden Acres follows the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl. as well as Professional Standards. Our professional staff will provide initial and ongoing evaluations for all prospective and active participants.

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

Individuals accepted into Hidden Acres programs are required to take part in periodic progress reviews and follow Hidden Acres' policies and procedures. During these reviews, or as the result of unusual occurrences during a program session, the Hidden Acres staff may find that continuance in the program for a given individual is inappropriate. For this reason, Hidden Acres reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of Hidden Acres and/or the individual concerned.

Hidden Acres reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and or/safety concerns including PATH Intl. guidelines relating to contraindications for participation.

A note about our equine friends -

Our horses provide a very special service for our participants and in return receive the quality care and consideration from us that they so greatly deserve. As their advocates, we need to consider their needs when we schedule equine assisted activities. Currently, we have a limited number of small to medium sized horses that have a maximum weight carrying capacity from 75lbs- 165 lbs - depending on the horse. Their ability to provide mounted activities varies depending on the type of activity, the number of sessions each horse is needed, and their current health status.

Hidden Acres provides a rich and diverse curriculum of equine assisted learning opportunities so our participants may benefit from the experience of the horse even while unmounted. We greatly appreciate your understanding and assistance in supporting the needs of our equine friends!