



*A \$20 non-refundable deposit must accompany all registrations.
 Limited spaces are available and are reserved on a first come,
 first serve basis.*

Participant's Application and Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ E-mail _____ Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			



Chariot Riders Inc. Ocean County
A therapeutic riding academy for everyone!

3170 Chariot Court
Manchester, NJ 08759
(732) 657-2710

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency) _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

For Official Use Only

Day: _____ Time: _____ Instructor: _____ Tuition Assistance: Y N

Deposit Received: _____ By: _____ Date: _____

Intake Screen On: _____



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Client Liability Release

I/my son/my daughter/my ward would like to participate in the **Chariot Riders Inc.** program(s). I acknowledge the risks and potential for risks of engaging in horseback riding activities as well as activities in close proximity to horses. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against **Chariot Riders Inc.**, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses that I/my son/my daughter/my ward may sustain while participating in activities at **Chariot Riders Inc.**

Print name: _____ Date: _____

Caregiver/Client/Legal guardian consent signature: _____

Photo Release

I hereby: (choose one)

consent to and authorize or **do not consent** to or authorize

the use and reproduction by **Chariot Riders Inc.** of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Print name: _____ Date: _____

Caregiver/Client/Legal guardian consent signature: _____



Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event 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 _____ to:
(Center's Name)

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.

Consent Plan

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: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

Non-Consent Plan

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 being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff



Participant's Consent for Release of Information

I hereby authorize: _____
(person or facility)

to release information from the records of: _____ DOB: _____
(participant's name)

The information is to be released to: _____
(center or therapist's name)

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical History
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment and program plan
- Speech Therapy evaluation, assessment and program plan
- Mental Health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behavioral Management Plan
- Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send materials to: _____



Date: _____

Dear Health Care Provider:

Your patient, _____
(participant's name)

is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint 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
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (i.e. RA, MS)
Fire Settings
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 equine assisted activities, please feel free to contact the center at the address/phone indicated above.

Sincerely,



Participant's Medical History & Physician's Statement

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: _____

Please indicate current or past special needs 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			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the NARHA center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the NARHA center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN Number: _____



Chariot Riders Inc.

Rider Manual

January 2010

3170 Chariot Court
Manchester
NJ 08759

220 Adelpia Road
Farmingdale
NJ 07220

www.chariotriders.org

Receipt of Rider Manual

Chariot Riders, Inc. operates under guidelines established by NARHA. These guidelines allow us to provide quality riding experiences while ensuring safety for all participants. Please read this manual thoroughly and sign and return the lower portion of this page acknowledging your receipt. Please contact us at (732) 657-2710 if you have any questions. Thank you for your cooperation.

Rider's Name:

(Please print)

I have read and understand Chariot Riders, Inc. Rider Manual.

Signature of Rider,

Parent, Guardian, or Caregiver Date

Program Descriptions

CHARIOT RIDERS offers two different types of programs as outlined below.

Therapeutic Activities

The Therapeutic Riding program is designed to teach individuals with physical and/or mental challenges the skills necessary to ride a horse, as well as the skills necessary to appropriately groom and tack a horse in preparation for riding. Skills taught will vary depending on the rider. Therapeutic riding lessons are offered during all sessions and are taught by NARHA certified therapeutic riding instructors.

Although Chariot Riders strives to provide all clients with individual, 30-minute lessons, limited scheduling may require that Chariot Riders schedule group lessons on certain days and times. In the event a group lesson is necessary, the lesson time will be extended from 30- minutes to 1 hour. These lessons will be organized to group riders according to age, type of disability and level of riding skill. The maximum class size is four riders.

Horsemanship/Recreational Activities

Chariot Riders also offers recreational riding including hunt seat, dressage, and jumping. In addition to our lesson program, we also offer summer camps, in- house and off-premises horse shows, clinics, year round riding in our indoor arena, in- house 4H club, and group trips and activities.

Program Policies and Procedures

Age and Weight Requirements

Individuals must be at least 2 years old before they can participate in any programs. There is no maximum age limit. Participants involved in mounted activities may not exceed 250 lbs. as we do not currently have horses that can safely carry more than that.

Safety Requirements

Individuals may not be allowed to participate in the program if any of the following situations occur:

- Participant's condition is in any way exacerbated by riding
- An appropriate horse is no longer available for the participant
- The participant's behavior poses safety concerns (at the discretion of instructor)
- The available staff does not feel able to safely conduct a lesson or session with the participant
- Any other situation that may have a negative impact on the program in general (at the discretion of the instructor and/or program director)

Annual Update of Paperwork

The following forms must be completed on an **annual basis** and submitted to the CHARIOT RIDERS office **by the stated deadline** in order for individuals to participate in our programs.

- Participant's Application and Health History
- Participant's Medical History and Physician's Statement
- Participant's Consent for Release of Information
- Authorization for Emergency Medical Treatment
- Release of Liability
- Receipt of Rider Manual

Submission of other paperwork such as IEPs and therapy evaluations is encouraged, as these assessments are a beneficial part of lesson planning. Riders with outdated forms will not be allowed to participate.

Scheduling Policy and Fees

Registration and session dates are available by appointment. The current fee schedule is posted on our website. Registration forms for each session can be downloaded also from our website at www.chariotriders.org . If you have any difficulty downloading the forms from the website, please contact the barn office at 732-657-2710. Registrations will not be considered if the paperwork and annual fee have not been received. Riders who receive payment for lessons through a community agency must secure that payment as part of the registration process. Riding days and times will be confirmed by phone and/or e-mail.

Attire

All riders must wear ASTM-SEI approved headgear while mounted. Helmets are available at the barn. Long pants are preferred; shorts are permitted, but not recommended, in warm weather. Nylon pants (such as warm-up pants or ski pants) are not permitted because they are too slippery against the saddle or pad. Hard soled shoes or boots with a heel are ideal for riding, but sneakers are acceptable. Sandals or open toed shoes are not permitted. Jewelry should be kept to a minimum.

Riders should dress appropriately for the weather conditions so they can be comfortable during lessons.

Remember to layer clothing during cold weather and to wear warm coats, heavy socks, long underwear or tights, gloves, and ear protection that will fit under the riding helmet. In warm weather, please remember to wear light-colored clothing and apply sunscreen before riding. Riders may also want to bring their own water bottles.

Cancellation Policy and Make-ups

Every attempt will be made to avoid cancellations. However, there are situations that are unavoidable at times, such as, equine health related issues, dangerous weather, and staffing. We appreciate your understanding and support regarding our cancellation policy.

1. ***Cancellations by Therapeutic Riders: Payment for each month's lessons is due on the first day of the month.*** Changes in a riders schedule must be reported before the payment is due for any reschedule or non payment of the lesson in question. There are no refunds on lessons missed or cancelled later.

2. ***Cancellations by CHARIOT RIDERS:*** You will be notified by phone at the number(s) provided on your registration form if lessons are cancelled. Non-mounted lessons may be provided during inclement weather, so please do not assume that lessons will be cancelled unless you have been notified by the CHARIOT RIDERS office. Every attempt will be made to reschedule lessons cancelled by CHARIOT RIDERS during the makeup week at the rider's regular time slot. If you cannot attend your make-up class, the lesson will be forfeited. Credits or refunds will be given to therapeutic riders for lessons cancelled by CHARIOT RIDERS that are not able to be made-up.

Late Arrivals

Participants who arrive **up to 15 minutes** late may have their lesson, but must understand that their lesson will still end at the regularly scheduled time. After the fifteen (**15**) **minute** waiting period has passed, the volunteers will be instructed to return the horse to the barn and the lesson will be forfeited.

Parking

Dedicated rider parking is available near the arenas. Please note that the speed limit on the farm is 5 m.p.h.

Designated Waiting Area and Observation Area

Upon arrival for lessons, riders and family members/caregivers should gather outside their assigned mounting area. Instructors will meet riders at this location to select helmets and prepare for the lesson. Family members/caregivers and guests should use the observation areas outside the arenas for observation of lessons.

Children must be under the supervision of a parent or adult caregiver at all times.

The barn is a busy place during lesson times. For your safety and the safety of others, please do not congregate in the barn, in front of the barn, or in the pathway leading from the barn to the mounting area. This area needs to remain clear for the horses. Only staff and volunteers are permitted in the barn, paddocks, and arenas.

General Barn and Farm Rules

1. **Treats must not be offered to the horses by anyone at any time.** If you wish to donate carrots or apples, please bring them to the main office. No other types of treats will be accepted. It is important for the horse's health that these guidelines are followed. *Volunteers, however, are allowed all forms of treats such as cookies, chips, etc. Donations of treats for our hardworking volunteers are always welcome and appreciated and may also be delivered to the main office.*
2. For safety reasons, several areas around the farm are posted "Authorized Personnel Only". Please observe these signs during your visits. **Only staff and volunteers are permitted in the barn.**
3. There is no smoking allowed in the barn.
4. The speed limit on the farm is 5 m.p.h. Please drive carefully.
5. Parents, guardians, or caregivers must remain on the premises during lessons if:
 - The participant is under the age of 14, or;
 - The participant is in the care of or under the supervision of a parent, guardian or caregiver.
7. **Please supervise children at all times to ensure that they do not enter any restricted areas.** No running or fence climbing is allowed. Please encourage quiet play in the designated waiting and observation areas. This is for the safety of the children and to ensure that no horses are startled during lessons.
8. Photography is permitted as long as it is not interfering with the lesson in any way or startling the horses.

2016 Fee Schedule

Item Fee Payment Schedule

Annual Registration Fee \$40 per family due prior to first lessons/sessions

Pricing for riding lessons at Chariot Riders is as follows:

\$35 for Therapeutic riders

\$45 for Horsemanship/Recreation riders

\$40 for Family members

Please note that lesson prices are based on either a 1/2 hour private lesson or a 1 hour group lesson. Group lessons consist of 3-4 students per session. CHARIOT RIDERS maintains a listing of community resources that may assist with full or partial payment for riding. A good starting place for accessing resources is to submit an application to the Developmental Disabilities Administration. To obtain more information, contact the regional office for your county listed on their web page at <http://www.njcdd.org/>