

# LOTHLORIEN TRC REGISTRATION PACKET 2024

## Reservation Form, Session 4

Complete all information in this packet and submit altogether. Complete once per calendar year. You will receive an invoice confirming your lesson schedule and payment information from our office at a later date. Please note that completing the registration packet does not guarantee services. See Participant Handbook for more information.

**PAYMENT INFORMATION: PLEASE DO NOT SEND PAYMENT WITH REGISTRATION PACKET.**

Session 4, 6 weeks: \$390

Rider Name \_\_\_\_\_

Phone # (if applicable) \_\_\_\_\_ Text?  YES  NO Email \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Relationship to rider \_\_\_\_\_

Phone # \_\_\_\_\_ Text?  YES  NO Email \_\_\_\_\_

Parent or Legal Guardian (circle one) \_\_\_\_\_

Phone # \_\_\_\_\_ Text?  YES  NO Email \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**For LTRC correspondence (including lesson cancellation), who is best person to contact?**

- RIDER via  text  call  email  
 CONTACT PERSON via  text  call  email  
 PARENT/GUARDIAN via

Please indicate the address to which the invoice should be mailed/emailed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# LOTHLORIEN TRC REGISTRATION PACKET 2024

## Schedule Information, Session 4

Rider Name: \_\_\_\_\_

Riders will attend a one-hour class once a week on the same day/time for the duration of each session.

Riders will be scheduled in the order completed registration forms are received. *Please be aware that in order to create appropriate class groups, riders may not be scheduled until 2-3 weeks prior to the start of the session.*

**PLEASE CIRCLE 3 or more choices for the day/time the rider would like to participate. Indicate with a ★ next to the most preferred choice.**

Note that we do not follow all holiday closures.

\*\*Rider is interested in:

- Primarily on-horse classes (horsemanship and riding)
- Off-horse only classes (horsemanship and ground based learning- no riding)

### **SESSION 4 Class Options** (circle options)

Tues 7/9-8/13	10am		4:30pm	6pm
Weds 7/10-8/14	10am	11:30am	4:30pm	6pm
Thurs 7/11-8/15	10am		4:30pm	6pm
Fri 7/12-8/16	10am	11:30am		
Sat 7/13-8/17	10am	11:30am		

Information for upcoming sessions will come out on a rolling basis as classes open up. If you plan to continue lessons throughout the season, please check the website or call the office for information. Thank you for your patience!

# LOTHLORIEN TRC REGISTRATION PACKET 2024

## Rider Information/Background

Please complete this section as completely and accurately as possible to ensure the safety of the rider and horse and to allow us to serve the rider as effectively as possible.

Rider Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_ (required) Note that we have a STRICT 200lb weight limit

Gender: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Medical/Surgical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Adaptive Equipment: \_\_\_\_\_

Does the rider receive OT/PT services?  YES  NO If YES, through which agency? \_\_\_\_\_

**BEHAVIORAL CONCERNS:** LTRC STAFF AND VOLUNTEERS ARE NOT SCIP-R CERTIFIED. WE RELY ON PARTICIPANTS' STAFF AND FAMILY TO MANAGE BEHAVIORAL SITUATIONS THAT OCCUR ONSITE. SHOULD ANY BEHAVIORAL CHANGES OCCUR DURING A SESSION, WE ASK THAT YOU INFORM OUR STAFF ESPECIALLY IF IT PERTAINS TO SAFETY.

**PLEASE LIST ANY EXISTING CONCERNS:**

\_\_\_\_\_

Level of Supervision while in the Community: \_\_\_\_\_

Has this rider had horse/riding experience in any other capacity/program? Please describe: \_\_\_\_\_

\_\_\_\_\_

Please use the following scale when answering questions:

1 Always 2 Almost Always 3 Sometimes 4 Almost Never 5 Never



### Social/Behavioral

Does the rider request help when they need it? 1 2 3 4 5

Does the rider have a difficult time with changes in their routine? 1 2 3 4 5

Does the rider get distracted easily by other people and objects in the room? 1 2 3 4 5

Does the rider work well with others in group settings? 1 2 3 4 5

Does the rider get frustrated easily?  YES  NO Please describe how they might react and the best way to help them in these situations? \_\_\_\_\_

Does the rider react to unexpected or loud noises?  YES  NO Please describe (will they stop talking, run away, cry, etc.): \_\_\_\_\_

Does the rider react to unexpected touch?  YES  NO Please describe (will they get angry, stop talking, run away, cry, etc.): \_\_\_\_\_

Is the rider anxious/fearful of heights?  YES  NO Please describe (will they avoid riding, yell, cry, etc.): \_\_\_\_\_

## Cognitive/Physical

Does the rider get tired easily, especially when standing or holding a particular body position? 1 2 3 4 5

Does the rider require hand-over-hand assistance when completing tasks? 1 2 3 4 5

Does the rider bump into objects or need to be reminded to look where they are going? 1 2 3 4 5

Does it take the rider a long time to complete a task? (grooming, cleaning etc.) 1 2 3 4 5

Is the rider able to identify shapes, colors, and read (at what level)? \_\_\_\_\_

Is the rider able to follow single step directions?  YES  NO Multi-step directions?  YES  NO

Please describe the rider's primary form of communication (verbal/nonverbal, communication device, sign language etc.) \_\_\_\_\_

Does the rider seek out activities that require a lot of movement or more sedentary activities? \_\_\_\_\_

Hearing:  No ability  Wears hearing aid  No impairments

Vision:  No ability  Glasses  No impairments

Any bone or joint limitations?  YES  NO \_\_\_\_\_

Any muscular limitations? (hypertonia/hypotonia, high spasticity, dystonia, rigidity etc.)  YES  NO \_\_\_\_\_

## General

Specific areas of need? (social, behavioral, emotional etc.) \_\_\_\_\_

GOALS: What is the rider/family/caregiver hoping to achieve through therapeutic horseback riding? (increased strength, coordination, confidence, improved social interaction, recreation, etc.)

Is there anything else you would like to share about the rider? Fears, favorites etc. \_\_\_\_\_

<b>ABILITY</b> Please mark an X in each box, or further comment	<b>TOTAL ASSISTANCE</b>	<b>NEEDS ASSISTANCE</b>	<b>INDEPENDENT/SUPERVISION</b>
Stair Climbing			
Mobility			
Transferring			
ADL Skills (grooming, dressing, etc.)			
<b>BALANCING</b>	<b><u>POOR</u></b>	<b><u>FAIR</u></b>	<b><u>GOOD</u></b>
While seated			
While standing			
While moving			
<b>MOTOR SKILLS</b>			
Head Control			
Trunk Control			
Grip strength			
Muscle Strength			
Range of Motion in Arms			
Range of Motion in Legs			

# LOTHLORIEN TRC REGISTRATION PACKET 2024

## Authorization for Emergency Medical Treatment

Rider's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

List all pertinent medical information (allergies to food or drugs, special medical conditions):

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### SELECT ONE:

#### CONSENT PLAN

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 Suburban Adult Services, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

In the event emergency medical aid/treatment is required due to illness or injury during the process of working with and around horses, volunteering or while on the property of the agency, I authorize Lothlorien Therapeutic Riding Center, Inc. to secure and retain medical treatment and transportation if needed and release my records upon request to the authorized individual or agency involved in the emergency medical treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the contacts listed above are unable to be reached.

\_\_\_\_\_  
Consent Signature

\_\_\_\_\_  
Date

#### 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 Suburban Adult Services, Inc. In the event emergency treatment is required, I wish the following procedures to take place:

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## **LIABILITY RELEASE**

\_\_\_\_\_ (Rider's Name) would like to participate in riding lessons and horse related activities at Lothlorien Therapeutic Riding Center, Inc. (LTRC). I acknowledge the risks and potential for risks of horses and horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. These risks include, but are not limited to bodily injury, permanent disability, physical harm to rider, horse and spectator, and even death. I further understand that the horse is a prey animal and regardless of its calm nature and training, the horse will revert to its natural instinct to fight or flee when frightened. These actions may include, but are not limited to changing speed or direction at will, shifting its weight, bucking, rearing, kicking, biting or running from danger. I further understand that LTRC and its representatives are not responsible for acts, occurrences, or elements of nature which include, but are not limited to thunder, lightning, rain, snow, wind, and irregular footing which is subject to constant change in condition according to weather, temperature, usage, and natural and man-made changes in landscape. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against LTRC, its Board of Directors, Advisory Board, Instructors, therapists, aides, volunteers, employees, affiliates, agents and representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, lawsuits and/or losses I/my child/my ward may sustain while participating in LTRC's program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)

## **MEDIA RELEASE (optional)**

I hereby consent to and authorize the use and reproduction by LTRC of any and all audio/visual materials taken of me/my child/my ward for all promotional materials, including, but not limited to, the reproduction of photographs, audio, video, testimonials and any other materials for our use in print, LTRC website, FaceBook page, educational activities, for grant purposes, or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)

# Physician Release for Lothlorien TRC 2024

Dear Dr. \_\_\_\_\_,

Your patient \_\_\_\_\_ has shown an interest in participating in our therapeutic horsemanship/riding program. In order to safely provide this service, our center requests that you complete/update this Medical History and Physician's Statement Form. Please provide us with your recommendations regarding the activity/exercise prescription for this individual and any restrictions and/or limitations that would limit their participation in this program. Please note that the following conditions may suggest precautions and contraindications to equine activities - please indicate whether these conditions are present and to what degree. Thank you for your time and cooperation in completing this form.

## Orthopedic

Atlantoaxial Instability - include neurologic symptoms  
Coxarthrosis  
Cranial Defects  
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

## Medical/Psychological

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions (e.g., RA, MS)  
Fire Setting  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders

## Other

Weight Control Disorder  
Age - under 4 years  
Indwelling Catheters/Medical Equipment  
Medications - e.g. photosensitivity  
Poor Endurance  
Skin Breakdown

Diagnoses: \_\_\_\_\_

Past / Prospective Surgeries: \_\_\_\_\_

Seizures / type? \_\_\_\_\_ Controlled?  YES  NO Date of last seizure: \_\_\_\_\_

**Down syndrome?**  YES  NO If YES, date of cervical spine x-ray: \_\_\_\_\_ Result: \_\_\_\_\_ (must be negative to ride)

**Shunt present?**  YES  NO

Please check any limitations to any muscle strength activation movements or limited mobility:

Chest: \_\_\_\_ Shoulders: \_\_\_\_ Back: \_\_\_\_ Hips: \_\_\_\_ Biceps: \_\_\_\_ Legs: \_\_\_\_

Limitations to any cardiovascular/endurance training exercises, primarily during periods of walking/jogging?  YES  NO

Other limitations/restrictions to on-horse/riding activities?  YES  NO Please specify any that are appropriate:

\_\_\_\_\_

## Physician's Recommendation

I am not aware of any contraindications in participating in this horsemanship program

I believe this individual can participate on horse, but urge caution because:

\_\_\_\_\_

This individual should NOT participate in ON-HORSE/Riding activities, but MAY participate in OFF-HORSE activities:

\_\_\_\_\_

I recommend this individual NOT participate in the program.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

