

Dear Prospective CARD Rider and Parents/Guardians,

Thank you for your inquiry about the Community Association for Riders with Disabilities!



What is CARD?

The Community Association for Riders with Disabilities (CARD) is a charitable, non-profit organization that provides therapeutic horseback riding. CARD offers a variety of programs for both children and adults, with a focus on physical rehabilitation, adapted sport and educational rehabilitation. CARD also offers a hippotherapy program which is conducted by a registered therapist. CARD operates six days per week with the help of approximately 300 volunteers, certified therapeutic riding instructors and a small staff.

The CARD Therapeutic Riding Program consists of different types of classes with varying goals depending on the needs of the individual riders. Each rider receives a Progress Report after each term. This is completed by a Certified Therapeutic Riding Instructor, or Therapist, whoever is responsible for the class. Through CARD's endless fundraising efforts, we are able to keep costs at a minimum for our riders with CARD subsidizing over 70% of the actual cost of riding for each rider.

How do I become a CARD Rider?

The process for acceptance into the CARD program is a two-step process involving completion of the New Rider Application package and a Program Intake Assessment. Please note the prospective rider must be at least **4 years of age** in order to participate and **no more than 160 Lbs (73Kg)**.

The process is as follows:

1. Complete and return the Registration, Liability and Consent Forms
2. Have your family physician complete and sign the Medical Referral Form
3. Complete and return the Rider Medical Information Form
4. Attach a cheque for \$100.00 made payable to CARD- this is to pay for the Program Intake Assessment.

***Please note that completion of the Intake Assessment does not guarantee acceptance into the CARD program.*

Return all completed forms to: **CARD, New Rider Application**
4777 Dufferin Street, Toronto, ON, M3H 5T3

Once we have received your completed application forms, they will be reviewed by the CARD Program Staff and you will be contacted about booking a Program Intake Assessment.

Please be aware that there are several contraindications and precautions to participating in a therapeutic riding or hippotherapy program, and that the programs offered at CARD may not be suitable and/or beneficial to your specific situation. If you are not a suitable candidate, you will be informed as to the reason why.

Following the assessment, if it is deemed that the riding program at CARD is a suitable and safe form of therapy for you, you will be admitted to the CARD riding program. Recommendations are made regarding which classes would be most suitable for you based on your assessment outcomes, treatment goals and abilities.

We look forward to helping you benefit from the special therapeutic riding programs we have to offer here at CARD.

Sincerely,

Seana Waldon
Director of Therapeutic Riding Services

Cancellation policy:

24 hrs notice is preferred, however, all notice is appreciated so that the staff and volunteer team resources can be allocated appropriately.

Fees:

The fees are as follows:

Consultation of current rider in therapeutic riding program	Covered under class tuition fees
Initial (new rider) assessment	\$100
Reassessment of current rider not part of hippotherapy program (if required)	\$55

Cancellation of classes/appointments by CARD:

Classes or appointments may be cancelled by CARD personnel due to poor weather conditions, hydro failure, horse health/welfare, volunteer absences or any other unforeseen circumstances. CARD will make every effort to provide as much notice as possible for any cancellation. For new or current rider assessments an alternative appointment will be provided at the first convenient opportunity. Fees will not be charged for these cancelled appointments.

Appointment times:

Assessments: late arrivals will only receive services remaining on their original appointment time. If a full assessment cannot be completed in the remaining available time, the client may have to book another appointment. Please note that full fees will be applicable for this second appointment. For safety reasons and to ensure that the client receives the most appropriate placement and programming, riders who require an intake assessment will not be placed in the CARD program without completion of a full assessment.

Hippotherapy: Due to the nature of the hippotherapy program, we cannot guarantee that clients arriving past the session's start time will be mounted. If the late arrival is able to participate in the session they will only be treated for the time remaining in the original scheduled timeslot. Full fees will apply even if the rider is late for their session. Clients arriving too late to participate in the session will be considered a "no show" and full fees will apply.

It is recommended that riders arrive with adequate time before their scheduled appointment/therapy session in order to allow for completion of any necessary paperwork, consultation with the therapist, fitting of helmets and pre-session stretching and preparatory activities as required.

Rider attire:

Although it is not necessary to wear riding boots for your riding session, footwear must be fully enclosed: open-toed shoes, crocs or sandals are not acceptable.

Long pants must be worn to prevent pinching and sores. Clothing should be appropriate for the weather with no loose cords or sleeves and needs to be non-slip in nature. For safety, loose and dangling jewellery such as long necklaces, earrings and bracelets should be removed before the riding session begins.

ASTM approved helmets must be worn and are available for the time you are at CARD. You are welcome to purchase your own well fitting ASTM approved helmet if you prefer.



Rider Name:
Date of Birth:

CARD INTAKE ASSESSMENT REGISTRATION FORM

Date:	Diagnosis:
Family Physician:	Physician's Tel. #
Referred by:	Reason for application to CARD program
Therapist's Name (s) <input type="checkbox"/> OT: <input type="checkbox"/> PT: <input type="checkbox"/> SLP: <input type="checkbox"/> Other: _____	Therapy Goals: <ul style="list-style-type: none"> • • • •
Other Community programming: <ul style="list-style-type: none"> • • • • 	Please check all areas of interest: <input type="checkbox"/> Hippotherapy (physiotherapy) <input type="checkbox"/> Psycho-education class <input type="checkbox"/> Physical rehabilitation class <input type="checkbox"/> Horsemanship (adapted sports)
Equipment (please check all that apply) <input type="checkbox"/> Orthotics/AFOs/Braces <input type="checkbox"/> Walker <input type="checkbox"/> Stander <input type="checkbox"/> Wheelchair <input type="checkbox"/> Adapted seating <input type="checkbox"/> Communication aids <input type="checkbox"/> Other splints <input type="checkbox"/> Other _____	Areas of concern (please check all that apply) <input type="checkbox"/> Range of motion/flexibility <input type="checkbox"/> Strength <input type="checkbox"/> Mobility <input type="checkbox"/> Balance <input type="checkbox"/> Motor planning <input type="checkbox"/> Spatial/body awareness <input type="checkbox"/> Coordination <input type="checkbox"/> Sensory behaviour <input type="checkbox"/> Physical fitness <input type="checkbox"/> Social skills <input type="checkbox"/> Communication <input type="checkbox"/> Other _____
Other relevant information/comments: 	

Signature: _____

Date: mm / dd / yyyy

PROGRAM REGISTRATION AND RELEASE FORM

(Please notify us if your address or contact information has changed)



Rider _____

Date of Birth: _____ Diagnosis: _____

E-mail: _____

**By providing your email address you agree to have CARD contact you regarding upcoming events. This information will not be shared with outside contacts.

Liability Release (required)

I, desiring to take equine facilitated activities, activities under the CARD staff, their agents or assigns, acknowledge that horseback riding is and activities incidental thereto are inherently dangerous activities and further acknowledge that serious injury can result from engaging in horseback riding and activities incidental thereto.

In connection with the use and enjoyment of the horses and facilities of CARD, and/or the furnishing of horseback riding lessons to me and/or therapeutic use of horses for my benefit, I agree on behalf of myself, and my heirs and legal representatives forever to release any member of the CARD staff, and all of their past, present and future employees, their respective heirs and legal representatives from any and all damages, claims, demands, rights and causes of action based upon personal injuries or property damage to me arising out of horseback riding, lessons, the use of the horses and facilities of CARD, including stables, grounds or any activities incidental thereto.

I further agree to indemnify CARD, its staff, agents, volunteers and assigns, and to save them harmless from all damages, actions, causes of actions, claims, judgments, executions, debts, cost of litigation and attorney’s fees which may in anyway arise out of, or result from, the furnishing of horseback riding lessons to me, therapeutic use of horses for my benefit and/or the use of the horses or facilities of CARD, including stables and grounds, by me and/or any activities incidental thereto, at any time from the date of this Release until this release is expressly revoked by me.

I have read and understand the above Release of Liability and by signing below I acknowledge and agree to abide by the terms and conditions stated therein.

Dated at _____ this _____ day of _____

Signature of Rider, Parent or Guardian

Signature of witness

Photo Consent and Release (optional)

In consideration of the COMMUNITY ASSOCIATION FOR RIDING FOR THE DISABLED (CARD) continuing to provide services to the community, I hereby

a) Grant permission to the said Association and anyone authorized by the said Association to take and use, for the purpose of instruction, publication and promotion, still or video photography of the rider named above.

b) Release all claims on behalf of myself, my heirs, executors, administrators and assigns which I (or said rider) may have against the said Association, its affiliates, and all members of its staff for the use of any still or video photography taken and used aforesaid.

Signature

Relationship to rider (if applicable)

Date: _____

Witness: _____

Note: If signed by a parent or guardian of the rider, relationship to rider must be inserted after the signature of the person signing this document.

CARD PARTICIPANT AGREEMENT



Rider: _____

Date of Birth: _____

Please initial beside each item; this verifies that you have read and agree to abide by each statement.

_____ I understand that the rider must be assessed by the CARD staff member prior to participation in the CARD program.

_____ I understand my rights regarding privacy of health information.

_____ I understand that each rider is evaluated by the Certified Therapeutic Riding Instructor and/or Therapist each semester, and their recommendations will be the basis for final decisions regarding continuation in, or discharge from, the program without refund.

_____ I will review CARD's Policies and Procedures prior to my first session and agree to abide by the information therein.

_____ I understand that if I bring sibling(s) or other children, I am responsible for them and will not leave them unattended.

_____ I understand that I, and any others who accompany me, are to remain in the designated areas, only.

_____ I will not allow any individuals, including myself, to approach horses or equipment without CARD staff or designates present.

_____ I understand that rider attendance is imperative to the success of each rider's progress. A rider missing two consecutive classes, or 40% of the term, without justifiable reason or proper notification may be withdrawn from the program.

_____ I understand that it is my responsibility to ensure timely arrival for class and that riders arriving after the start time of their class, for whatever reason, cannot be guaranteed to be mounted, due to the facility's daily schedule. No makeup lessons or refunds will be provided.

_____ I understand that all riders are required to wear long pants and fully enclosed footwear, and that I may not be able to ride if I am not dressed appropriately for class.

_____ I understand that the "Rider Registration and Release Form" must be completed and signed by the rider (or parent/guardian). "Photo Consent and Release" is optional. These releases are in effect until explicitly revoked.

_____ I understand that the "Medical Referral Form" must be **completed** and **signed by the rider's physician**.

_____ I understand that the CARD program is volunteer based and that each rider is requested to provide a volunteer to either assist with the program per term of riding OR to assist themselves, or to provide a designated volunteer to assist at special events.

I have read and agree to comply with all requirements outlined by the above Participant Agreement. This agreement shall remain in effect unless expressly revoked by me, at which time I am ineligible to continue with the CARD program.

Signature of Parent/ Guardian/ Rider

Date

CARD MEDICAL REFERRAL EXAMINATION FORM

TO BE COMPLETED ONLY BY YOUR PHYSICIAN



This information will be reviewed and shared among CARD's therapy staff and instructors, as required. This form must be completed in full in order that the rider may be properly assessed and considered for participation in the CARD program.

REFERRAL DATE: (dd/mm/yyyy) _____

CLIENT DATA: use block letters

NAME					
	Surname		First name		Middle
Date of Birth				Gender <i>Please circle</i>	Male
	<i>Day</i>	<i>Month</i>	<i>Year</i>		Female
Languages Understood					
Address					
Postal Code			City		
Telephone (h)			Telephone (w)		
Telephone (c)			Email		

PARENT(s) or GUARDIAN (s) DATA:

NAME					
	Surname		First name		
Languages Understood					
Address					
Postal Code			City		
Telephone (h)			Telephone (w)		
Telephone (c)			Email		

PHYSICIAN DATA:

NAME					
	Surname		First name		
Address					
Postal Code			City		
Telephone (w)			Fax		
Email					
Signature			Date		
				<i>Day</i>	<i>Month</i>

COMMUNITY AGENCIES/ PROFESSIONAL INVOLVED:

<i>Agency/name</i>	<i>Profession e.g. OT, SLP etc</i>	<i>Telephone</i>

MEDICAL INFORMATION:

Primary Diagnosis			
Medical History (including surgery)			
Current medication			
History of Seizures	No	Yes (details)	
Other			
Height (cm)		Weight (kg)(Maximum allowed is 73kg)	

MOTOR/ SENSORY FUNCTION:

Ambulation			
Balance			
	<i>Sitting</i>	<i>Standing</i>	<i>Walking</i>
Tone			
	<i>Upper extremities</i>	<i>Lower extremities</i>	<i>Trunk</i>
Contractures/ Deformities			
Prosthetics/ Orthotics			
Joint Subluxation	No	Yes (details)	
Allergies		Skin condition	
Vision		Hearing	

ALL RIDERS MUST BE ACTIVELY IMMUNIZED AGAINST TETANUS

Date of last immunization (dd/mm/yyyy)

ALL RIDERS WITH A DIAGNOSIS OF DOWN SYNDROME REQUIRE A NEGATIVE DIAGNOSTIC X-RAY FOR ATLANTO-AXIAL INSTABILITY.

Results of x-ray

ARE THERE ANY REASONS PRECLUDING THIS APPLICANT FROM PARTICIPATING IN THIS PROGRAM?

No Yes (details)

PLEASE NOTE THAT THE FOLLOWING CONDITIONS ARE CONSIDERED PRECAUTIONS AND MAY NOT ALLOW SAFE PARTICIPATION IN A THERAPEUTIC RIDING PROGRAM:

spinal fusion, scoliosis, subluxation/dislocation of hips, osteoporosis or history of fractures, acute arthritis, pain, uncontrolled seizures, open wounds, poor balance, dizziness, cognitive ability and behaviour.