

## ENROLLMENT FORM



### REGISTRATION

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

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

Date of Birth: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*By providing your email address, you agree to have CARD contact you regarding upcoming events and registration.*

**Please note that we are only taking registration for Fall 2020 at this time.**

**Registration Deadline:** *Riders whose Spring 2020 enrollment was deferred to Fall 2020 are asked to return this form by August 24th in order to confirm their placement. After August 24th any open spaces remaining will be offered to riders meeting the participation criteria.*

<b>FALL (Sept 21-Dec 5)</b>  <b>Post date cheques: Sept 4/20 Nov 6/20</b>	1	Spring 2020 rider: I will attend my original Spring term day/time	
	2	Spring 2020 rider: I need a new class day/time, as my availability changed	
	3	I want to register for Fall 2020 once the deadline passes but was not a Spring 2020 rider. Please let me know my class options.	

I confirm that I have read the participation guidelines outlined in the Enrollment Letter and agree to abide by the following:

- I will wear a mask in the facility and while riding
- I will wear barrier gloves, or agree to sanitize my hands before mounting the horse
- I understand I am responsible for providing my own mask and gloves each week
- I will complete a health survey each week upon entering to the facility
- I will abide by social distancing guidelines when I am not riding
- I will abide by the amended arrival and departure times
- I understand only one person may accompany me when I attend CARD classes
- I understand that my safe participation in classes relies on my compliance with all safety protocols and that my class/term will be suspended if I am unable/unwilling to comply with the required protocols.

**Payments:** *Fall payments will be in two installments. If you already remitted payment for Spring 2020 and left the fees on file, they will be put towards the Fall 2020 fees.*

Please note that by registering for classes, you are agreeing to abide by the above criteria, as well as CARD's Rider Policy (available on the CARD website) Please sign and date this form in the space provided below to indicate you have read this information.

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

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

## CONTINUING MEDICAL APPROVAL FORM

(To be completed and signed by the rider's physician)



COVID-19 Amendment- we request this form be completed by a physician, however, we will accept the information being provided by a client or parent until a doctor is available. Please ensure the WEIGHT is current and accurate.

<b>Rider:</b>		
<b>Diagnosis</b>	<b>Height (cm)</b>	<b>Weight (kg)</b>
<b>Date of last Tetanus Immunization</b>	<b>Date of Birth:</b>	

**Please note** that for the physical well-being and safety of the CARD horses, volunteers and riders, the maximum weight of any rider must not exceed **160 pounds OR 73 kg.**

**CHECK ALL THAT APPLY:** The following conditions may be considered contraindications to therapeutic riding if present and may not be safe or beneficial in the therapeutic riding setting.

√	CONDITIONS	√	CONDITIONS
	Fused spine/ internal rigid spinal fusion devices		Osteoporosis and/or a history of fractures
	Herrington rod		Acute arthritis
	Scoliosis of 30 degrees or greater		An indwelling catheter
	Spinal cord paralysis above the mid-thoracic area		Experience vertigo or dizziness
	Spondylosthesis (vertebral dislocation with acute pain)		Open pressure sores on weight-bearing areas
	Prolapsed or herniated inter-vertebral disc		Increased blood pressure
	Subluxation, dislocation, or degeneration of the hip		Heart condition or ever experience chest pains
	Seizures Type of Seizure: Are your seizures controlled by medication? Date of last seizure:		Allergies If yes, do you carry an EpiPen?

CHANGES OBSERVED IN THE PAST YEAR	Y/N	CHANGES OBSERVED IN THE PAST YEAR	Y/N
General Health		Physical Status	
Medications		Surgical Procedures	
Neurological Status		Radiography or Symptoms of Atlanto-Axial Instability (for riders with Down Syndrome only)	
<b>If you answered YES to any of the above please provide details:</b>			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic center will weigh the medical information above against existing therapeutic riding precautions and contraindications. Assessment of this person's abilities/limitations for the purpose of implementing an effective equestrian program is the responsibility of the center.

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Print Name: \_\_\_\_\_