Dear Prospective Participants:

Thank you so much for your interest in our Therapeutic Riding Program.

To enroll at Bright Star Ranch, please take the following steps:

• Carefully read the attached information.

• Complete the attached Registration Form, Application, Release and Consent Forms.

• Have your physician complete and return the Physician Assessment and Health History Form prior to

your evaluation.

**• A participant must have a completed Physician Assessment and Health History Form on file prior to**

**entering the program. (for participants with disabilities only)**

• Once you have submitted the forms, we will schedule an evaluation. The evaluation will take up to 45

minutes and may be conducted in both the office and the horse arena. Your paperwork will need to be

completed and delivered to Bright Star Ranch’s’ office PRIOR to the evaluation.

Please do not hesitate to call 318-512-4979 if you have any questions or need clarification.

We look forward to having you as part of our Bright Star Ranch family.

**POSSIBLE REASONS FOR CLIENT DISCHARGE**

Please be advised of the following reasons that may lead to discharge from the program.

This in not inclusive of all reasons.

• The participant’s inability to maintain head and neck control while riding presents a safety concern

• The participant’s inability to maintain sitting balance while riding, presenting a safety concern

• A rider exceeds a weight that can be safely managed by staff, volunteers, and/or horses

• Uncontrolled and/or inappropriate behavior that constitutes a safety risk to participant, volunteers, staff and/or horse

• Any change in the participant’s medical, physical, cognitive, or emotional condition that makes therapeutic riding unsafe for the participant, staff, volunteers and/or horse

• Three scheduled classes are missed without prior cancelation

• Nonpayment of fees

**I have read and understand the reasons for discharge & will notify Bright Star Ranch of any changes in the participant’s condition immediately so that the staff & volunteers can keep them safe.**

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If volunteer/participant is under 18 years of age, both signatures are required.)

**ELIGIBILITY GUIDELINES**

**Minimum Age**

Therapeutic Riding: 4 years old unless recommended by a physician to begin sooner.

**Maximum Age**

There is no maximum age limit.

**Weight Maximums**

Due to the recommendations from our veterinarian to maintain the health & wellness of our horses, we have the following weight restrictions anyone who rides:

Under 5’ tall: 150 lbs. maximum

5’0” – 5’6” tall: 180 lbs. maximum

5’7” – 6’0” tall: 210 lbs. maximum

t6’1” – 6’5” tall: 250 lbs. maximum

**Postural Control**

• Any riders over 80 lbs. must be able to maintain a sitting position; at least by holding on with one hand.

• All riders must have adequate head and neck strength to prevent hyperextension.

**New Participant Assessments**

All participants new to Bright Star Ranch must have an evaluation before being scheduled in a lesson spot. Once your application process has begun, you will be called to schedule an evaluation.

**FEES AND SCHEDULING**

Therapeutic Riding & Horsemanship Lessons - 1 hour $50

Therapeutic Riding & Horsemanship Lessons - 30 minutes $35

**ATTIRE AND EQUIPMENT**

Appropriate clothes for riding are long pants and hard soled boots with a low heel are preferred but closed shoes are required. Anyone who comes in crocs, flip flops or sandals will not be allowed to continue with lessons for that day due to safety precautions. Dress for comfort and according to the weather. Undergarments that provide adequate support and comfort are necessary. Wear close-fitting clothing for safety as well as comfort. Loose or baggy clothing can get caught and tangled in equipment. No dangling jewelry is permitted.

All riders are required to wear an ASTM/SEI approved Equestrian Helmet. If you do not have your own helmet, Bright Star Ranch will provide you with one. RIDERS ARE ENCOURAGED to purchase their own helmet to ensure the proper fit.

**SCHEDULE AND CANCELLATION POLICY**

**Scheduling**

Students will be scheduled as appropriate lesson spots become available. Those with family currently participating at Bright Star Ranch will be given first priority when scheduling. Others will be scheduled on a first come, first serve basis. If we are unable to schedule your rider, he/she will be put on a waiting list. As a suitable spot opens up, you will be contacted.

**Schedule and Holidays**

We follow the Ouachita Parish School District calendar schedule during the school year. Although, we may choose to remain open during some of the dates that the students are out of school. We do not close on in-service days. We have a yearly calendar that has our open/closed dates that will be made available to you upon signing up.

**Absences**

Participants are required to give 24 hours’ notice when they will not be attending a lesson. We do ask that if you or a family member has been sick in the last 24 hours, please call to cancel. We work with and have people working with us who have compromised immune systems. We want to keep everyone healthy and happy to the best of our ability.

Participants with 3 or more unexcused absences or excessive cancellations for other things will be reviewed and may lose their preferred lesson time so that we are not holding a lesson spots for long periods when others could be coming.

**TACK SHOPS**

**(If you would like to purchase your own helmet, these places should have the proper equipment.)**

|  |  |
| --- | --- |
| Sullivans’ Feed & Seed  3236 Front Street  Winnsboro, LA 71295  318-435-3104 | State Line Tack  www.StateLineTack.com |
| Tractor Supply  201 Mane Street  West Monroe, LA 71292  318-329-1123 | Dover Saddlery  www.DoverSaddlery.com |
| Topps Western World  3003 Topps Trl  Bossier City, LA 71112  318-746-1836 | Smart Pak Equine  www.SmartPakEquine.com |

**PARTICIPANT REGISTRATION FORM**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer or School level (just completed or currently in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Disability/Challenges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Disability/Challenges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, please complete the following:

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

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

Please share any likes/dislikes, behaviors, etc. that would be beneficial when planning our lessons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your goals/hopes for taking these lessons?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registering for:

Therapeutic Riding & Horsemanship (private): $50.00 per hour \_\_\_\_\_\_\_\_\_\_

Therapeutic Riding & Horsemanship (private): $35 per hour \_\_\_\_\_\_\_\_\_\_

**PAYMENT METHOD**

\*All payments must be made prior to the lesson (can be the day of if done before arriving).

Payments can be made through PayPal (paypal.me/brightstarranch), Venmo (@bright-star-ranch), cash or check.

If you would like us to set you up for recurring payments with your debit/credit card, we can do so (as well as pause for missed lessons, etc.) please fill out the information below. (This page will be shredded after payment schedule has been set up.

**Card Type:** Visa\_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_\_

**Credit Card Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiration** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Security Code** (3 numbers on back) \_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If paying by check, Make Checks Payable to**:

Bright Star Ranch, INC, 981 Stubbs Vinson Road, Monroe, LA 71203

318-512-4979 (phone); 866-914-1880 (fax)

**Availability:**

Please check all time blocks that you are available. Lessons are scheduled at various times within a time block and must be worked around current participant schedules. As soon as the schedule has been completed, you will be sent a confirmation of your lesson time.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 9:00-11:00 am | 11:00 am-1:00 pm | 1:00-3:00 pm | 3:00-6:00 pm |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

**Does the student…** Yes No

Have speech or language difficulties? \_\_\_\_\_ \_\_\_\_\_

Have a history of seizures? \_\_\_\_\_ \_\_\_\_\_

Have communication difficulties? \_\_\_\_\_ \_\_\_\_\_

Have a fear of animals/horses? \_\_\_\_\_ \_\_\_\_\_

Have decreased strength/endurance? \_\_\_\_\_ \_\_\_\_\_

Have poor balance sitting? \_\_\_\_\_ \_\_\_\_\_

Have poor balance standing? \_\_\_\_\_ \_\_\_\_\_

Have problems with gross motor skills? \_\_\_\_\_ \_\_\_\_\_

Have altered sensation? \_\_\_\_\_ \_\_\_\_\_

Have heart/circulation problems? \_\_\_\_\_ \_\_\_\_\_

Have allergies or breathing problems? \_\_\_\_\_ \_\_\_\_\_

Have digestion/elimination problems? \_\_\_\_\_ \_\_\_\_\_

Have bone/joint problems? \_\_\_\_\_ \_\_\_\_\_

Have emotional/behavioral problems? \_\_\_\_\_ \_\_\_\_\_

Any food or environmental allergies? \_\_\_\_\_ \_\_\_\_\_

\*If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any assistive equipment? \_\_\_\_\_ \_\_\_\_\_

(hearing aids, feeding tubes, cochlear implants, etc.)

\*If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulatory? Yes \_\_\_\_ No \_\_\_\_ Crutches \_\_\_\_\_ Cane \_\_\_\_ Braces \_\_\_\_ Walker \_\_\_\_ Wheelchair \_\_\_\_

Previous Riding Experience: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of stables: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Style of Riding: English \_\_\_\_\_\_ Western \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

\_\_\_\_\_\_\_ **I consent** to and authorize \_\_\_\_\_\_\_ I **do not** consent to nor do I authorize the use and reproduction by Bright Star Ranch of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program. I also give consent for my photo to be published on Bright Star Ranch Facebook page or other digital/social media.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If volunteer/participant is under 18 years of age, both signatures are required.)

**Confidentiality Policy**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Bright Star Ranch Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If volunteer/participant is under 18 years of age, both signatures are required.

**Liability Release**

I hereby acknowledge that I am choosing to participate in the Equine Therapy Program of Bright Star Ranch Therapeutic Riding Center. I acknowledge the risks, but feel the benefits are greater than the risks. I hereby waive and release for myself, my heirs, executors, administrators, and assigns Bright Star Ranch, Inc., all of its riding personnel, its officers, directors, members, volunteers and all other persons regardless of their capacity who are in any way connected with this horseback riding and related activity, and their representatives, heirs, executors, administrators, successors, and assigns, from any and all rights, claims, loss, or liabilities of any kind or nature, including costs and attorneys’ fees, that I might have in connection therewith, to the maximum extend allowed pursuant to the laws of Louisiana, including, but not limited to, LA. R. S. 9:2795.1. Furthermore, I hereby acknowledge that said release will extend to any accidents, damages, or claims arising out of riding caused by my own acts or anyone or any animal within my control.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: \_\_\_\_\_\_ Participant \_\_\_\_\_\_\_ Volunteer/Mentor \_\_\_\_\_\_\_ Guest

\_\_\_\_\_\_ Parent or Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

In the event of an emergency contact:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Health Care Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tetanus Shot: Y N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antidote needed: Y N Antidote carried: Y N

Protocol for Emergency Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any medical condition requiring special precautions or treatment including HIV:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRECAUTIONS & CONTRAINDICATIONS**

The following conditions, if present may represent precautions or contraindications to therapeutic riding. Please review this information, and if present, contact Bright Star Ranch for more information.

**Orthopedic**

• Atlantoaxial Instability

• Coxa Arthrosis

• Cranial Defects

• Osteoporosis

• Heterotopic Ossification/Myositis

• Joint Subluxation/dislocations

**Neurological**

• Pathologic Fractured

• Spinal Fusion/Fixation

• Spinal Instability/Abnormalities

• Seizure Disorder

• Spina Bifida/Chiari II Malformation/Tethered

• Cord/Hydromyelia

• Hydrocephalus/Shunt

**Other**

• Indwelling Catheters

• Skin Breakdown

• Weight exceeds 200 pounds

**Medical/Psychological**

• Animal Abuse • PVD

• Physical/Sexual/Emotional Abuse • Respiratory Compromise

• Dangerous to self or others • Recent Surgeries

• Exacerbation’s of medical conditions • Substance Abuse

• Fire setting • Thought Control Disorders

• Heart Conditions • Medical Instability

• Hemophilia

**GETTING TO KNOW YOU**

Please fill out this page for our Participant Notebook. The Participant Notebook is for the volunteers to get to know a little bit about the participants they will be working with.

Optional Picture - Please send directly to Debbie Bright-Chunn at debbie@brightstarranch.net

My Full Name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Call Me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Birthdate is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Interests or hobbies are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite song, movie and shows are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have some other fun or interesting facts you would to share? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please supply any details that might be helpful to the volunteers assisting us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What methods do you best respond to when learning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_