



New Rider Package

****PLEASE KEEP THESE FIRST TWO PAGES ON FILE FOR YOUR
REFERENCE****

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**** Please make sure that all the forms are complete with dates and
signatures. ****

Check list for the forms that require parent's/guardian's/caregiver's signature.

- _____ Photo Release
- _____ Participant Health History
- _____ Release Form for Riders Prone to Seizures (for any rider who is prone to
or has had seizures)
- _____ HTRA Policies
- _____ Membership form
- _____ Funded Rider Policy (for riders funded by Autism Funding, HCOS, At
Home)

About HTRA

Hoofbeats Therapeutic Riding Association is a non-profit organization that was incorporated in 2025. We created Hoofbeats to provide a local riding program



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www.hoofbeatstra.ca

hoofbeatstra@gmail.com

tailored to meet the specific needs of individuals with disabilities. We strive to create a safe and fun learning environment for everyone.

Every participant must have a valid waiver signed in order to participate - this requires a HTRA staff member to witness the signing - this will be signed at your first lesson so please make sure a parent/guardian can attend that lesson for signing. If a participant (over the age of minority) does not comprehend the nature and consequences of the waiver, then a parent or legal guardian must sign on their behalf. When your application is complete:

1. Please scan and email the application to Candace our Executive Director at hoofbeatstra@gmail.com
2. Once the application package is received, the applicant will be placed on our waiting list and contacted for an Intake Interview. Riders may be offered an opportunity to ride in all sessions pending an available spot.



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Participant Information

Date: _____ Rider Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: _____

**The max weight limit for all riders is 200lbs* (Required for pairing the rider with the appropriate horse)*

Address: _____

Phone #: _____

Email Address: _____

(All communication will be sent to this address: billing, lesson information and confirmation, events etc.)

Phone # for lesson cancellations: _____

Parent/Legal Guardian: _____ Phone: _____

Caregivers: _____ Phone: _____

Involved previously in therapeutic riding: Yes No (circle one)

Taken previous horseback riding lessons: Yes No (circle one)

How did you hear about HTRA? _____

Do you have access to funding? Yes No (circle one)

If yes, what is your funding source: _____

Emergency Contact:

Name: _____ Phone #: _____

Relationship: _____

The following information gives the instructor things to talk about with the participant.

This can help improve rider relaxation and communication skills.

Please fill in blanks you feel would be helpful to the instructor.

School: _____ Teacher: _____

Grade: _____ Siblings: _____

Pets: _____

Likes/Interests: _____

Dislikes: _____

Strengths: _____

Weaknesses: _____

Behaviour Concerns: _____

What upsets or "sets off" the participant? _____

If the participant is upset, what helps to calm him/her? _____

Other helpful information: _____



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Photo Release

I consent or I do not consent (circle one) to and authorize the use and reproduction by HTRA of any and all photographs and any other audio/visual materials taken of me for promotional material, social media, educational activities, exhibitions or for any other use for the benefit of the program.

Name of Parent/Guardian (print):_____

Signature:_____ Date:_____



Participant Health History

To be filled out by parent/guardian/caregiver

Diagnosis: _____ Date of Onset: _____

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

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

Medications: (please include prescriptions and over-the-counter, name, does, and frequency)



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

Physical Function: (e.g. mobility skills such as transfers, walking, wheelchair use) _____

Psychosocial Function: (e.g., work/school including grade completed, leisure interests, relationships - family structure, support systems, companion animals, fears/concerns, etc.) _____

Goals: What would you like to gain from riding? (give one or two specific goals below. e.g. strengthen muscles, improve balance, learn language, improve memory, social skills, eye contact, recreation, ride a horse independently, have fun...) _____

Focus Area(s): (please circle)

Physical

Education

Communication

Social

Recreation

Release of information: I give permission for the above information to be shared with volunteers and instructors for educational purposes. Yes No (circle one)

Signature: _____ Date: _____



Participant's Medical History & Physician's Statement

Date:_____

Dear Health Care Provider:

Your patient _____

(Rider's Name)

is interested in participating in supervised equine activities. In order to safely provide this service, our center requests that you complete 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.

Precautions and Contraindications to equine activities:

Orthopedic:

- Atlantoaxial Instability
- 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 Coed/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



Participant's Medical History & Physician's Statement (continued)

- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder

Other:

- Age - under 5 years
- Indwelling Catheters/Medical Equipment
- Medications - e.g., Photosensitivity
- Poor Endurance
- Skin Breakdown

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 phone indicated above.

Sincerely,

Candace Stark, Executive Director

hoofbeatstra@gmail.com



Participant's Medical History & Physician's Statement (continued)

Rider Name: _____ 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: Neurologic Symptoms of Atlantoaxial Instability:

Present OR Absent

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities:

	Yes	No	Comments
Auditory			
Vision			
Tactile Sensation			



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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 and/or therapies. I understand that HTRA will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to HTRA for ongoing evaluation to determine eligibility for participation.

This information is only valid for up to **2 YEARS providing there is no change expected in the patient's condition**

Name/Title: _____
 MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____



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Release form for riders prone to seizures

(This form is to be completed for any rider who is prone to or has had seizures)

Rider Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone #: _____ Cell: _____

Email: _____

The undersigned hereby gives consent to the rider to participate in the therapeutic horseback program offered by Hoofbeats Therapeutic Riding Association. It is understood that there is an increased risk of injury because the rider is prone to seizures (or has experienced seizures in the past). The undersigned hereby releases and discharges Hoofbeats Therapeutic Riding Association, its staff, instructors, agents, volunteers, and board members from any and all claims, demands or actions inclusive of costs that may arise out of the client's participation in the program, including any claims, or actions for the injuries sustained by the client while participating in the program, regardless of how such injuries may be caused.

Rider/Guardian Name (print): _____

Rider/ Guardian Signature: _____

Witness: _____

Date: _____



HTRA Lesson Policies

*** Please read carefully***

Equine-related activities hold inherent risks, all new and returning participants will be evaluated by our PATH Instructors to ensure a safe and beneficial experience. Returning participants will be re-evaluated each year or as necessary for changes in medical, physical, cognitive, and behavioral status. **All riders must have a completed, signed, and dated enrollment packet. All forms must be updated annually or as necessary.** Riders at HTRA shall have no history of inappropriate behavior with fire or any tendencies or history of abuse or violence directed toward other people or animals. HTRA reserves the right to deny services to any individual based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, property owners, or for other reasons in accordance with PATH operating center guidelines.

It is the responsibility of the participant or the participant's parent or guardian(s) to inform HTRA of any changes in the participant's medical, physical, mental, or behavioral status. A participant is defined as a HTRA Client, volunteer, or staff member. Please note that horseback riding is contraindicated for some conditions/individuals. HTRA follows CanTRA and PATH guidelines for precautions/contraindications for physical restrictions of riding.

Weight Considerations for All Riders

Maximum weight is listed below, but decisions regarding participation will be based on the availability of a suitable horse related to the height, weight, cognition, and balance of the participant. The results of a risk/benefit analysis will also be considered. **The maximum weight limits for all riders are: 200lbs**

Age Restrictions for Riders

The minimum age for riders is 6 years of age.

Dress Code

A rider's attire and appearance should be appropriate for safe equestrian activity. For your comfort and safety, please observe the following:

1. Wear appropriate shoes - closed-toe shoes only, preferably riding boots for students (must have a heel). No opentoed, excessive heel, thick rubber tread or dress shoes.
2. Wear comfortable pants - No Shorts for Riders!
3. Wear T-shirts or Long-sleeve shirts that are weather appropriate. No low-cut tops.
4. Helmets are provided for students, or the instructor can give a recommendation on where to purchase an approved riding helmet.
5. No Jewelry or other items that can get caught on rider or horse are allowed (e.g. long earrings, necklaces, etc.)
6. Sunblock should be used during Spring and Summer sessions.

Applicant Initial _____



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7. A sweatshirt, coat and gloves should be considered for wear during colder sessions.
8. Please pull back long hair into braids or low set ponytails. (High set ponytails or other hair accessories interfere with the riding helmet).

HTRA Policies and Procedures for Cancellations, Punctuation & Attendance

HTRA Lesson Cancellations

Riding lessons can be canceled upon the day of class due to the possible following reasons:

WEATHER: Rain, Mud, Low or High Temperatures, Lighting, and or Wind.

OTHER: Unsound horse, shortage of volunteers, instructor absent/sickness.

In the event of any or all weather conditions or the listed above, HTRA holds the right to cancel riding lessons for the safety of riders, volunteers, horses, and staff. If HTRA must cancel a lesson we will make every attempt to give you at least 2 hrs notice and if possible a make-up lesson will be scheduled for the week following the last scheduled lesson of the current session. If there is a second lesson cancelled by HTRA in the same session a credit may be issued to your account. **If weather is an issue HTRA may, at their discretion, hold a stable management lesson in place of a riding lesson.** This is a way for riders to learn more about the horses they ride and develop a bond with them on the ground.

Rider Lesson Cancellations

We understand that things come up in life, but we ask that riders give a **minimum 2 hours notice via phone (no email)** for lesson cancellations. Some of our volunteers live further away and we need to be able to contact them before they leave. If we receive less than 2hrs notice that the rider is unable to come then it will be marked as a "no show". **If a rider has three "no shows" in a session, it may result in you being asked to forfeit your spot to someone on the waiting list.** It takes many volunteer hours a week to allow us to offer the services we do so we need to keep our volunteers happy and excited to come back each week. **Please note that we do not credit or make up any lessons cancelled by riders unless the cancellation is due to medical reasons. Written proof from the rider's physician is required for lesson credit. The written proof of the condition must be signed and stamped by the physician. No make-up lessons will be considered.**

Applicant Initial _____



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Punctuality and Attendance for Riding Lessons

HTRA asks that every riding student **arrive 10-15 minutes** prior to his or her scheduled riding lesson. This allows the student to have time needed for preparation before their scheduled riding lesson time. All parents/riders are required to contact HTRA in the event of running late to a riding lesson. **In the event that the rider is 5-10 minutes late**, the rider will be mounted and join the group lesson underway but lessons will end at their regular scheduled time. **In the event that the rider is 15 minutes late or later**, then that riding lesson will be canceled for that student. The parent/rider is advised to contact Ashley for a possible make-up lesson. Please do not interfere with the lesson that is underway to discuss scheduling a make-up lesson. The policies and procedures of Cancellations, Punctuality and Attendance are based upon the true fact that HTRA is completely reliant upon volunteers. HTRA strongly takes volunteers' time into consideration and are truly grateful for their help. Without volunteers our riders cannot ride!!

Withdrawals, Refunds, and Credits

All registration cancellations/withdrawals must be initiated and followed **in writing**.

If a rider has made a payment for a session but withdraws before the payment due date, they will be issued a refund. HTRA will retain an administration fee of \$20.00.

If a rider has made a payment for a session but withdraws without medical cause after the payment due date, no refund will be issued.

If a rider withdraws due to medical reasons, a refund or credit will be issued for the remaining lessons. Written proof of the condition must be signed and stamped by the rider's physician. HTRA will retain a \$20.00 administration fee.

If a rider is funded by Autism Funding or HCOS and withdraws without medical cause after the payment due date, their \$100 deposit will become non-refundable.

HTRA policy for the Discharge of Participants

Riders at HTRA may be asked to leave the program for a number of reasons, including, but not limited to:

1. The development of a contraindicated condition or the deterioration of a condition to the point the therapeutic riding is no longer beneficial or could be harmful to the participant or where safety for the rider or others has become a concern.
2. Weight gain above the maximum stated previously.
3. Incomplete annual forms.
4. A display of fire-starting, threatening behavior, animal abuse, the abuse of children or adults, verbal abuse of volunteers or others, use of or being under the influence of alcohol or drugs while on the property, or behavior that is disruptive for the normal functioning of the program on the part of the rider.
5. Frequent missed lessons, (more than 3) without advance notification.
6. Mainstreaming of an advanced independent rider whose riding has progressed beyond the ability of our program horses.

Applicant Initial _____



SAFETY POLICIES & REQUIREMENTS

All possible precautions have been taken to make our on-site facilities safe and easy to access. Every person must have a valid waiver signed to participate. To ensure the safety of the rider, it is important that they follow our Dress Code.

For everyone's safety, when arriving on site, please stay in designated waiting areas until a member of the HTRA team gives instructions to do otherwise.

Our volunteers are aware of any possible problems that can occur before, during and after riding between horse and riders. The Coach and volunteers work together to teach the rider the importance of good safety sense. Please make the Riding Coach aware of any situation that could alter the usual routine such as change of medication, seizure activity, behaviour changes, etc.

All parents/guardians are welcome to assist prior to mount up and after dismount, but we ask that during the ride, unless asked to assist, remain in the seating area at the side of the arena. We also ask that you stay on the premises.

SESSION PAYMENT POLICY

Session payments must be paid in full on or before the given due date. It is very important that you contact the Administrative Coordinator at HTRA upon receipt of your invoice and discuss your circumstances if you feel that you are not able to meet the payment due date. If you have funding to use, you are responsible for notifying HTRA staff the type of funding you have at the time of confirming the dates and time for your session. HTRA must receive a copy of your funding proof such as a letter from your funder on or before the payment due date.

Failing to meet the conditions above may cause loss of your riding spot in our program.

I, the undersigned, read and understood the conditions of all policies listed above.

Parent/Guardian Name (print): _____

Parent/ Guardian Signature: _____ Date: _____

Rider Name (print): _____

Rider Signature: _____ Date: _____



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Funded Rider Policy

For riders who are funded by such organizations such as: Autism Funding, Heritage Christian Online School, At Home

Not limited to these organizations

1. All riders funded by the agencies noted above (and not limited to those listed above) will be required to leave one month of lessons deposit with HTRA (see table below) and annual membership fee.

This deposit and annual membership fee will not be covered by your funding agency.

30min semi-private	\$50 per session	\$240
30min private	\$60 per session	\$200

2. The deposit will become non-refundable when:
 - a. A rider commits to a session but does not participate in the session without a doctor's note.
 - b. A rider withdraws from a session partway through the session without a doctor's note.
 - c. There was not enough funding left for HTRA to claim after lessons have been rendered.
3. HTRA will refund the lesson fee portion of the deposit to the rider if it is still refundable, and the rider is withdrawing from the program after the last day of the current session.
4. **If more than 25% of the scheduled lessons per session are missed due to rider's reasons, those lessons will be a responsibility of the riders to cover and HTRA has the right to claim the fee at a non-funded rider rate (less than funded rider rate) at the end of each session.** Those fees must be paid within two weeks of HTRA issuing invoice. If not paid within two weeks, HTRA will allocate the rider's lesson fee deposit to pay for the invoice. If the lesson fee deposit did not cover the amount of the invoice, the balance will have to be paid within a week from the deposit allocation day. In case of the deposit being allocated to pay for the rider's invoice, parents/guardians will be asked to resubmit the deposit before signing up for the next session. Lessons cancelled by HTRA do not get billed to the funding agencies.

5. HTRA will need an up-to-date copy of funding proof:

Autism Funding: Request to Pay or Request to Amend four weeks prior to the first day of your session.

Heritage Christian Online School: Permission to Invoice (PTI) Agreement four weeks prior to the first day of your session.

At Home: Letter of Funding Authorization I, the undersigned, read and understand the conditions listed above.

I, the undersigned, read and understood the conditions of all policies listed above.

Parent/Guardian Name (print): _____

Parent/ Guardian Signature: _____ Date: _____

Rider Name (print): _____

Rider Signature (if over 19): _____ Date: _____



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HTRA MEMBERSHIP 2023

Volunteer: _____ Rider: _____ Other: _____

HTRA asks that all riders/volunteers hold a valid membership in the organization. Membership must be renewed on a yearly basis. Our yearly membership fee is \$20.00.

Members Name: _____

Address: _____

Email Address: _____

Contact Person/Guardian: _____

Email Address: _____ Phone #: _____

Date: _____

Applicant/Guardian Signature (19 years or older): _____

Please complete the following section if:

- Applicant is 18 years or younger
- Applicant requires someone else to vote on behalf or witness their signature

Voting Information Only

Name of individual who may vote on behalf of the rider or witness their signature:

Name (please print): _____
(one name only - voting member must be 19 years of age or older)

- Membership in HTRA provides you with a vote at our Annual General meeting. You have a say in how the organization is run.
- Membership is the right to participate in the growth and direction of HTRA!

Office use only:

Date paid: _____ Invoice: _____ Cheque: _____ Cash: _____
Membership #: _____