5325 Harrison Road • Fredericksburg, VA 224

Foundation Office
(540) 898-8219

Stable Office
(540) 891-7101

hazelwildtrpriding@gmail.com

Hazelwild Farm Therapeutic Riding Program
Registration and Release Form

Rider's Name: _____ Date of Birth: ____/____/____ Age: _____ M or F

Weight: _____ Height: _____ Disability: _____

Parent/Guardian Name: _____ Cell Phone: (____) _____

Street Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip: _____

Email Address: _____

Business Name: _____ Business Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: (____) _____ Cell: (____) _____

School or Institution presently attending: _____

Phone: (____) _____ Teacher's Name: _____

PHOTO RELEASE: _____ I hereby consent to and authorize …

_____ I do not consent to and authorize …

The use and reproduction by Hazelwild's Therapeutic Riding Program of any and all photographs and other audio-visual materials taken of me/my child for promotional printed material, educational activities, exhibitions or any other use for the benefit of the program.

5325 Harrison Road • Fredericksburg, VA 224

Foundation Office **Stable Office**
(540) 898-8219 **(540) 891-7101**
hazelwildtrpriding@gmail.com

Signature: _____ Date: _____
(If participant is a minor, parent/guardian signature is required)

RIDER QUESTIONNAIRE

It is helpful for the staff to know of your interests and availability prior to scheduling and developing a program for you. Please complete the following questions.

Name: _____ Age: _____ Date: _____

What interests you in Hazelwild's Therapeutic Riding Program?

_____

_____

What are your goals for the riding sessions? (i.e., …Riding skills, behavioral changes, physical improvements, paying attention, etc.) Please be specific.

_____

_____

Please describe any previous horseback riding experience.

_____

_____

What other activities are of interest to you other than riding?

_____

5325 Harrison Road • Fredericksburg, VA 224

Foundation Office
(540) 898-8219

Stable Office
(540) 891-7101

hazelwildtrpriding@gmail.com

How did you hear about our program?

DISABILITY DESCRIPTION

(Please answer where pertinent)

Name: _____ **Age:** _____ **Date**: _____

Disability: _____

Posture: _____

_____

Balance: _____

_____

Movement Coordination: _____

_____

Behavior: _____

_____

Attitude: _____

_____

Perceptual Problems: _____

_____

Communication Problems: _____

_____

Mental Ability: _____

_____

5325 Harrison Road • Fredericksburg, VA 224
Foundation Office (540) 898-8219
Stable Office (540) 891-7101
hazelwildtrpriding@gmail.com

Precautions and/or Restrictions: _____

_____

Suggestions: _____

_____

Signature: _____ **Title:** _____ **Date:** _____

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____
(Person or Facility)

to release information from the records of _____
(Client's Name)

Date of Birth: _____

The information is to be released to Hazelwild's Therapeutic Riding Program for the above named student. The information to be released is marked below.

YES

_____ Medical History
_____ Physical Therapy evaluation, assessment and program plan
_____ Occupational Therapy evaluation, assessment and program plan
_____ Speech Therapy evaluation, assessment and program plan
_____ Classroom Individual Education Plan (I.E.P.)
_____ Other: _____

5325 Harrison Road • Fredericksburg, VA 224
Foundation Office (540) 898-8219
Stable Office (540) 891-7101
hazelwildtrpriding@gmail.com

Signature: _____ Date: _____
(Client, Parent or Guardian)

Please send material to:

Hazelwild Farm Therapeutic Riding
5325 Harrison Road
Fredericksburg, Virginia 22407

MEDICAL HISTORY / RELEASE

Name: _____ Date of Birth: _____

Address: _____

Disability/Diagnosis: _____ Date of Onset: _____

Height: _____ Weight: _____

Name of Parent/Guardian: _____

Tetanus Shot: ( ) No ( ) Yes Date: _____

Seizure Type: _____ Controlled: _____ Date of Last Seizure: _____

Medications: _____

Allergies: _____

**** FOR PERSONS WITH DOWNS SYNDROME ****

Cervical x-ray for Atlanto-Axial Instability:

( ) Positive ( ) Negative X-ray Date: _____

Please indicate if patient has a problem in any of the following areas by checking yes or no. If yes, please comment, using the back of the paper if necessary.

5325 Harrison Road • Fredericksburg, VA 224
Foundation Office (540) 898-8219
Stable Office (540) 891-7101
hazelwildtrpriding@gmail.com

Area	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			

Area	Yes	No	Comments
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Surgery			
Other			

MOBILITY

Independent Ambulation: ( ) Yes ( ) No Crutches: ( ) Yes ( ) No

Braces: ( ) Yes ( ) No Wheelchair: ( ) Yes ( ) No

Please indicate any special precautions:

_____

5325 Harrison Road • Fredericksburg, VA 224
Foundation Office (540) 898-8219
Stable Office (540) 891-7101
hazelwildtrpriding@gmail.com

In my opinion, this patient can participate in supervised equestrian activities. In conjunction with these activities, I concur in the referral of the patient to a physical or occupational therapist for evaluation of abilities/ limitations in performing exercises and implementing an effective equestrian program.

Physician's Signature: _____

Date: _____

Physician's Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

INITIAL PSYCHOSOCIAL EVALUATION

Name of Patient: _____ Age: _____ Date: _____

SUMMARY OF PRESENTING PROBLEMS:

_____

_____

PSYCHOSOCIAL HISTORY:

_____

_____

MEDICATIONS/ALLERGIES:

_____

_____

5325 Harrison Road • Fredericksburg, VA 224

Foundation Office
(540) 898-8219

Stable Office
(540) 891-7101

hazelwildtrpriding@gmail.com

DIAGNOSIS (DSM-IV-R):

Axis I: Axis II:
Axis III: Axis IV:
Axis V:

Current GAF – **GOALS:**

_____

_____

OTHER COMMENTS:

_____

_____

Please attach additional information.

Signature of Treatment Coordinator/Therapist: _____

Printed Name: _____ Date: _____

Address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

PRIMARY PHYSICAL THERAPIST – PHYSICAL THERAPY EVALUATION

It is helpful for the staff to know of your interests and availability prior to scheduling and developing a program for you. Please complete the following questions.

Name: _____ Age: Date: _____

General Information (brief history and muscle evaluation): _____

_____ _____

_____ _____

Joint Evaluation: _____

_____

5325 Harrison Road • Fredericksburg, VA 224

Foundation Office
(540) 898-8219

Stable Office
(540) 891-7101

hazelwildtrpriding@gmail.com

_____ _____

Behavior: _____ _____

_____ _____

Functional Ability and Limitation Imposed by Reflexes: __ _____

_____ _____

Capable of Independent Sitting with Support? ( ) Yes ( ) No

Physical Therapy Program: _____ _____

_____ _____

_____ _____

Goals: _____ _____

Primary Physical Therapist's Signature: _____ _____

Printed Name: _____ _____ Date: _____

Address: _____ _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Phone: (_____) _____ - _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR RIDERS

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the Hazelwild Farm, I authorize HAZELWILD to:

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

In case of Emergency, contact _____ Phone _____

5325 Harrison Road • Fredericksburg, VA 224

Foundation Office **Stable Office**
(540) 898-8219 **(540) 891-7101**
hazelwildtrpriding@gmail.com

Or _____ Phone _____

Physician's Name _____ Town _____ Phone _____

Preferred Medical Facility _____

Health Insurance Carrier _____Policy # _____

Medical conditions and/or medications we should know about: _____

_____

Allergies _____ Other _____

Date of last Tetanus shot _____

CONSENT PLAN (To be invoked in the event that you Emergency contact cannot be reached) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of Hazelwild Farm.

Date _____ Consent Signature _____
(Parent or Guardian if volunteer is under 16 years of age)

NON-CONSENT PLAN – I do not give consent for emergency treatment/aid in the event of illness or injury while on the property of Hazelwild Farm. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

Date _____ Non-consent Signature _____
(Parent or Guardian if volunteer is under 16 years of age)

ATTENDANCE

1. Hazelwild expects regular attendance by all clients. We will not offer a makeup week so please make sure we get to see you each week. ***Refunds are not given for missed lessons.***

5325 Harrison Road • Fredericksburg, VA 224

Foundation Office **Stable Office**
(540) 898-8219 **(540) 891-7101**
hazelwildtrpriding@gmail.com

2. Clients who expect to be absent must notify Connor via email (hazelwildtrpriding@gmail.com) at least 24 hours prior to the scheduled lesson time. Two absences without notification, and more than two absences with or without notice may result in a client being placed on a waiting list.

3. The Hazelwild class schedule is subject to change. In the event of unforeseen circumstances, all reasonable attempts will be made to notify clients at least 2 hours prior to a schedule change. In the event Hazelwild must cancel a lesson. We will reschedule it at the end of the season.

PAYMENT

1. The fee is $30 per lesson. The fees for each full session are due prior to the first day of class. Cash payments will no longer be accepted. Please plan to pay with a check.

2. A $20 registration fee is required of all clients for each session. This is a non-refundable fee that helps defray the cost of processing the paperwork. This fee must accompany the lesson fees at the beginning of each session.

5325 Harrison Road • Fredericksburg, VA 22407

Foundation Office (540) 898-8219

Stable Office (540) 891-7101

HazelwildTRP@gmail.com