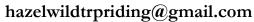
Fredericksburg, VA 22407 Stable Office (540) 891-7101

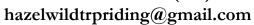




Hazelwild Farm Therapeutic Riding Program Registration and Release Form

Rider's Name:		Date of B	rth:	// Age: M or F
Weight:	Height:	Disability	/:	
Parent/Guardian Name:			Cell P	hone: ()
Street Address:	_		Home	Phone: ()
City:		State:		Zip:
Email Address:				
				ess Phone: ()
Address:	City:			_ State: Zip:
Emergency Contact:		Phone: ()	Cell: ()
School or Institution presen	tly attending:			
Phone: ()	Teacher's	Name:		
PHOTO RELEASE:	I hereby consent	to and authoriz	e	
The use and reprodu	taken of me/my child	Therapeutic Rid for promotions	ding Prog	gram of any and all photographs and material, educational activities,
Signature:	1	· :		Date:
(If participant is a	a minor, parent/guardi	ian signature is	required)	

Fredericksburg, VA 22407 Stable Office (540) 891-7101





RIDER QUESTIONNAIRE

It is helpful for the staff to know of your interests for you. Please complete the following questions		cheduling and developing a program
Name:	Age:	Date:
What interests you in Hazelwild's Therapeutic Ri	iding Program?	
What are your goals for the riding sessions? (i.e., paying attention, etc.) Please be specific.	,Riding skills, behavior	al changes, physical improvements,
Please describe any previous horseback riding ex	perience.	
What other activities are of interest to you other t	han riding?	
How did you hear about our program?		

ison Road · Fredericksburg, VA 22407 on Office Stable Office 8-8219 (540) 891-7101 hazelwildtrpriding@gmail.com

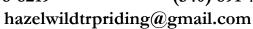


DISABILITY DESCRIPTION

(Please answer where pertinent)

Name:	Age:	Date:	
Disability:			
Posture:			
Balance:			
Movement Coordination:			
Behavior:			
Attitude:			
Perceptual Problems:			
Communication Problems:			
Mental Ability:			
Precautions and/or Restrictions:			
Suggestions:			
Signature:	Title:	Date:	

Fredericksburg, VA 22407 Stable Office (540) 891-7101



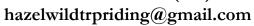


CONSENT FOR RELEASE OF INFORMATION

I hereby authorize	
	(Person or Facility)
to release information from the	records of
	(Client's Name)
Date of Birth:	
The information is to be releas information to be released is m	ed to Hazelwild's Therapeutic Riding Program for the above named student. The arked below.
YES	
Medical History	
Physical Therap	y evaluation, assessment and program plan
Occupational T	nerapy evaluation, assessment and program plan
Speech Therapy	evaluation, assessment and program plan
Classroom Indi	vidual Education Plan (I.E.P.)
Other:	
Signature:	Date:
(Client,	Parent or Guardian)
Please send material to:	
Hazelwild Farm Therap	peutic Riding

Hazelwild Farm Therapeutic Riding 5325 Harrison Road Fredericksburg, Virginia 22407 **Foundation Office** (540) 898-8219

5325 Harrison Road · Fredericksburg, VA 22407 **Stable Office** (540) 891-7101



Name:



Date of Birth:

MEDICAL HISTORY / RELEASE

Address:						
Disability/Diag	gnosis	·			Da	ate of Onset:
Height:				Weigh	t:	
Name of Paren	nt/Gua	rdian:				
				Date:		
Seizure Type:	eizure Type: Controlled: Date of Last Seizure:				Date of Last Seizure:	
Medications: _						
Allergies:						
			**** FOR P	PERSONS WITH	DOWNS SY	NDROME ****
Cervical x-ray	for A	tlanto	-Axial Instab	oility:		
() Positive		()	Negative	X-ray Date: _		
Please indicate comment, usin			-	C	•	by checking yes or no. If yes, please
	Ye	N				
Area	s	0	Comments	8		
Auditory						
Visual						
Speech						
Cardiac						
Circulatory						
Pulmonary						
Neurological						

Fredericksburg, VA 22407 Stable Office (540) 891-7101



hazelwildtrpriding@gmail.com

Muscular											
Orthopedic											
<u>Are</u>	<u>a</u>		<u>Ye</u>	<u>N</u>			Comments				
			<u>s</u>	0							
Allergies											
Learning Disal	bility										
Mental Impair	ment										
Psychological	Impair	ment									
Surgery											
Other											
Independent A	Bra	ces:	() Yes) Yes	(MOBILITY) No) No	Crutches: Wheelchair:	(,	`) No) No
Please indicate	any sp	ecial p	orecau	tions:							
activities, I cor	ncur in	the ref	erral	of the pa exercis	atient es and	to a physical or dimplementing a's Signature:	trian activities. In occupational thera an effective eques	apist triat	t for evalu n program	ation 1.	
Physician's Na	me (ple	ease pr	rint): _								

Fredericksburg, VA 22407 Stable Office (540) 891-7101

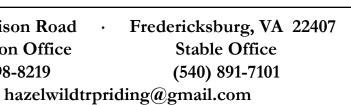


hazelwildtrpriding@gmail.com

Address:			
City:	State:	Zip:	
Phone: ()	Fax: ()		
INITIAL PSYCHOSOCIAL EVALUATION			
Name of Patient:	Age: _	Date:	
SUMMARY OF PRESENTING PROBLEMS:			
PSYCHOSOCIAL HISTORY:			
MEDICATIONS/ALLERGIES:			
DIAGNOSIS (DSM-IV-R):	A : 11		
Axis I: Axis III: Axis V:	Axis II: Axis IV:		
Current GAF – GOALS:			
OTHER COMMENTS:			

Foundation Office (540) 898-8219

5325 Harrison Road · Fredericksburg, VA 22407 Stable Office (540) 891-7101

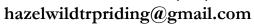




Please attach additional information. Signature of Treatment Coordinator/Therapist: Printed Name: _____ Date: _____ Phone: () - Fax: () PRIMARY PHYSICAL THERAPIST – PHYSICAL THERAPY EVALUATION It is helpful for the staff to know of your interests and availability prior to scheduling and developing a program for you. Please complete the following questions. Name: _____ Age: Date: _____ General Information (brief history and muscle evaluation): Joint Evaluation: Behavior: ____

Functional Ability and Limitation Imposed by Reflexes: ___

Fredericksburg, VA 22407 Stable Office (540) 891-7101





Physician's Name	Town		Phone
Or _			Phone
In case of Emergency, contact			Phone
the Hazelwild Farm, I authorized. Secure and retain r	ze HAZELWILD to: nedical treatment and tr on request of the author	ransportation, if ne	or injury while being on the property of reded. agency involved in the medical
AUTHORIZATION FOR E	MERGENCY MEDIC	CAL TREATMEN	NT FOR RIDERS
Phone: ()		Phone: (Zip:
City:		_ State:	Zip:
Address:			
Printed Name:			Date:
Primary Physical Therapist's	Signature:		
Goals:			
Physical Therapy Program: _			
Capable of Independent Sitti			() No

Fredericksburg, VA 22407 Stable Office (540) 891-7101



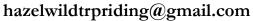
hazelwildtrpriding@gmail.com

Preferred Medical Facility	
Health Insurance Carrier	Policy #
Medical conditions and/or medications we	should know about:
Allergies	Other
Date of last Tetanus shot	
for emergency medical treatment/aid (incorprocedure deemed "life saving" by the parelimited Hazelwild Farm.	e event that you Emergency contact cannot be reached) I give consent cluding x-ray, surgery, hospitalization, medication and any treatment physician) in the event of illness or injury while on the property of
Date Consent Sig	nature
	(Parent or Guardian if volunteer is under 16 years of age)
NON-CONSENT PLAN – I do not give	e 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 Sign	ature
ATTENID ANCE	(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.*
- 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.

Fredericksburg, VA 22407 Stable Office (540) 891-7101





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