

Participant Application



“Providing Hope and Happiness with Horses”

Hooves of Hope Equestrian Center Inc.
735 Chenault Bridge Road,
Lancaster, KY 40444
(859)792-8938

How to Become a Participant at Hooves of Hope

- ☐ Sign Parent Information Form
- ☐ Complete Participant Application
- ☐ Complete Health History
- ☐ Complete Authorization for Emergency Medical Treatment
- ☐ Sign Liability Release of Equine Activity
- ☐ Sign Photo Release
- ☐ Physician's Statement
- ☐ Return Completed Forms to Facility



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(859)792-8938

Dear Prospective Hooves of Hope Participant,

Thank you for your interest in Hooves of Hope Equestrian Center, Inc. Enclosed you will find general information on our programs, the application process, and the required application paperwork.

The application process for therapeutic riding and equine learning programs are the same. Once all the completed forms have been received by our office, you will be contacted to schedule a pre-session assessment if you are new to Hooves of Hope. Returning participants don't have to go through another assessment unless there has been a significant gap in time participating in any of our programs.

Following the assessment, you will be added to our participant list and the information you provide on the enclosed forms will assist us with scheduling and determining the goals and the appropriateness of the program for an individual. Program openings are based on the availability of resources. Many of our participants return each year/semester and openings are limited. Please know that we do all that we can to integrate participants whenever possible. When an opening becomes available, you will be contacted to schedule enrollment into the program.

Should you have any questions, regarding the application process, enclosed forms, or would like to arrange a visit or check on your status, please contact us at (859) 792-8938.

Sincerely,
Blair Newsome
Founder

Application Process and Participant Policies

Application Process: Available online at www.hoovesofhopeky.org or upon request, Hooves of Hope. Each form must be signed by the appropriate party. Note our Physician's Release Form must be signed by a physician. Once all forms have been received, you will be contacted for a pre-session assessment. Following the assessment, the prospective participants will be placed on the Participant List.

Scheduling/Sessions: Length of session varies by season. See current Session Calendar for specifics. Hooves of Hope offers three sessions per year: Spring, Summer, and a Fall session. Each lesson is 50 minutes in length based on the individual's needs and scheduled availability. Lessons may be private or semi-private (groups of no more than 2). Usually, participants with similar goals are grouped together. Lessons are scheduled for the same day and time each week for the length of the session.

Fees:

Occupational Facility Fee:	\$25.00 per session
Therapeutic Riding:	\$40.00 per lesson (session length may vary)

Payment Policy:

1. Hooves of Hope expects payment to be made in full, on or before, the first lesson of each session. An invoice will be sent to the guardian of each participant.
2. Full session fee applies regardless of number of times present for scheduled lesson time. Participants will be responsible for payment of missed lessons unless it is canceled by Hooves of Hope.
3. Any participant that has an account 45 days past due will not be able to ride until their account is brought current. No exceptions.

Holidays: Refer to current Session Calendar for holiday closures.

Annual Paperwork: Hooves of Hope maintains required participant paperwork on an bi-annual basis. This ensures Hooves of Hope has the most current information on file for all participants. New Participant Applications, or a Rider Renewal Form will be distributed at the beginning of each year with a deadline. A participant's services/session may be put on hold if it this paperwork is not complete.

Weight Guidelines: Horse selections are based on upon safety, the horse's size, build, age, temperament, lesson objectives, etc. Right now Hooves of Hope's weight limit is 220 lbs but will depend on rider's balance and coordination.

Scholarships: Hooves of Hope partners with various individuals and companies to give scholarships to individuals in financial hardship. Orphan Care Alliance offers scholarships for individuals who have been adopted or are currently in foster care. Please contact our office for information about scholarships.

Punctuality: It is important for a participant to arrive on time their lesson. If you are running late please contact the Hooves of Hope office at (859)792-8939. If the rider does not show up within 15 minutes of the scheduled time their horse will be put away and volunteers dismissed.

Attendance: Hooves of Hope expects consistent attendance by all participants. Due to our schedule and

limited resources, there are no make-up opportunities for missed lessons unless Hooves of Hope cancels classes due to some unforeseen circumstance such as instructor absence or severe weather. At that time, all reasonable attempts will be made to notify participants at least two hours prior to the change.

- 1. If you are unable to attend a regularly scheduled lesson, notification must be made by calling Hooves of Hope at (859)792-8938 as soon as the absence is anticipated so we may provide enough notice to staff and volunteers.**
- 2. Two (2) cancellations in a session OR five (5) cancellations per calendar year could result in the loss of your scheduled appointment time and/or scholarship.**

Weather Policy: While we make every effort to hold mounted lessons, the following are examples of when unmounted lessons will be substituted for mounted lessons. If an unmounted lesson is not appropriate for a participant, then the lesson would be cancelled all together.

1. Hooves of Hope will cancel lessons in the event of a national weather service warning for Garrard and Boyle Counties.
2. If there is thunder and/or lightening within 10 miles of the facility.
3. If “real feel” temperature exceeds 100 degrees or is below 32 degrees.

In the event of a lesson cancellation due to inclement weather, Hooves of Hope will make every attempt to notify the participant or their guardian. It is the responsibility of the participant to ensure that Hooves of Hope has a current phone number and/or email address for participant notifications.

Required Attire for Riders:

1. ASTM/SEI approved helmet (will be provided by Hooves of Hope)
2. Closed- Toe shoes or boots, preferably with heels and can be tied well for stability.
3. Long pants (slippery sport pants are not appropriate for riding) or knee length shorts (summer session)
4. Jackets are required for cold weather as the indoor arena is not heated.

Family and Friends: Friends and family are always welcome to come watch their rider. All visitors will need to remain in the parent viewing room while the rider is in their lesson. If siblings are in attendance with parents or guardians of the rider in a lesson, they are responsible for direct supervision at all times. Noise and disruptive activity in the parent viewing room may distract horses and participants and can be a safety issue.

Conduct While at Hooves of Hope: It is important that everyone complies with all posted safety rules; therefore, obey all posted off limit areas. Hooves of Hope is a “no smoking” facility and the use of drugs, alcohol or firearms on the property is strictly forbidden. No mistreatment or abuse of any person or animal will be tolerated.

Hooves of Hope Statement of Participant Eligibility or Dismissal

Hooves of Hope Equestrian Center, Inc. offers services to individuals with diverse needs. In order to participate in the Therapeutic Riding Program, individuals must:

- Possess a diagnosis diagnosed by a professional (physical, cognitive, emotional, or behavioral)
- Physically able to sit symmetrically with torso upright and legs astride the horse during movement.
- Physically able to maintain head and neck position independently in proper alignment within movement.
- Does not exhibit physical or behavioral conditions that are contraindicated by PATH Intl. (Staff at Hooves of Hope can discuss contraindications with guardians)
- Able to tolerate a riding helmet.
- Ability to accommodate the movement of the horse without pain.
- Adequate range of motion in hip(s) to sit astride a horse.
- Safety awareness around animals.
- Ability to express pain and discomfort.
- Behave in a manner that is safe for self, horses, and others.

Financial consideration is not considered in determining the eligibility for participation.

As a PATH Intl. center member, Hooves of Hope follows the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl. as well as Professional Standards. Therefore, our professional staff provides initial and ongoing evaluations for all prospective and active participants.

As a result of unusual occurrences during a program session, the Hooves of Hope staff may find that continuance in the program for a given individual is inappropriate. For this reason, Hooves of Hope reserves the right to discontinue the participation of an individual in its programs when it is deemed that the discontinuance is in the best interest of Hooves of Hope and/or the individual concerned.

Hooves of Hope reserves the right to decide if we are unable to serve an applicant due to unavailable resource (s) and/or safety concern including PATH Intl. guidelines relating to contraindications for participation.

Parent Information

(Please keep a copy for yourself)

Please adhere to the following so that the Hooves of Hope facility/barn remains a safe and enjoyable area for everyone:

1. All children who come to Hooves of Hope are the responsibility of the adult with whom they arrive. For safety, all children who are not participating in a therapeutic riding lesson or equine assisted activity must be supervised and remain inside the parent viewing area. **CHILDREN WAITING FOR THEIR LESSON TO BEGIN MUST ALWAYS BE SUPERVISED UNTIL THE INSTRUCTOR INDICATES IT IS TIME FOR THE LESSON.** We appreciate your understanding that distractive activities such as ball tossing, running and Frisbee cannot take place outside, while lessons/sessions are in lesson/session.
2. No running, yelling or loud voices are permitted in the barn, unless under the instruction of a staff member during a session.
3. No flash photography is permitted unless you first check with an instructor. We ask that no parents or guardians be in the arena area while a lesson/session is in progress. We ask that if you would like to take photos of your child during a lesson/session that you contact the office ahead of time. Additionally, parents can request photos that are taken of their rider be sent to them via email.
4. No smoking is permitted inside or outside the barn.
5. Please call (859)792-8938 if you will be late for your scheduled lesson/session or need to cancel and reschedule.
6. The dress code for Hooves of Hope Participants is: T-shirt or short sleeve shirt, jacket in the cool weather, knee length shorts (during the summer) or jeans and must be of non-slippery fabric and **CLOSED TOE SHOES AND CLOSED HEEL SHOES** that can be tied well for stability. A participant arriving with sandals or flip-flops will not be allowed to enter the arena where horses are present.
7. The Hooves of Hope instructor(s) reserve the right to modify a participant's lesson and program within the instructor's scope of practice, in order to ensure the safety of the participant, the staff and the horses. Any modifications or plan changes will be based on the instructor's professional judgment and may result in the withdrawal from Equine Assisted Activities with the replacement by an alternate and comparable activity. The head instructor will determine whether an appropriate horse and staff are available for each participant applying for Equine Assisted Activities. If a rider exhibits temper tantrums, frustration or agitation while in the presence of a horse, the head instructor will assist the participant to transition to an alternate Equine Assisted Activity.

I have read and understood the above and agree to adhere to the safety rules

Participant Signature: _____ Date: _____
(Parent/guardian if participant is under 18)

Participant Application

Date filled out: _____

Participant Name: _____ Date of Birth: _____

Height: _____ ft _____ in Weight: _____ lbs Gender: _____

Address: _____

City: _____ Zip Code: _____

Phone number: _____ Secondary number: _____

Email: _____

School enrolled in: _____

For grant purposes only, please indicate participants ethnicity (Check all that apply):

☐ Black or African American ☐ Caucasian
☐ Asian ☐ Native Hawaiian or Pacific Islander
☐ American Indian/Alaskan Native

Is the participant Hispanic or Latino? _____

Participant is (circle one): Minor Adult with legal guardian Independent adult

New Participants: How did you hear about us? _____

Returning Participants: Date of last session: _____

Parent/Guardian (s) Name (s): _____

Relationship to Participant: _____

Address (if different than above): _____

City: _____ Zip Code: _____

Phone number: _____ Secondary number: _____

Email: _____

Please name any other caregivers who may be transporting or responsible for participant:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

I hereby consent for the above information to be maintained in the Hooves of Hope database

Participant Signature: _____ Date: _____
(Parent/Guardian if participant is under 18 years old)

Participant Goals:

Please list goals you have for your participant. Goals could be social, emotional, physical, cognitive.

Areas of Interest:

Please list games, activities, etc. enjoyed by the participant:

Participant Considerations:

We understand that every individual is unique, please list any specific fears, triggers, or non-health related concerns that our staff should be aware of before working with your participant:

Health History

Participant Diagnosis: _____

Date of Onset: _____

Please circle “Yes” or “No” to indicate if participant has diagnoses, issues, or concerns in the following areas. If you circle “Yes”, please describe.

Vision: Yes No _____

Hearing: Yes No _____

Sensation: Yes No _____

Communication: Yes No _____

Heart Condition: Yes No _____

Breathing: Yes No _____

Digestion: Yes No _____

Elimination: Yes No _____

Circulation: Yes No _____

Chronic or Specific Pain: Yes No _____

Bone/Joint: Yes No _____

Muscular: Yes No _____

Mobility: Yes No _____

Balance: Yes No _____

Allergies: Yes No _____

Emotional Control: Yes No _____

Mental Health: Yes No _____

Self-Harm: Yes No _____

Suicidal Ideation or Attempt: Yes No _____

Medications (Include prescriptions, over the counter, name, dose, and frequency):

Physical Function (Please list any limitation in mobility, mobility aids used, etc.):

Cognitive Functioning (Please describe any limitations or changes in cognition, ie reading level, processing time, etc.)

Social Functioning (Please describe participant's social functioning in peer groups, public, and family)

Supports and Systems (Please list participant's family structure, support systems, other types of therapy, companion animals, fears/concerns, etc.)

Please contact our office if you have any questions.

Authorization for Emergency Medical Treatment

Name: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Policy # _____

Allergies to medication: _____

Person(s) to be contacted in case of an emergency:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Please sign ONE of the following plans:

1. Consent Plan

If emergency medical treatment is required due to illness or injury during the process of receiving services, or while being on the property of Hooves of Hope I authorize Hooves of Hope Equestrian Center, Inc. to:

1. Secure and retain medical treatment and transportation.
2. Release participants / client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) listed above are unable to be reached.

Consent Signature: _____ Date: _____
(Parent/guardian if participant is under 18)

2. Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Hooves of Hope.

By signing the Non-Consent Plan:

1. Parent or legal guardian agrees to remain on site at all times during equine assisted activities and remain in the parent viewing room at Hooves of Hope while the participant is on property.
2. In the event that emergency treatment/aid is required, guardian/parent will administer aid.

Non-Consent Signature: _____ Date: _____
(Parent/guardian if participant is under 18)

Liability Release for Equine Activity

Hooves of Hope Equestrian Center, Inc.

_____(Participant's Name) would like to participate in an equine related activity at Hooves of Hope Equestrian Center Inc. I acknowledge the risks and potential for risks of riding lessons and horse related activities. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hooves of Hope Equestrian Center, Inc. and its Employees, Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and Operating Site for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at Hooves of Hope Equestrian Center, Inc.

WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

Participant Signature: _____ **Date:** _____
(Parent/Guardian if participant is under 18)

Photo Release

I hereby consent to and authorize the use and reproduction by Hooves of Hope Equestrian Center, Inc. of any and all photographs and any other audiovisual material taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibits, electronic publications, social media, or for any other use for the benefit of the program.

Please sign ONE of the following:

(☐) **Photo Release Signature:** _____ **Date:** _____
(Parent/Guardian if participant is under 18)

(☐) **Do Not Photograph Signature:** _____ **Date:** _____
(Parent/Guardian if participant is under 18)