

Dear Prospective Rider,

Welcome to Sprout Therapeutic Riding and Education Center! The mission of Sprout Therapeutic Riding and Education Center (Sprout) is to provide equine assisted activities and therapies to individuals with special needs. Sprout Therapeutic Riding and Education Center aims to raise public awareness about special needs, and to provide growth opportunities for individuals and groups in a farm environment.

The equine programs at Sprout Therapeutic Riding and Education Center are uniquely designed to meet the educational, behavioral, social and physical goals of individuals with special needs. Lessons center around the instruction of a riding skill.

Therapeutic riding has been found to be beneficial for individuals with:

Physical Disabilities - The horse's unique, three-dimensional movement replicates the movement that the human body experiences while walking. Therefore, sitting on a horse helps to strengthen and stimulate core muscles, which often improves walking ability.

Cognitive Disabilities – Programming is created by a VA state licensed teacher. The result is a creative, progressive, experiential learning opportunity, which can directly relate to students' state-mandated academic goals.

Psychosocial Disorders – Horses provide motivation and encouragement to riders. The relationship that develops between participant and horse nurtures the development of skills such as responsibility, increased self-esteem, honesty and respect.

A PATH (Professional Association of Therapeutic Horsemanship, formerly NARHA), certified instructor will lead a lesson that is designed for the specific needs of the rider(s). During that lesson, the rider will be instructed on horsemanship, grooming, tacking and mounted riding skills. The skills addressed each week are determined by the rider's capabilities, goals and their instructor. Our primary goal at Sprout is to move each rider towards greater independence, and to be there to support them in whatever way needed as they pursue their goals. Volunteers will be utilized as horse leaders and side walkers to individuals who need support.

Eligibility guidelines at Sprout Therapeutic Riding and Education Center include:

For Riding:

- Weigh less than 225 pounds
- Are able to be effectively supported by sidewalkers

For all Sprout Therapeutic Riding and Education Center programs:

- Do not exhibit conditions that are contraindicated
- Have current signed and dated paperwork
- Benefit physically, emotionally, socially and/or cognitively from a program at Sprout Therapeutic Riding and Education Center
- Complete an intake assessment where it is determined that eligibility criteria are met
- Do not threaten the health or well-being of other participants, horses, volunteers or staff



40685 John Mosby Hwy
Aldie, VA 20105
Phone: 571.367.4555
www.sproutcenter.org

PARTICIPANT APPLICATION

1. GENERAL INFORMATION

Participant: _____ Date: _____

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

Male () Female () Ethnicity: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email address: _____

Parent/Legal Guardian/Caregiver: _____

Address (if different from above): _____

Phone (if different from above): _____

Parent/Participant Employer: _____

Participants School: _____

Referral source: _____

Contact numbers: _____

2. MEDIA RELEASE

I () DO

() DO NOT

consent to and authorize the use and reproduction by *Sprout Therapeutic Riding and Education Center* of any and all photographs, any other audio/visual materials taken of me and/or my child, and any artwork produced by me and/or my child or other family members for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Participant (if 18 or older), Parent or Legal Guardian



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3. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Physician's Name: _____ Preferred Medical Facility : _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications : _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in events or programs held by Sprout Therapeutic Riding and Education Center, or while being on the property of Mustard Seed Stables, I authorize the Sprout Therapeutic Riding and Education Center staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. Allow x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by the physician.

Consent Signature: _____ Date: _____

(Participant, Parent or Guardian)

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 the agency.

____ Parent or Legal Guardian will remain on site at all times during equine assisted activities.

____ In the event emergency treatment/aid is required, I wish the following procedure to take place:

Non-consent Signature: _____ Date: _____

(Participant, Parent or Guardian)



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PARTICIPANTS MEDICAL HISTORY/PHYSICIAN RELEASE
****Parents/Guardians, please complete the top of this form****
PLEASE PROVIDE YOUR PHYSICIAN WITH THE FOLLOWING INFORMATION

Date: _____
Deal Health Care Provider: _____
Your patient _____
Is interested in participating in supervised equine activities. In order to safely provide this service, Sprout Therapeutic Riding and Education Center requests that you complete the attached Medical 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.

Thank you very much for your assistance. If you have any questions or concerns regarding your patient’s participation in equine activities, please feel free to contact the center at info@sproutcenter.org.

Participant: _____ Date: _____

Address: _____

Primary Diagnosis: _____ ICD Code: _____

Onset (please check one) [] Birth [] Childhood [] Adolescence [] Adult

Secondary _____ ICD Code _____ Tertiary _____ ICD Code _____

Date of Birth _____ Current Height _____ Current Weight _____

Tetanus Shot [] no [] yes Date: _____

PLEASE LIST ALL CURRENT MEDICATIONS

1. _____ taken for _____

2. _____ taken for _____

3. _____ taken for _____

Seizure type _____ Controlled? _____ Date of last seizure _____

Ambulatory: [] yes [] no Uses: [] Crutches [] Braces [] Cane [] Walker [] Wheelchair

Sprout Therapeutic Riding and Education Center – www.sproutcenter.org

Please send paperwork to SPROUT at PO Box 8, Aldie, VA 20105

Special precautions needed with this student:

Please indicate current or past difficulties in the following systems/areas (including surgeries.)

System/Area	Yes	No	Comments
Allergies (incl. asthma)			
Auditory			
Balance			
Cardiac			
Circulatory (incl. hemophilia)			
Cognitive problems			
Emotional/psychological			
Immunity			
Integumentary/skin			
Learning Disability			
Muscular			
Neurologic			
Orthopedic			
Pain			
Pulmonary			
Speech			
Tactile sensation			
Visual (including glasses)			
Other			

The following may suggest precautions or contraindicate therapeutic horseback riding.

Orthopedic	Medical/Psychological
Atlantoaxial Instability-include neurologic symptoms	Allergies
Coxa Arthrosis	Animal Abuse
Cranial Deficits	Cancer
Heterotopic Ossifications/Myositis Ossificans	Cardiac Condition
Internal Spinal Stabilization Device	Physical/Sexual/Emotional Abuse
Joint subluxation/dislocation	Blood Pressure Control
Pathological Fractures	Dangerous to Self or Others
Spinal Joint Fusion/Fixation	Exacerbations of medical conditions (e.g. MS, RA)
Spinal Joint Instability/Abnormalities	Fire settings
Neurologic	Hemophilia
Hydrocephalus/Shunt/Shunt revision	Medical Instability
Paralysis Due to Spinal Cord Injury	Migraines
Seizures	Peripheral Vascular Disease
Spinal Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia	Respiratory Compromise
Stroke	Recent Surgeries
Other	Substance Abuse
Age—under 4 years for therapeutic riding	Thought Control Disorders
Indwelling catheters/medical equipment	Weight Control Disorders
Medication side effects (e.g. photosensitivity)	
Poor endurance	
Skin breakdown	

Please indicate if any of the aforementioned conditions are present and to what degree.

******FOR PERSONS WITH DOWN SYNDROME******

Atlantodens Interval X-Rays: Positive ___ Negative ___ X-Ray Date _____
Neurological symptoms of Atlantoaxial Instability? []Yes []No

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. I understand that the therapeutic riding center will weigh this medical information against the existing precautions and contraindications. Therefore, I refer this person to the therapeutic riding center for ongoing evaluation to determine eligibility for participation.

Name (Please print): _____ Title: MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

SPROUT THERAPEUTIC RIDING AND EDUCATION CENTER
RULES AND POLICIES

APPAREL:

1. Leather shoes with heels to prevent the foot from sliding through the stirrup are preferred, rather than tennis shoes. Sandals and slip-on shoes are not allowed. Braces and prostheses may be worn with shoes are required for them.
2. Long pants are required. (***Never wear shorts or dresses/skirts***). The saddle can bruise unprotected legs. Stretch pants or riding pants are recommend for comfort. Corduroy and parachute pants are too slippery for safety.
3. All riders must wear an ASTM/SEI approved riding helmet. We will provide an approved helmet until such time as you are able to purchase one. We suggest you purchase your own helmet.

ATTENDANCE:

1. It is the attendance policy of Sprout Therapeutic Riding and Education Center that following three (3) unexcused and/or unnotified absences, a student will be terminated from the program.
2. We must be notified 24 hours before the scheduled lesson time for the absence to be excused. The expectation to this is for an emergency or sudden illness, which will also be considered an excused absence if we are notified as soon as possible after the onset of the illness or emergency.
3. ***One lesson may be made up per session. Excused lessons, weather and horse related cancellations are reasons for lessons to be made up. All other cancellations will not be made up.***

PROGRAM FEE POLICY:

1. The fee for the term is listed on your letter.
2. Payment for the term is due PRIOR to the start of the term. If payment is not received by the day before term starts, or financial arrangements have not been made with the Program Director, that slot may be given to another potential rider.
3. Riding fees may be reduced or waived in case of financial need.
4. There are no refunds.
5. There will be a non-refundable \$25 deposit required at the time of the parent meeting.

*Program fees pay for the feed and board on our horses, as well as other center expenses. **The program fee pay covers less than 30% of the actual cost the lesson.** Sprout appreciates dedicated parents and family members who help us raise funds to support our program.*

GENERAL POLICY:

1. Absolutely NO SMOKING on the premises.
2. Dogs should not be brought to the center.
3. Children must be supervised at all times. The center is not secure, and there are many inherent dangers in and around the center.
4. Please remind your children: No rock throwing. No digging. No running. No yelling.

5. No one is allowed near a horse unless directly supervised by a volunteer or instructor. **Please do not allow your children to run up to a horse or to feed them. Any horse can bite or kick, and some horses are on special diets.**
6. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
7. Please do not come to the center wearing open toed shoes or sandals (including babies)

RIDER FORMS:

Application forms must be completed each year. Liability and Medical Releases forms are required for be updated annually. The Physician's statement must also be updated annually. *Please inform us of any changes in address, phone numbers, or medical condition, including changes in medications.*

All Rider forms are due at the time of the parent meeting or your spot will not be reserved!

THE FIRST DAY:

Please bring the following with you when you come for your evaluation or first day of class:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Participant's Medical History and Physician's Statement
- Signed and completed Release and Waiver
- Appropriate riding apparel:
 - Jeans, britches, or long pants
 - Closed shoes (preferably hard soled shoes with heels-no loafers, flats or sandals)
 - ASTM/SEI approved riding helmet if you have one. If not, one will be provided for you for the first session of lessons.

A responsible adult must remain with all minor children at the center at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the center at all times.

I have read these rules and agreed to follow them. The Program Director has gone over it and has answered any question that I may have.

Signature

Date

Program Director

Date