



Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 587-8180
A Non-Profit Corporation (501c3) Tax ID # 20-4837483

Rider Application

(Office use only)
Date Entered _____
Valid Session(s) _____
Member ID _____
Scholarship Yes/No _____
Pymt Type & Amt _____

Rider Name: _____

DOB (dd/mm/yyyy): _____ Age: _____ Weight: _____

Male/Female _____

Parent(s)/Legal Guardian(s) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer/School: _____

Occupation (Father): _____ Work phone: _____

Occupation (Mother): _____ Work phone: _____

Email _____

Referred by: _____

Thursday	Saturday
5:30 PM	9:00 AM
	10:30 AM
	1:00 PM
	2:30 PM

1st Choice _____

2nd Choice _____

Cost

The cost of rider classes is \$30 per class. The total cost for each session, 10 weeks, is \$300. Please make checks payable to Hope Ranch Therapeutic Riding Center and mail with this application.

Check # _____ Amount _____

Scholarship

If you are applying for a scholarship, please complete the Scholarship Application found at the end of this application. Mail Scholarship Application with Rider Application.

Photo Release

- I DO
- I DO NOT

Consent to and authorize the use and reproduction by Hope Ranch Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

(To be signed by volunteer, rider, or parent/legal guardian if volunteer is 17 yrs or under.)

Application for Session(s):

_____ March 1 – May 3, 2007
(Deadline – February 15, 2007)

_____ August 30 – Nov 1, 2007
(Deadline – August 15, 2007)

_____ May 31 – August 2, 2007
(Deadline – May 15, 2007)

Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 313-1985
A Non-Profit Corporation 501(c)3 Tax ID # 20-4837483

Rider's Health History

Please indicate current or past difficulties in the following areas:

Challenge	Yes	No	Comments
Vision			
Hearing			
Sensation			
Speech or communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Bone/Joint			
Allergies			
Thinking/Cognition			
Other			

Please list current medications, including over-the-counter medication:

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

FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

SOCIAL (i.e. Work/school including grade completed, leisure interest, relationships-family structure, support systems, companion animals, fears/concerns, etc)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)

Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 313-1985
 A Non-Profit Corporation 501(c)3 Tax ID # 20-4837483

Rider's Medical History & Physician's Statement

Rider: _____ DOB: _____ Height: _____ Weight: _____

Primary diagnosis: _____

Secondary diagnosis: _____

Past/Prospective surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y/ N Date of last seizure: _____

Shunt present: Y/N Date of last revision: _____

Special precautions/needs: _____

Independent Ambulation: Y/N Assisted Ambulation: Y/N Wheelchair: Y/N
 Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Internal X-rays, date: _____ Result: + -

Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current or past difficulties in the following systems/areas, including surgeries:

Challenges	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed heal professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 313-1985
A Non-Profit Corporation 501(c)3 Tax ID # 20-4837483

Authorization for Emergency Medical Treatment

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving or giving services, or while being on the property of the agency, I authorize Hope Ranch, Inc. to

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

Consent Plan

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

Consent Signature: _____ Date: _____
(To be signed by volunteer, rider, or parent/legal guardian if volunteer is 17 yrs or under.)

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 or giving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature: _____ Date: _____
(To be signed by volunteer, rider, or parent/legal guardian if volunteer is 17 yrs or under.)

Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 313-1985
A Non-Profit Corporation 501(c)3 Tax ID # 20-4837483

Release and Waiver

FOR AND IN CONSIDERATION of Hope Ranch Therapeutic Riding Center, Inc. furnishing horses, equipment and instruction (herein referred to as “the activity”) and permitting

_____ (**name of Rider**) (herein referred to as “Rider”) to participate in the activity at Hope Ranch Therapeutic Riding Center facilities, the undersigned individual, being of lawful age, or if the Rider is not of legal age, then Rider and Rider’s parent or legal guardian, Rider’s heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all Riders, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assigns, and each of them (collective “Releasees”) from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Rider attending and participating in the activity.

Rider and, if applicable, Rider’s parent or legal guardian, understand that by signing this Release and Waiver, Rider and, if applicable, Rider’s parent or legal guardian covenant and agree that Rider, as well as assigns, will never institute any suit or action at law, or otherwise, against the Releasees, any other Riders, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Rider’s person or property, or both, which may result from the Rider’s attendance and participation in the activity, or travel or other activity associated herewith.

Rider and, if applicable, Rider’s parent or legal guardian, acknowledge that by attending the above mention activity, Rider and, if applicable, Rider’s parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant to Rider’s attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver, and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

Signature of Rider (if an adult)

Date

Signature of Parent or Legal Guardian if Rider is a minor

Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 313-1985
 A Non-Profit Corporation 501(c)3 Tax ID # 20-4837483

Scholarship Application

Rider Name: _____

Parent/Guardian Name(s): _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Number of Individuals in Family _____

Reason for Scholarship Application (Attach separate sheet if necessary):

(Office use only)

Session number and year	
Scholarship amount	
Disbursed date	

Monthly Income

Source	Amount
Wages/Salary	
Child Support	
Social Security/ Pension	
Disability	
Other	

Monthly Expenses (Estimate)

Source	Amount
Rent/Mortgage	
Utilities	
Food	
Child care	
Prescriptions/Medical Expenses	
Other	

Privacy note: All information submitted in Rider Application and Scholarship Application is kept strictly confidential.

Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 313-1985
A Non-Profit Corporation 501(c)3 Tax ID # 20-4837483

Rules and Policies

(Read Thoroughly. Keep this part for your own records.)

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 whatever 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 recommended for comfort. Corduroy is too slippery for safety.
3. All riders **must** wear an ASTM/SEI approved riding helmet. Hope Ranch will provide an approved helmet for each rider. Each rider may purchase a helmet if they so desire, however, it must meet ASTM/SEI standards.

Attendance:

1. It is the attendance policy of Hope Ranch Therapeutic Riding Center, Inc. that following three (3) unexcused and/or unnotified absences, a student will be temporarily terminated from the program. Reapplication will be necessary for continued participation. A sign-in book for all riders is located in the office. Please sign-in for each lesson attended.
2. Excused absences may be made up by special arrangement with our staff. Make-up lessons are scheduled on a space-available basis.
3. We must be notified 24 hours before the scheduled lesson times for the absence to be excused. The exception 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.
4. *There are no make-ups for closure due to vacations, holidays, or weather.*

Schedule Changes:

1. In case of rain, or scheduling problems with the indoor arena, mounted classes may be cancelled for a minimum of 24 hours following the end of the rain to allow the ground in the outdoor arena to dry. Ground lessons may be scheduled instead.
2. Classes will be cancelled if the temperature at the ranch exceeds 98 degrees.
3. In case of high winds, ground lessons or lessons on the vaulting barrel will be given instead of mounted lessons.
4. If you are not sure if we will be open, please check our office number (785) 587-8180. In the event that a class is cancelled or a time is changed, that information will be available. Please call before coming to the ranch to determine any changes in schedule.

Program Fee Policy:

1. There is a donated fee for the services of Hope Ranch. Any and all donations to the ranch would be appreciated. A session consists of 10 weeks, with one lesson per week, plus a Play Day/ Horse Show. Any rider may want to take more than the allotted riding lessons on a weekly basis. Additional lessons other than regularly scheduled times may be arranged on a space-available basis for \$30 per lesson.
2. Application and processing for the session must be submitted PRIOR to the start of the session. If the applications are not received by the day before the session begins, and arrangements have not been made with the Program Director, that time slot will be given to a person on the waiting list.

Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 313-1985
A Non-Profit Corporation 501(c)3 Tax ID # 20-4837483

3. Payment for additional lessons other than regularly scheduled lessons is due at the start of the lesson, prior to riding.
4. Riding fees may be reduced or waived in case of financial need.
5. There are no refunds.

*Donations and grants pay for the feed and board on our horses, as well as other ranch expenses. Occasionally, weather will cause us to close the program for days or weeks. **The rider donations you pay covers less than 50% of the actual cost of the lessons.** Therefore, you are asked to participate in and support our fund raising activities. Funds raised through these activities are used only to ensure that Hope Ranch will continue to operate.*

Able-Bodied Riding Lessons

1. As a courtesy to our families, Hope Ranch Therapeutic Riding Center, Inc. provides riding lessons for parents and siblings at a discounted fee of \$35 per lesson.
2. All rules that apply to our disabled and behavior disorder riders also apply to our able-bodied riders.
3. Children must be at least 4 years old to participate.
4. Lessons must be scheduled in advance and paid for by the start of the lesson.
5. Lessons are only available when there is available time that is not needed for a disabled rider. We are a program for disabled and behavior disorder riders, and they take priority.

General Policies

1. Absolutely NO SMOKING on the ranch.
2. Dogs must be on a leash at all times, and must not be disruptive to the horses or classes. If your dog barks or fights, please leave the dog in the car.
3. Children must be supervised at all times. **PLEASE DO NOT LEAVE YOUR SLEEPING CHILD IN THE CAR.** There are many inherent dangers in and around the ranch.
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 ranch wearing open toed shoes or sandals. And **NO ONE** is allowed to come barefooted, not even babies.

Rider Forms

New application forms are to be submitted prior to each session by the deadline unless the rider is continuing into the next session. If a rider skips a session, a new application form must be submitted. Application forms must be updated annually. Liability and Medical Release forms are required to be updated annually. The Physician's statement must be updated annually. *Please inform us of any change in address, phone numbers, or medical condition, including changes in medications.*

Rider and Family Participation in Fund Raisers

All riders that are physically able are encouraged to participate in any and all fundraisers for the ranch. It not only gets everyone participating in ranch programs, but it also gives the riders a vested interest in the facility and programs at Hope Ranch.

Hope Ranch Therapeutic Riding Center, Inc.

5600 W. 59th Ave Manhattan, KS 66503 (785) 313-1985
A Non-Profit Corporation 501(c)3 Tax ID # 20-4837483

Location

Hope Ranch Therapeutic Riding Center, Inc. is located at 5600 W. 59th Ave in Manhattan, Kansas, 66503.

From Manhattan, go North on Hwy 24 toward Riley, Kansas. The facility is about a mile past the shooting range on the right side of Hwy 24. Turn right onto County Road 402. You will be able to see the facility on the right. Signs are up marking the location of Hope Ranch.

Processing

Please provide the following prior to the session deadline:

- Signed and completed Application Form
- Signed and completed Authorization for Emergency Medical Treatment
- Signed and completed Rider's Medical History and Physician's Statement
- Signed and completed Release and Waiver
- Signed and completed Scholarship Application or payment for session.

The First Day

Appropriate riding apparel:

Jeans, britches, or long pants

Closed shoes (preferably hard soled with heels – no loafers, flats or sandals)

Medications if needed.

A responsible adult must remain with all minor children at the ranch at all times. Riders who have guardians must have their guardian or other approved adult stay with the rider at the ranch at all times, unless arrangements have been made with the ranch staff.

Thank you for your time, participation, and cooperation. Have fun!

Thank you,

Hope Ranch Management