



PO Box 312, Esko, MN 55733
Ph: (218) 879-7608 Fax: (218) 879-7609
Email: ncride@gmail.com
Web Site: www.northcountryride.org

Hello and welcome to North Country RIDE.

Please use this application to apply for our **Therapeutic Riding Program** (1 hour classes once per week ages 4 and up) and our **Horse Partners Program** (45 minute classes once per week ages 8 and up – no riding). Both programs are offered in 6 week sessions.

All forms and signatures must be on file before classes will be scheduled. Medical forms can be faxed to: 218-879-7609

The cost per six week session is \$150.00, which needs to be received to guarantee your spot. Scholarship forms must be included with application and include required financial information.

All participants must dress appropriately for their classes. Everyone must wear pants and appropriate outerwear; don't forget your sunscreen. All participants must have closed toe shoes. The best shoes for riding are boots with a heel and hard toed shoes for groundwork.

We are looking forward to another great year at North Country RIDE and seeing our friends again. I hope our website will answer most of your questions but if not, please call us. Also, don't forget to follow us on Facebook to stay up to date with current events!

“A community where all people facing life challenges can find growth and healing through a connection with horses”



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Please complete scheduling options and return with your forms to our office:

I, _____(rider name) am interested in the following program:

- Therapeutic Riding** **Horse Partners (groundwork program – no riding)**

during the following session(s):

- Spring**
- Summer 1**
- Summer 2**
- Fall**

Best days and times (circle): 1st choice **M** **T** **W** **Th** Time: **AM** **Afternoon** **Evening**

2nd choice **M** **T** **W** **Th** Time: **AM** **Afternoon** **Evening**

I am not able to be at a lesson until after _____am/pm

I have included payment of \$_____

Please note **refunds will only be made for classes cancelled by NCR.**

Person to be contacted in regards to scheduling:

Name _____ Relationship _____

Phone Number: _____ email_____

Person responsible for billing:

Name: _____

Email (or address)_____

Anyone billing to a County Agency must have a preauthorization for services letter sent to NCR prior to the session.

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Participant: _____

DOB: _____ Age: _____ Gender: M F Height: _____ Weight: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parent work phone: _____

Parents/Legal Guardian (BOTH NAMES): _____

Address (if different): _____

Are you a returning participant Yes _____ No _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas. If yes, please add comment:

	yes	no	comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Arm or Leg Braces			
Bone/Joint			
Muscular			
Thinking/Cognitive			
Allergies			Epi-pen?

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MEDICATIONS (include prescription, over-the-counter; name, dose and frequency)

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

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

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

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

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It is our duty to advise you that equine assisted activities and horseback riding could lead to accidents that could cause injury or death.

Photo Release

I _____ DO _____ DO NOT consent to and authorize the use and reproduction by North Country RIDE 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 (this includes the website, North Country RIDE Facebook & newspapers).

PHOTO POLICY: Photos you take at North Country RIDE of riders/volunteers other than your child may not be posted to Facebook or other social media sites. Please respect the privacy of all participants & volunteers.

Liability Release

_____ (participant’s name) would like to participate in the North Country RIDE program activities. I acknowledge the risks and potential risks of equine assisted activities. I hereby, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages or other compensation against North Country RIDE, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my daughter/son, my ward may sustain while participating in program activities at North Country RIDE, sponsored by North Country R.I.D.E. or any activity related thereto.

***NCR reserves the right to remove riders from the horse for reasons of safety of all participants, or as a disciplinary measure.

Consent Signature, legally competent participant, parent or legal guardian Date

Print Consenter’s Name Relationship Phone

Consenter’s Address City State Zip



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Authorization for EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of North Country RIDE, I authorize North Country RIDE 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.
3. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedures deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Name: _____ Phone: _____

Person to be contacted in event of emergency:

Please print clearly:

1. Contact: _____ Phone: _____
Name Relationship Home Work

2. Contact: _____ Phone: _____
Name Relationship Home Work

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____
Name City

Health Insurance Company: _____ Policy #: _____

Describe any medical condition requiring special precautions or treatment:

Describe any medications in use & dosage:

List any allergies:

Date of last tetanus shot: _____

I give my consent for emergency medical treatment/aid for _____ (Participant's name) in the case of illness or injury during the process of participating in program activities or while being on the property of North Country RIDE I agree to be personally responsible for payment of any hospital clinic, laboratory, emergency room, transportation charges which are not covered by insurance.

Consent Signature – legally competent participant, parent or legal guardian Relationship Date

Print Name Phone: Home Work

Consenter's Address: Street City State, Zip Code

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North Country RIDE Participant Data 2017

The following information is required for some of our funding sources. Please help us supplement our program and keep the cost to our riders as low as possible.

All information is STRICTLY CONFIDENTIAL and will be used for statistical purposes only.

Gender: Female Male

Age group:

Preschool (under 5)	<input type="checkbox"/>
Child (6-11)	<input type="checkbox"/>
Youth (12-14)	<input type="checkbox"/>
Adolescent (14-18)	<input type="checkbox"/>
Adult (19-65)	<input type="checkbox"/>
Senior (over 65)	<input type="checkbox"/>

Racial/Ethnic Background:

African American / black	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Caucasian /white	<input type="checkbox"/>
Hispanic /Latino	<input type="checkbox"/>
Native American	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

Residence by Zip Code :

Size of family unit:

Annual Income Level:

under \$20,000	<input type="checkbox"/>
\$20,001-30,000	<input type="checkbox"/>
\$30,001-\$40,000	<input type="checkbox"/>
\$40,001-\$60,000	<input type="checkbox"/>
> \$60,000	<input type="checkbox"/>