

Hello and welcome to North Country RIDE.

Please use this application to apply for our **Companion Program** (1 hour classes once per week ages 4 and up). Companion Riders file out the same paperwork without the need of a physician's statement.

All forms and signatures must be on file before classes will be scheduled.

The cost per six week session is \$175.00, which needs to be received to guarantee your spot.

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.

All participants must have a parent/guardian/caregiver remain at the facility during lessons.

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!

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

I _____ am a companion rider for

(name) _____

Therapeutic Riding

Horse Partners (groundwork program - no riding)

Circle all the sessions you want to sign up for. You will only be scheduled for the ones circled.

SPRING SUMMER 1 SUMMER 2 FALL

Circle your preferred day: (If you are doing multiple sessions and want the same day and time for each session please put a note in the comments).

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

What time of day works best? Between 9:00 -12:00_____ Between 12:00-3:00_____

Between 3:00- 7:00_____ Comments:_____

Will the person attending with this participant be available to volunteer during the class time?
Yes_____No_____ If yes please fill out a volunteer form from our website northcountryRIDE.org
Note to person attending with participant: we need your help if you are able.

Person responsible for scheduling:

Name _____ Relationship _____

Phone Number: _____ email_____

Person or County Responsible for Billing_____

Phone #_____email_____

Comments_____

Office use only: Monies applied: Spring_____

Summer1_____Summer2_____

Fall_____Lollipop Fund_____

Companion Rider (name) _____

Companion for (name) _____

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

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parents/Legal Guardian: _____

Parent work phone: _____

Address (if different): _____

Are you a returning rider 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?

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?)

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.

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

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

North Country RIDE Participant Data 2018

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)

Child (6-11)

Youth (12-14)

Adolescent (14-18)

Adult (19-65)

Senior (over 65)

Racial/Ethnic Background:

African American / black

Asian

Caucasian /white

Hispanic /Latino

Native American

Other

Prefer not to answer

Residence by Zip Code :

Size of family unit:

Annual Income Level:

under \$20,000

\$20,001-30,000

\$30,001-\$40,000

\$40,001-\$60,000

> \$60,000

