



Destiny's Ride Therapeutic Program Inc.

Located at 165 Angel Hill Road
Chatham, NY 12037

Mailing Address 406 Old Post Rd ~ Stop 24
Ghent, NY 12075

destinysridetherapeutic@gmail.com (518)610.4408

Participant's Application

GENERAL INFORMATION:

Participant's Name: _____

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

Address Street: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work#: _____ E-mail: _____

Employer/School: _____ Phone: _____

Address: _____

Parent/Legal Guardian/Caregiver: _____

Address (if different from above): _____

Phone #: _____ Alternative #: _____

If you are a new applicant:

How did you hear about our program? _____

If referred, please list source and date: _____

If you have any previous riding/horse experience, please describe: _____

PHOTO RELEASE:

I DO / DO NOT (**please circle one**) consent to and authorize the use and reproduction by Destiny's Ride Equestrian Center LLC. of any and all photographs and any other audio/visual materials taken of me/my son/daughter/ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Participant (Parent or Legal Guardian)

Possible Reasons for Client Discharge

Please be advised of the following reasons that may lead to discharge from the program.

1. Client has reached all of his/her goals!
2. Client displays a condition listed by PATH as a contraindication to therapeutic riding.
3. Client's potential to maintain head and neck control in sitting position presents a safety concern.
4. Inability to follow directions is interfering with progress toward treatment goals.
5. Uncontrolled and inappropriate behavior that constitutes a safety risk to client, volunteer or staff.
6. Client exceeds weight limit that can safely be managed by staff, volunteers and/or horses.
7. Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding or hippotherapy inappropriate.
8. Three scheduled sessions are missed without proper canceling.
9. Nonpayment of billed funds after first (1st) lesson of each session.

Signature of Client or Legal Guardian: _____ Date: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants and Albany Therapeutic Riding Center, Inc.'s program is confidential and will not be shared with anyone without the express written consent of the participant and his/her/their guardian in the case of a minor.

Signature _____ Date _____

- ❖ Safety Standards
- ❖ Walk while on the property
- ❖ Be gentle with animals and people
- ❖ No fighting or abusive/aggressive actions
- ❖ No throwing objects
- ❖ No fires AND no smoking
- ❖ No weapons (guns, knives, etc.), alcohol, or other illegal substances on the property
- ❖ Children must be supervised by an adult at all times
- ❖ No personal pets on the property
- ❖ Respect "Off Limits," "Authorized Personnel only," and paddock and private residence areas
- ❖ Do not enter stalls, paddocks, or pastures without first notifying a staff member.

In signing this document, I, _____, agree to abide by the Safety Standards that are detailed above.

Signature: _____ Date: _____

Lessons at Destiny's Ride are a team effort. Your instructor wants and appreciates your input throughout the riding session. Please feel free to ask questions, make suggestions, and give feedback. Discussions of any length can be done on the phone or via e-mail.

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RIDING GOALS: (What you would like to accomplish during your time with us.)

Short Term (During the next 6–12 months): _____

AREAS OF FOCUS/STRENGTHS/WEAKNESSES

Riding a horse involves many aspects of the whole person; the physical, cognitive, and emotional. Participating in riding lessons adds even more dimensions to the scenario, such as our learning styles, spatial awareness, social interactions, etc.

Please use this section to discuss information that you believe might be helpful or issues that you would like addressed, so that the instructor can create a beneficial, supportive lesson environment for you/your child. A good place to start might be the teaching environment, aids, and tools that best supports your learning style and needs. _____

MISC. HEALTH ISSUES

Please include any health issues (i.e. allergies, asthma, reactions to medications, dizziness, etc.) that you feel staff should be aware of. _____

PREFERENCES

Although the needs and requirements of all our riders is the priority, every effort is made to accommodate the preferences of our riders. Toward that goal, please feel free to share with us your “favorites” in horses and tack. It would be beneficial if you would explain why you prefer a certain horse or piece of equipment so that, if we can not exactly meet your wishes, we can come close. _____

CONCERNS

This could include any past riding experiences that caused a loss of confidence, any conditions or circumstances that you feel could interfere with your ability to ride safely or to your full potential, any fears, etc _____