# CONNECTIONS EQUINE THERAPY PROGRAM
# EQUINE ASSISTED THERAPY APPLICATION

## GENERAL INFORMATION

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Sex: M F

Address: _____

_____

Primary Phone : _____ Alternate Phone: _____

Email: _____

Parent or Guardian: _____ Relationship: _____

Client Employer/School: _____

Ethnicity (for grant purposes) – Please select one:

___ American Indian/Alaska Native
___ Asian
___ White
___ Black/African American
___ Hispanic/Latino
___ Native Hawaiian/Pacific Islander
___ Other _____

Are you a veteran? Y N

## THERAPEUTIC INFORMATION

Diagnosis: _____

Medications: _____

Seizures: Yes No Controlled Date of Last Seizure _____

Amputation: Yes No

Prosthesis: Yes No Description: _____

Physical Limitations: Yes No Description: _____

Ambulation: Wheelchair Cane Crutches Walker Other

Learning Style: ___ Visual (see it) ___ Auditory (hear it) ___ Kinesthetic (do it)

Hearing: __ Good ___ Limited ___ Deaf ___ Other

Vision: __ Good ___ Limited ___ Blind ___ Other

Behavior Issues: Yes No Description: _____

**THERAPEUTIC INFORMATION** (continued)

Understanding:

___ Verbal (full) ___Verbal (limited) ___Sign Language ___Communication Device

___ Other _____

Expression:

___ Verbal (full) ___Verbal (limited) ___Sign Language ___Communication Device

___ Other _____

Reading Level: _____ Counts to: _____

Picture Recognition: Yes No Alphabet: Yes No

**Please rate the following on a scale of 1 – 5 (1 = Poor, 5 = Excellent)**

Attention Span: ____ Sitting Posture: ____ Standing Posture: _____ Balance: _____
Gross Motor (Hands): ___ Gross Motor (Overall):____
Fine Motor (Hands): ____ Fine Motor (Overall):____

**SOCIAL, DEVELOPMENTAL, PSYCHOLOGICAL FUNCTION**

**Please check all that apply:**

____ Inattention
____ Hyperactivity
____ Lack of concentration
____ Learning disabilities
____ Developmentally delayed
____ Mentally challenged
____ Boundary issues
____ Social skills problems
____ Problems with peers
____ Separation anxiety
____ Anxiety
____ Assaultive
____ Manipulative
____ Unpredictable or dangerous behavior
____ Sensory impairment
____ Tics or stereotypic behavior
____ Psychosomatic symptoms
____ Medical issues
____ Self-injurious behavior
____ Suicidal tendencies
____ History of runaway
____ Issues of parental support
____ Issues of family support
____ Sexual abuse
____ History of physical abuse
____ Emotional abuse
____ Hallucinations
____ Delusions
____ Dissociations
____ Illusions
____ Substance Abuse
____ Legal problems
____ School problems
____ History of animal abuse
____ Fire setting
____ Possible medication side effects

# CONNECTIONS EQUINE THERAPY PROGRAM
# POLICIES

Applications

All forms must be completed and submitted prior to the first session. All returning participants must complete an application annually.

Scheduling

Scheduling is on a first come first serve basis. We group participants together by skill level, age, and availability. Riders participate in minimum one time per week for each session.

When a NEW PARTICIPANT completes this application, they will be scheduled for a NEW PARTICIPANT INTAKE and tour of the facility. Once the intake evaluation is complete the proper placement of the participant will be scheduled.

RETURNING PARTICIPANTS will be scheduled once their application has been submitted. Class times are on a first come first serve basis, so it is important to complete all forms promptly.

Cancellations

When clients enroll for a session there will be no refunds for classes missed unless Connections cancels. Weather is unpredictable in Arizona, and it is sometimes unsafe to conduct classes outdoors. In such cases, appropriate indoor sessions will be conducted and the regular session charge will still apply. Connections reserves the right to cancel sessions due to weather, unavailability of horses, volunteers, or instructor, etc.. Credit will be issued for such cancellations.

Late Arrivals

Sessions are planned in advance for you, and our dedicated team of volunteers and instructors will be waiting to serve. We will wait 10 minutes past the scheduled session time. Please let us know if you are going to be late, horses will be put away after this 10 minute period and will not be available. NO credit will be issued/NO make-up time scheduled.

Dress Code

Close-toed footwear with a closed back is mandatory for all participants.

Payment Policy

Fees for the full session are due before the beginning of that session. Normal fee for Equine Assisted Therapy Sessions is $120 per appointment. Our fees are on a sliding scale and full and partial scholarships are available. If you need financial assistance, please fill out the Scholarship Application Form further on in this application. Clients with an unpaid balance will not be able to register for further sessions.

Horses

Do not feed or pet any of the horses. Our animals are on special diets and you may interfere with their health. In addition, unsupervised feeding of animals may result in injury. Please do not go into the barn area without a staff member, instructor or trained volunteer.

Pets

We have a high commitment to safety for our participants and horses. Therefore, NO pets are allowed on the premises. Exceptions are certified companion or working therapy support animals, proof of certification/training must be provided.

**POLICIES (continued)**

Equine Activity Law

Warning: Under Arizona Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A. R. S. s 12-553.

**I have read and understand the policies above and will comply with them.**

__ I agree Signature: _____

# CONNECTIONS EQUINE THERAPY PROGRAM
# LIABILITY RELEASE

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of Connections, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Connections, nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where Connections events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Connections event.

I further acknowledge that I will not hold Connections, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Connections events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Connections, its officers, instructors, volunteers, participants, employees, agents as well as the owner of the property, where lessons, horse shows or other Connections events occur, from all liability for property damage and personal injury to me, and I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Connections activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Connections event is being held, or any person or equipment affiliated with said event.
Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Connections events are conducted, including minors.

***RIDERS: I represent that I am physically able to undertake all reasonable participant activities and I participate in such activities at my own risk.***

***INITIALS:*** _____
***(parent/guardian must initial if rider is under age of 18)***

I have read and understand all of the above and waive any claim which may arise against Connections, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Connections events are conducted.

This agreement is effective upon signing and continues so long as I participate in Connections events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

_____
**Participant Name (Please Print)**

_____ _____
**Signature of Participant** **Date**
***(If participant is under the age of 18, Parent/Guardian must sign)***

## CONNECTIONS EQUINE THERAPY PROGRAM

## PHOTO/VIDEO RELEASE

I understand that I consent to and authorize the use and reproduction of any and all photographs and any other audiovisual materials taken of me, my son/daughter or ward, for promotional printed material, educational activities, social media and exhibitions or for any use for the benefit of Connections.

___ I Consent ___ I DO NOT Consent

Signature_____ Date _____
***(If participant is under the age of 18, Parent/Guardian must sign)***

## RISK MANAGEMENT STATEMENTS

I understand Connections has designated business hours at which time staff are present on property.
Yes No

I understand that horses are not to be fed anything by hand. Hand feeding encourages biting and nipping.
Yes No

I understand that horses are unpredictable. They may kick, bite, and step on me.
Yes No

Signature_____ Date _____
***(If participant is under the age of 18, Parent/Guardian must sign)***

## CONFIDENTIALITY STATEMENT

Volunteers, participants and their families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Connections shall preserve that right of confidentiality for all individuals in its program.

I, by signing below, acknowledge this policy and will abide by it.

Signature_____ Date _____
***(If participant is under the age of 18, Parent/Guardian must sign)***

**CONNECTIONS EQUINE THERAPY PROGRAM**
**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 the agency, I authorize CONNECTIONS 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.

Responsible Party: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Receive Text? Y N

**In the event that I cannot be reached, please contact:**

1. Name:_____

   Phone: _____

   Relationship: _____

2. Name:_____

   Phone: _____

   Relationship: _____

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below in unable to be reached.

Consent Signature: _____ Date: _____
*(If rider is under the age of 18, Parent/Guardian must sign)*

**Non Consent Plan**

I do not give my permission 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

_____

NonConsent Signature: _____ Date: _____
*(If rider is under the age of 18, Parent/Guardian must sign)*

# CONNECTIONS EQUINE THERAPY PROGRAM
# EQUINE ASSISTED THERAPY
# SCHOLARSHIP APPLICATION

DATE: _____

Participant's Name: _____

Participant's Mailing Address: _____

City, State, Zip: _____

Telephone: _____ E-Mail: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Telephone 1: _____ Telephone 2: _____

E-Mail: _____

Parent/Guardian 1 – Occupation _____

Parent/Guardian 2: - Occupation _____

Responsible Party for Payment: _____

Mailing Address: _____

City, State, Zip: _____

Telephone 1: _____ Telephone 2: _____

E-Mail: _____

**Annual Gross Income from all Sources**

Family Annual Gross Income: $_____
+Participants Gross Income $_____
=Total Annual Gross Family Income $_____

Is the participant claimed as a dependent on your tax return? Yes ___ No ___

Number of Family Members ____ Are any other family members disabled? Yes No

If Yes, Please Explain_____

Are there any unusual financial hardships we should consider? Yes No

If Yes, Please Explain _____

# CONNECTIONS EQUINE THERAPY PROGRAM
# THERAPEUTIC RIDING
# SCHOLARSHIP APPLICATION

Connections Equine Therapy Program is a non-profit organization. Participant fees are necessary to help defray the expense of our programs and cover only a small portion of the actual cost. Scholarships are available to applicants **WHO COULD NOT OTHERWISE PARTICIPATE** in the program. Scholarships are limited; and there are so many requests for assistance, we ask that you make every effort to pay your fair share of the fee so that there will be scholarship funds available for all who need them.

**Equine Assisted Therapy - $120 per appointment**

**SELECT SCHOLARSHIP ASSISTANCE REQEUSTED, PLEASE INTIAL ONE:**

| Scholarship Amount | Amount You Pay | Select One |
|---|---|---|
| $ 20/appointment | $100/appointment | _____ |
| $ 40 | $ 80 | _____ |
| $ 60 | $ 60 | _____ |
| $ 80 | $ 40 | _____ |
| $ 120 | $ 0 | _____ |
| OTHER | _____ | _____ |

**COMMENTS** _____

_____

You will be notified as to the scholarship amount and number of sessions you have been awarded after careful review by the scholarship committee.

Scholarship amount awarded _____

Sessions awarded _____

Scholarship Committee Representative. _____

Date_____