



BOK Ranch Therapeutic Riding Enrollment Instructions

1. Print the enrollment forms
2. Fill Them Out
3. The physician's form needs to be filled out and signed by the rider's general doctor. This form does not require a physical or Dr.'s appointment. You can simply fax it to your doctor or walk it into the office and have it signed.
4. When you get everything all filled out and together, MAIL BACK TO:

BOK Ranch

1815 Cordilleras Rd.

Redwood City, CA 94062
5. When the forms are received, someone from the BOK Ranch will call you to set up an initial intake assessment. This is a one-time visit of about 30 minutes. This visit will determine the most appropriate class or service for the potential rider.
6. Start attending once a week riding lessons at the B.O.K. Ranch
7. Keep the parking pass for yourself.



B.O.K. Ranch



Dear Prospective Parents and Riders,

Thank you for your interest in B.O.K. Ranch! Enclosed are the forms necessary to enroll in our adaptive horseback program. Please take some time to read and fill out the forms completely. It is very important that you are familiar with the procedures and guidelines of this program. Once we have received your completed forms, we will contact you to schedule an initial intake assessment.

Here is a brief description of the contents of our enrollment packet:

1. *Policies and Procedures:* Please read and keep for your records.
2. *Dress Guidelines:* Please read and keep for your records.
3. *Application and Health History:* This form includes more detailed information about the rider. This form is to be filled out and signed by the parent/legal guardian or independent adult. Please fill out both sides.
4. *Authorization for Emergency Medical Treatment:* Please complete and sign.
5. *Medical History and Physician's Statement:* Please give to the rider's physician to complete and then return with the rest of the forms.
6. *B.O.K. Ranch Release:* Please read and sign.
7. *Photo Release:* Please read and sign.
8. *Confidentiality Agreement:* Please read and sign.
9. *Horse Park Release Form:* Since The Horse Park owns the property at which our program operates, this release is needs to be signed as well.
10. *Student Transition:* This is a brief description of our transition policy. Please read and sign.

I look forward to meeting you soon!

Tish Dipman
Program Director
B.O.K. Ranch

Policies and Procedures

All forms must be completed and returned to B.O.K. Ranch before the rider will be scheduled for lessons.

Health:

- Children who are absent from school due to illness are not to attend riding lessons.
- All current illnesses should be reported to the staff immediately upon arriving for a scheduled lesson.
- All illnesses that might affect the student's balance (e.g. ear infection) should be reported to staff immediately upon arriving for a scheduled lesson.
- Any change or introduction of new medications should be reported to staff immediately upon arriving for a scheduled lesson.

Attendance:

- Cancellations should be made 24 hours prior to the scheduled lesson, if at all possible, by leaving a message at 650-366-2265.
- If a pattern of poor attendance has developed, you will be notified and advised that in order to continue lessons, regular attendance is required.
- Notification of cancellation must be made at all times. After three missed lessons without notification, you will be contacted and the remainder of the session's lessons will be forfeited.

Visitors:

- Siblings or minors that accompany the student **must** be supervised at all times by either a parent or guardian.
- No pets are to be brought onto the premises.

Dress Guidelines

Please make sure that you and your child come appropriately prepared for his or her lesson by following the guidelines outlined below:

1. Dress in layers.
2. Dress in clothing that does not restrict any movement.
3. Wear long pants at all times to prevent chafing or rubbing on legs.
4. Wear lace-up shoes with a heel. Light-weight hiking boots or riding boots are ideal, though sneakers can be worn.
5. Riding gloves may be worn if desired or in cold weather other types of gloves are acceptable. Mittens may not be worn.
6. Riding helmets will be provided and to ensure a proper and safe fit, it is important to remove any dangling earrings or hair accessories that would be uncomfortable under a helmet. High pony tails should be avoided as it interferes with proper adjustment of the helmet.
7. Remove any sharp or rigid objects from all pockets. This includes pencils, wallets and cell phones.
8. Open-toed shoes are not to be worn at any time for safety reasons.

Participants Application and Health History

GENERAL INFORMATION

Participant name: _____

D.O.B.: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Home Phone: _____ Cell Phone : _____

Parent/Legal Guardian (if under 18) _____

Address: (if different from above) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ (work/home)

How did you hear about this program? _____

GOALS *Why are you interested in participating? What would you like to accomplish?*

EXISTING SERVICES: *Which of the following services are you currently receiving?*

Service	Y/N	Location or clinic	Frequency
Physical Therapy			
Occupational Therapy			
Speech & Language Therapy			
Adaptive P.E.			
Mobility Training			
Aquatic Therapy			

MEDICATION *(include prescription, over-the-counter; name, dose and frequency and what the medication is for)*

PHYSICAL FUNCTION (*Describe your mobility abilities or difficulties including assistance required or equipment needed, skills such as transfers, walking, or wheelchair use.*)

COGNITIVE/SOCIAL FUNCTION *(Work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, any fears or concerns)*

SPEECH OR COMMUNICATION STYLE *(indicate if any assistive devices or methods are employed such as ASL or PECS).*

Authorization for Emergency Medical Treatment

Rider

Staff

Volunteer

Name: _____ D.O.B.: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship _____ Phone (H/W) _____

Cell Phone: _____

Name: _____ Relationship _____ Phone (H/W) _____

Cell Phone: _____

Name: _____ Relationship _____ Phone (H/W) _____

Cell Phone: _____

In the event that emergency medical aid/treatment is required during lessons, I authorize B.O.K. Ranch 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 emergency medical 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) listed above is unable to be reached in a timely manner.

Date: _____ Consent signature: _____

Client, Parent or Legal Guardian if under 18

Participant's Medical History & Physician Statement

Participant: _____

Address: _____

Diagnosis: _____ Date of onset: _____

Past/Prospective surgeries: _____

Medications: _____

Seizure type: _____ Controlled Y N Date of last seizure: _____

Shunt present: Y N Date of last revision: _____

Special Precautions/ needs _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Downs Syndrome: AtlantoDens Interval X-rays Date taken: _____ Result + --

Neurological Symptoms of AtlantoAxial Instability: _____

Please indicate current or past special needs in the following areas including surgeries:

	Y	N	Comments
Vision			
Auditory			
Tactile/Sensation			
Speech			
Cardiac			
Integumentary/Skin			
Digestion			
Elimination			
Circulatory			
Emotional/Psychological			
Behavioral/Cognition			
Neurological			
Muscular			
Immunity			
Pulmonary			
Orthopedic			
Allergies			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that B.O.K. Ranch will weigh the medical information above against the existing precautions and contraindications.

Signature: _____ Date: _____

Name/Title _____ License/UPIN Number _____

Address: _____ Phone () _____

B.O.K. Ranch Release Agreement

I, the undersigned, _____, do forever release, acquit, discharge and hold harmless B.O.K. Ranch, its agents, employees, representatives, successors, and assigns, for all manner of claims, demands, and damages of every kind and nature, where to which the undersigned or said minor may now, or in the future, have against B.O.K. Ranch, its agents, employees, representatives, successors, or assigns on account of personal injuries, physical or mental condition, known or unknown, to the person of said minor and the treatment thereof, as a result of, or in any way growing out of the acts of B.O.K. Ranch, its agents, employees, representatives, successors, or assigns including but not limited to negligence or gross negligence, in executing the services above described and/or incidental thereto.

Signed _____ Date: _____
Parent(s) or Guardian (s)

Name of Student/Volunteer (if minor) _____

B.O.K. Ranch Photo Release Agreement

For valuable consideration which is given and which is hereby acknowledged, the undersigned grant (s) B.O.K. Ranch permission to take or have taken, still and moving photographs and films including television pictures of _____. The undersigned consents and authorizes B.O.K. Ranch and its work, to use and reproduce photographs, films and pictures to circulate and publicize the same by all means including but not limited to the forgoing newspapers, television media, web sites, brochures, pamphlets, instructional materials, books and clinical material.

With regards to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of B.O.K. Ranch to use or have used such photographs, films and pictures for the primary purpose of promoting and aiding B.O.K. Ranch and it's work.

Signed _____ Date: _____

Confidentiality Agreement

Every NARHA (North American Riding for the Handicapped Association) accredited adaptive riding program must have a policy for its staff and volunteers to maintain confidentiality of its students.

By signing this form, you are agreeing to abide by the confidentiality policy. This policy is in place to protect the confidentiality of the B.O.K. Ranch student, and his or her treatment at B.O.K. Ranch.

Use discretion when talking about the students and make sure that if you are writing an article, or doing a school project or exposing the student in any way to the public that you have permission from the student and his or her parents (if the student is a minor). This especially applies if you would like to use the student's name.

Signed: _____ Date: _____
(Parent/guardian if under 18)



The Horse Park at Woodside

General Agreement & Release of Liability

I, _____ (*Must be a Parent or Guardian if person named above is under the age of 18*), hereby acknowledge that I have requested permission to participate in equestrian or other activities on the premises of **The Horse Park at Woodside**. I have read and agree to abide by all Horse Park Facility Use Rules.

I am aware that combined training and eventing, jumping, trail riding, conditioning, polo and all other forms of equestrian activities, including the teaching, training or coaching thereof can be hazardous. I am voluntarily participating in equestrian or other activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

In consideration for being permitted to use the facilities at The Horse Park at Woodside, I hereby agree that I, my heirs, my distributees, guardians, legal representatives and assignees will not make a claim against, sue, attach the property of, or prosecute CTETA, Ltd., The Horse Park at Woodside, its landlord, directors, officers, members, employees or assignees, for any claim I now have or may hereafter have for death, injury or property damage resulting from my use of the facilities at the Horse Park whether caused by my acts of omission or negligence or anyone else's. In addition, it is understood that any and all insurance that I have shall be primary.

To the fullest extent permitted by law, **I shall defend, indemnify and hold harmless** CTETA, Ltd., The Horse Park at Woodside, its landlord, directors, officers, agents and employees for and against any and all claims, damages, losses, expenses and liabilities of any kind, including but not limited to attorney's fees, in any way arising out of or in connection with my activities under this Agreement. This indemnify shall apply regardless of any active and/or passive negligent act or omission of CTETA, Ltd., The Horse Park at Woodside, its landlord, directors, officers, agents and employees.

I have carefully read this agreement and release and fully understand its contents. I am aware that this is a Release of Liability, a waiver of legal rights and contracts between me and The Horse Park at Woodside. I sign this agreement and liability at my own free will. I further acknowledge that there are no warranties either express or implied, concerning the facilities, events or activities at The Horse Park at Woodside.

Signature: _____

(*Must be signed by a Parent or Guardian if Member is under the age of 18*)

Please Print Name: _____

Emergency Contact Name(s): _____

Emergency Contact #(s): _____

PHOTO RELEASE

I agree that as a condition and in consideration of (acceptance of entry in this event and/or acceptance of membership of CTETA, Ltd. and/or admission to the grounds of The Horse Park at Woodside), The Horse Park and/or its assigns may for commercial purposes use, publish, copyright, or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken while on the grounds. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or misappropriation. If the person entered/admitted is under 18, I certify that I am his or her parent or legal guardian and I give my consent to the same on his or her behalf.

Signature: _____ Please Print Name:

(*Must be signed by a Parent or Guardian if Member is under the age of 18*)

Possible Reasons for Student Transition

It is the mission of B.O.K. Ranch to provide adaptive horseback riding lessons to individuals with special needs. Please be advised that transition out of the program may occur for any of the following reasons:

1. Student has reached all of his or her goals and is ready to graduate into a mainstream program.
2. Inability to follow directions is interfering with progress toward goals.
3. Uncontrolled or inappropriate behavior that constitutes a safety risk to student, volunteers and/or staff.
4. Student exceeds height or weight limits for the lesson to be safely continued. Students must be 180 lbs or less to ride.
5. Any changes in a student's medical, physical, cognitive or emotion condition or medication that makes adaptive riding inappropriate or unsafe.
6. Three lessons missed without notification at the discretion of the program director.
Please remember to cancel lessons at least 24 hours in advance.

Signature: _____
Parent/Legal Guardian if under 18

Date: _____

BOOK RANCH

PARKING PASS