***Therapeutic Program***

**Outreach Group Application**

Please **complete** this paperwork and return to the office.

* Keep pages 1-3 for your files on the contract agreement and policies
* Return pages 4-6 to our office
* Pages 7-8 are to be completed by participants [Note that page 7 requires a ***Health Care Providers signature*** if participants have a disability or medical condition**.**]

If forms are not completed and signed they will be returned and may delay your participation in the program.

\*Any additional information you would like to provide would be much appreciated—the more knowledge we have about a participant the better we can facilitate them.

## **Mission**

Chastain Horse Park serves riders of all ages and abilities helping them to attain their highest potential in areas of cognitive, physical, and emotional development through the therapeutic relationship with a horse.

**Vision**

To serve the Atlanta community and enhance the lives of our patrons through horsemanship by providing a combination of equestrian activities including therapeutic programs, beginner to advanced riding lessons, pony parties for children, and competitive show opportunities.

**PROGRAM & POLICY AGREEMENT**

*Please keep this Agreement (pages 2-3) for your own files*

Welcome to Chastain Horse Park. Our outreach program is based on providing a safe and enjoyable learning environment with horses. Outreach group visits are designed to improve participants with functional life skills, provide a hands on experiential learning opportunity, non-judgmental environment and chance to be exposed to horses, horsemanship, and all the benefits provided by such experiences. The outreach program boosts participant’s self-confidence and social skills. It allows individuals to interact and communicate not only with each other but with horses as they give them commands while riding and listen to directions from the instructor. It can be a wonderful opportunity for groups from disadvantaged circumstance to develop self-awareness, confidence, and self-discipline.

- All groups must be at least **6 or more people**

- All program expectations, rules, processes, procedures apply to groups.

CHP has a variety of outreach group visits designed to bring equine-related activities to an even larger population of people who can benefit from them throughout the community. See examples:

**Field Trips** ➨ Schools, local organizations, scout troops, and residential group homes, etc. Field trips may be up to two hours in length and structured as either mounted or unmounted sessions. Student visitors receive an introduction to horse grooming, handling and potentially riding. CHP provides trained staff and volunteers to conduct and supervise the direct activities for field trips, however groups are required to provide adequate parental or staff support to maintain the safety and integrity of the group.

**Stable Senses** ➨ This practical program focuses on at-risk youth populations and focuses on community and self-development while incorporating horsemanship skills. We utilize the horse as our fellow teacher, delving into a variety of pertinent and pre-determined topics. The program includes interaction with our horses as well as team-building and communication activities to increase self-confidence, responsibility and leadership potential. CHP strives to create a successful and fun experience for all participants including the potential opportunities for mounted riding time. Benefits: discovery—discover the meaning of team in an outdoor, stable environment, compassion—develop a lasting relationship with our peers and horses alike, opportunity—open new doors to improve self-confidence and encourage leadership skills.

**Healing Horses** ➨ This program has been developed around individuals with special needs. The curriculum will be very closely related to our therapeutic riding lesson program. We will take into account each participant’s individual needs and create a lesson plan for them in order to achieve the goals. We are happy to work with therapist/teachers/personnel to match IEP goals. Consistency for most participants is the best and when they achieve their success.

*Outreach group visit options*:

Time

* 1 hour
* 2 hours

Types of Visits

* Series of consecutive visits during a quarterly session, ex: 10-12 visits
* Every other week or 1x/quarter
* One-time visit
* Mounted and Non mounted visits
* Preplanned curriculum which is tailored for your particular group

Equine assisted activities and therapies purpose is to contribute positively to the cognitive, physical, emotional and social well-being of individuals with special needs. The program will develop and strengthen skills in the areas of (including but not limited to) awareness, balance, flexibility, muscle tone, patience, strength, coordination, focus, leadership, team playing, confidence, courage, friendships, spatial awareness, and fun.

Chastain Horse Park is a PATH Intl. Premiere Accredited Center. All of our therapeutic instructors are certified at the Registered Level by PATH Intl. (Professional Association of Therapeutic Horsemanship International).  PATH Intl. promotes safety and optimal outcomes in equine-assisted activities and therapies for individuals with special needs. This organization provides industry standards, procedures, and policies which Chastain Horse Park adheres to strictly. We seek to maximize the abilities of each participant and tailor the outreach program that is just for them. Please feel free to visit [www.pathintl.org](http://www.pathintl.org).

**Please read the following agreement carefully**. It contains not only ***expectations*** of the group/participants but ***requirements*** that must be adhered to in order to participate in programs at Chastain Horse Park. If you have any questions about the lesson agreement please feel contact the Program Director (404) 252-4244, ext. 2.

**BARN RULES & RESPONSIBILITIES OF GROUP/PARTICIPANTS**

* Groups are responsible for arriving at each session on time unless you have previously notified your instructor with schedule changes/adjustments.
* Participants are not allowed to have their cell phones interrupting sessions: NO phone calls or texts.
* Parents/supervisors/staff assisting the group on site that have not been trained as a volunteer or filled out the necessary paperwork are not allowed in the rings unless otherwise advised by the instructor. Except for emergencies, parents/supervisors/staff should avoid interacting, disrupting, or distracting participants unless given an assignment from the instructor.
* For safety reasons, please no throwing rocks, running, screaming or spooking horses, etc.
* CHP is utilized by many individuals in our community please be respectful of others; use appropriate behavior and language in our setting.
* No smoking, vaping, drinking, drugs or firearms are allowed on the premises.
* All dogs must be on leashes. No barking, growling, or biting dogs allowed on premises.
* No dogs or baby carriages are allowed in the barns.
* Occasionally, a school horse may misbehave. The instructor will attempt to correct the behavior. If the horse’s behavior does not improve, it’s the instructor’s professional call on how the session is continued.

**LATE TO SESSION—**If a group is late you will not be granted additional time or a refund

**CANCELLATIONS**—***24-hour cancellation policy****.* If groups cancel with less than 24-hours’ notice or inadvertently miss the session, the session is subject to full charge. Instructors may cancel session due to weather, sickness, or other extenuating circumstances. They will communicate with you if such a scenario were to occur.

The hallmark of CHP is a commitment to excellence in serving a wide variety of participants, from our youngest therapeutic student to our advanced competitive rider. You are joining students of all ages and abilities who call CHP “home.” The Park has obvious limited resources, i.e. horses, volunteers and ring space available therefore can only schedule a limited number of sessions. No make-up sessions can be accommodated.

**WEATHER**—Sessions are held rain or shine. We are fortunate to have two covered arenas. When the weather does not allow mounted activities (**thundering/lightening, below 36 °F real or feels like/ice, above 95°F/heat index >98°F, high winds, severe weather** or for any other reason) we will focus on un-mounted activities.

**WITHDRAWING FROM THE PROGRAM**—If your group is joining the program on a regular basis you are required to give a **30-day** **notice** by the 25th of the month if you want to withdraw. This will allow us to contact another group on the waiting list and place them in your time slot. Otherwise, you will be billed for the next month of sessions, regardless of whether or not you attend the sessions. There will be no credits or refunds given in the program. We require our participants to strictly adhere to this policy.

**WHO TO CALL WITH QUESTIONS**—If you have any questions, please feel free to contact your instructor anytime. If you are in doubt about weather or holidays please contact your instructor.

**PAYMENT POLICY**

(Please return pages 4-5 to our office)

Across the board, **Chastain Horse Park subsidizes 50% of all therapeutic program costs** to make equine assisted activities and therapies affordable to families, but as many of our clients live below the poverty line, we provide additional support, in the form of scholarships, to ensure that these life-changing services are accessible to all people of all abilities, socio-economic standing, ethnicity, race and faiths.

The standard Outreach Group fee is **$50** per participant for each session.

Chastain Horse Park feels strongly about supporting our community in many different ways. Our organization is a 501(c)3 non-profit. The nature of our services is costly and expensive: upkeep and maintenance of a large facility in a prime location, caring for live animals, excellent qualified professionals on the team, etc. We have taken into account many contributing factors and feel the outreach group fee is reasonable.

On that note, we want to make sure that our standard fee is not a deterrent to signing up for our program. We feel that no matter the financial situation of each group everyone should experience this amazing opportunity. Please contact our office if you would like to further discuss the financial aspect and apply for scholarship.

Your group, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agrees to pay $\_\_\_\_\_ per participant for each session.

We can accept a ***credit card*** number which will be charged after the completion of your session for the amount of individuals participating. OR You can bring a ***check*** with you to your Group session and submit it to the instructor before commencement.

* **No refunds** are given. If your credit card is rejected or check bounces, you are required to pay a **$25.00 fee**.

CREDIT CARD INFO

**Information below must be completed in full by cardholder:**

(Circle one) MasterCard Visa American Express

Card No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ CVC Code: \_\_\_\_\_\_\_\_

Print Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Chastain Horse Park to withdraw monthly tuition due from my above account.

**POLICY, CONTRACT, & PAYMENT AGREEMENT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of authorized group contact*) have read and acknowledge the Policy Contract Agreement and will abide by the stated policies. I understand that these policies are designed to help keep all involved parties safe, a predictable schedule, riders success, proper care for equines, and operations of the Chastain Horse Park regular. By signing this form, I agree to the terms set forth above, and I commit to participation in the program session(s).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OUTREACH GROUP PROFILE**

*(To be filled out by the authorized group contact)*

**GROUP INFORMATION & PROFILE:**

**Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group Contact Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_**

**Email Address(es)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FaceBook: Instagram: Twitter:**

What are your social media handles and do we have your permission to tag you in our coverage of our partnership?

Do you have a video that talks about the work of your organization that we can share on our channels?

Is your group a 501(c)3 organization? Yes No Can we feature your logo on our website? Yes No

If applicable please include the following:

Mission Statement:

Vision:

Who do you serve? (detailed description of demographic)

Please list other organizations you’re affiliated with:

Group Age Range: \_\_\_\_\_\_ # participants in group (minimum of 6) \_\_\_\_\_ Wheelchair access needed: Yes No

What aspect of CHP’s outreach program interests your group most/how best do you think our services benefit your group?

*For Office Use Only*:

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered DB by \_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_ Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code: Outreach-x Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G-10101 TP30-11111 TP30-10101 TG-x TP-x

Please state any specific goals you would like the group to work on and/or issues that need to be addressed through equine assisted activities and therapies:

Is your group providing volunteers/personnel that are interacting with participants while they are mounted? ***YES NO***

If YES, those individuals must arrange to attend a volunteer orientation and training at Chastain Horse Park. Please email the volunteer coordinator in order to make those arrangements: volunteer@chastainhorsepark.org

When is your group available to schedule visit(s)?

How did you hear about Chastain Horse Park? ⃝ Board Member ⃝ CHP Volunteer ⃝ Client ⃝ Staff ⃝ Friend

⃝ Relative ⃝ Media, if so which: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃝ Web search, which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ Organization, if so which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ ⃝ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional information you would like to share about your group?

It’s important you include any information that would potentially be relevant to Chastain Horse Park as you apply to participate in equine assisted activities. There are several precautions and contraindications to engaging in equine activities and we want to make sure that we have enough information (especially medical) from you to decide whether this is a suitable and appropriate activity.

*Pages 7-8 completed by participants. \*****Page 7 requires signature of a health care provider***

**OUTREACH PARTICIPANT PAPERWORK**

**Group Affiliation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_**

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:** M or For Other **Height:** \_\_\_\_\_\_\_\_ **Weight:** \_\_\_\_\_\_\_\_

Race or Ethnicity*:* ☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐ Hispanic or Latino ☐Native Hawaiian or Pacific Islander ☐White ☐Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Choose not to answer

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School OR place of employment & occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN CASE OF EMERGENCY:**

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL RELEASE:**

In case of an emergency, I give permission to Chastain Horse Park to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

**PHOTO RELEASE:**

I consent to and authorize the use and reproduction by Chastain Horse Park or PATH Intl. 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.

**LIABILITY RELEASE:**

I acknowledge the risks and potential risks of a horseback riding program and equine related activities including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the individual I care for are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Chastain Horse Park, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of Chastain Horse Park property, equipment, or facilities.

**WARNING: Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated. I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 18 years of age, your parent/guardian must sign this form**

**Print Name of Signer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant ***has a medical condition or disability***, please provide CHP with pertinent health history information that may impact participation in our activities/services for example (i.e. seizures, catheters, hemophilia, Down Syndrome-atlantoaxial instability, etc.) You must complete page 7.

If the participant ***does not have any medical conditions or disabilities*** please sign below verifying this statement—you will not need to complete page 7.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 18 years of age or a dependent adult, your parent/guardian must sign this form**

**MEDICAL HISTORY/RELEASE**

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis (if applicable) or Health Issue(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If needed, please attach additional information)*

Date(s) of Onset\_\_\_\_\_\_\_\_\_\_

\*Persons with **DOWN SYNDROME**: Cervical x-ray—Atlanto-axial instability: Date\_\_\_\_\_\_\_\_\_\_\_\_\_ positive\_\_\_ negative\_\_\_

Certification by a physician that an examination did not reveal AAI or focal neurologic disorder is mandatory.

If AAI or neurologic disorder is present—participating in mounted equine activities is a contraindication.

Tetanus Immunization: Date\_\_\_\_\_\_\_\_ Seizures: \_\_\_no \_\_\_yes: Type/describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past surgery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobility: Independent ambulation Crutches Braces Wheelchair Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate current or past special needs in the following systems/areas, including surgeries:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| **Auditory** |  |  |  |
| **Visual** |  |  |  |
| **Tactile Sensation** |  |  |  |
| **Speech** |  |  |  |
| **Cardiac** |  |  |  |
| **Circulatory** |  |  |  |
| **Integumentary/Skin** |  |  |  |
| **Immunity** |  |  |  |
| **Pulmonary** |  |  |  |
| **Neurologic** |  |  |  |
| **Muscular** |  |  |  |
| **Balance** |  |  |  |
| **Orthopedic** |  |  |  |
| **Allergies** |  |  |  |
| **Learning Disability** |  |  |  |
| **Cognitive** |  |  |  |
| **Emotional/Psychological** |  |  |  |
| **Pain** |  |  |  |
| **Behavioral/Social** |  |  |  |
| **Other** |  |  |  |

The required signature serves as evidence that you (individual, parent or legal guardian) have supplied the completed “health history” and that, to the best of your knowledge, it is up to date and accurate. A “health history” is a current record of one’s past and present health status.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 18 years of age or a dependent adult, your parent/guardian must sign this form**

***A Health Care Provider must complete the following:***

**\*HEALTH CARE PROVIDER:**

**Given the above information, this person is not medically precluded from participating in supervised equestrian activities at Chastain Horse Park. Equine Activities will not be a contraindication to them.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD PA NP Other Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_**

**Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Thank you for your assistance with this application.* PLEASE RETURN TO Chastain Horse Park**