



Exceptional Horseback Riders of Saginaw County, Inc. Michigan 4-H Proud Equestrian Program Member Forms

Michigan 4-H Proud Equestrians Program (PEP) Parent/Guardian-Adult Rider Informed Consent & Release of Liability Agreement

This form is valid for a period of one year from the date signed.

No individual can be accepted for riding instruction in the Michigan 4-H Proud Equestrians Program until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult age 18 or older.

I/we assume the risks and accept the consequences involved in the participation of:

_____ Member/Rider Name

in the Michigan 4-H Proud Equestrians Program (PEP): **Exceptional Horseback Riders of Saginaw County, Inc.**, in the county of Saginaw.

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we accept the responsibility for complying fully with all safety rules and practices and I/we will consult with the instructor and/or local director of the Michigan 4-H Proud Equestrians Program for advice in circumstances where safe practices are in doubt.

I/we hereby release Michigan State University, Michigan 4-H Proud Equestrians Program and Exceptional Horseback Riders of Saginaw County, including their instructors, staff and volunteers, from any liability for injury that may result from participation in the program. This release does not encompass "gross negligence."

I/WE HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Signature: _____ Date: _____

Please check one Parent(s) Guardian Adult Rider

Witness: _____ Time: _____



Exceptional Horseback Riders of Saginaw County, Inc. Michigan 4-H Proud Equestrian Program Member Forms

Michigan 4-H Proud Equestrians Program (PEP) Parent/Guardian-Adult Rider Video, Film and Photography Release Form

This form is valid for a period of one year from the date signed.

No individual can be accepted for riding instruction in a Michigan 4-H Proud Equestrians Program until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or over.

Note: Participation in a Michigan 4-H Proud Equestrians Program as a rider is **not** contingent on an affirmative (yes) response on this "Parent/Guardian-Adult Rider Video Film and Photography Release Form."

I authorize Michigan State University to record the image and/or voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and /or altered in any form or manner without future or further compensation or liability, in perpetuity.

Yes No

Full Name of Subject: _____

Name of Parent/Guardian (if subject is under 18 years old): _____

Address: _____

City: _____, Michigan Zip: _____

Signature: _____ Date: _____
Parent/ Guardian

Signature: _____ Date: _____
Adult rider over the age of 18



Exceptional Horseback Riders of Saginaw County, Inc. Michigan 4-H Proud Equestrian Program Member Forms

Michigan 4-H Member Enrollment Form

* Required Information

Personal Information

County of 4-H Participation: Saginaw

4-H Club/Group: Proud Equestrian Program

*First Name _____ MI _____ *Last Name: _____

Alternate Name _____

New Member? Yes No

*Birthdate (mm/dd/yyyy) ____/____/____

*Primary Phone (____) _____

Mobile (____) _____

*Primary Email: _____

Secondary Email: _____

Do you want to receive text messages? Yes No Mobile Carrier: _____

School Name: _____

*Military Family Yes No

Military Families are those that have an immediate family member (parent/guardian; step-parent; sibling) regardless of branch.

Status: Active Reserve Retired Branch: _____

Do you want 4-H Mailings? Yes No Do you prefer email newsletter? Yes No

Does this participant have health considerations or special needs: Yes No

If yes, please describe _____

Address Information

*Street _____

*City _____, Michigan * Zip _____

Demographic Information

*Gender Female Male Ethnicity (Optional, Select One) Not Hispanic Hispanic

*Residence Farm Rural/Town <10,000

Race (Optional, Select all that apply) Asian White Black

Town 10,000- 50,000

American Indian Hawaiian/Pacific Islander

Suburb >50,000 City >50,000



**Exceptional Horseback Riders of Saginaw County, Inc.
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Michigan 4-H Member Enrollment Form

* Required Information

Parent Information

****Parent/Guardian 1***

First Name _____ Middle Initial _____ Last Name _____

Mobile phone (____) _____ Home phone (if different from prev. page) (____) _____

Address (if different from prev. page): Street: _____

City _____, Michigan Zip _____

Parent/Guardian 2

First Name _____ Middle Initial _____ Last Name _____

Mobile phone (____) _____ Home phone (if different from prev. page) (____) _____

Address (if different from prev. page.): Street: _____

City _____, Michigan Zip _____

Program Information

Club Membership: Exceptional Horseback Riders of Saginaw Project Area: Proud Equestrian Program

Code of Conduct

Positive behavior is a key expectation for youth and adults participating in 4-H activities – behavior that reflects trustworthiness, respect, responsibility, fairness, caring and citizenship. Participants are expected to exhibit good sportsmanship and follow all event rules. Theft, vandalism, the use of illegal drugs and alcohol, inappropriate or threatening behavior that violates the rights of others, and other such offenses are strictly prohibited, and anyone involved with these offenses will immediately be sent home at his or her own expense. If it is determined by 4-H staff or persons in charge of the activity that the offense warrants it, the offender will be turned over to the proper authorities. Participants are expected to take responsibility for their own actions and encouraged to inform their 4-H leader or 4-H Staff if another person is mistreating them.

As a participant in the 4-H program your child may be asked to help with the evaluation of the program. Your child may be asked to complete a short survey about what he/she learned or did as a result of the program. Surveys could be given before the program begins and /or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. Youth are not required to participate in the survey. If you or your child does not wish to participate it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office.

Signatures

*Applicant _____ Date _____

*Parent/Guardian _____ Date _____



Exceptional Horseback Riders of Saginaw County, Inc. Michigan 4-H Proud Equestrian Program Member Forms

Participant Emergency Treatment Form

This form is valid for a period of one year from the date signed

No individual can be accepted for riding instruction in a Michigan 4-H Proud Equestrians Program until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or over.

Date _____ New Participant Return Participant School Attending _____
 Participant: Full Name _____ Date of Birth (mm/dd/yyyy) _____
 Mailing Address: Street _____
 City _____, Michigan Zip _____
 Primary Phone: (_____) _____
 Diagnosis _____ Age of onset _____
 Age _____ Height _____ Weight _____
 Previous Riding Experience? Where? _____
 Parent/Guardian: Full Name _____ Phone (_____) _____
 Mailing Address: Street _____
 City _____, Michigan Zip _____
 Physician: Name _____ Phone (_____) _____
 Address: Street _____
 City _____, Michigan Zip _____

Person who should be notified in case of emergency in absence of parent/guardian:

Name: _____ Phone 1 (_____) _____
 Relationship to Rider _____ Phone 2 (_____) _____

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT

You are being asked to complete this form to give an appropriate medical facility permission to treat _____ (participant's name) for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Preferred Medical Facility _____

Is there a medical condition, allergy, etc...requiring special precaution or treatment? Yes No

If yes, please describe: _____

Medications currently being used? Yes No If Yes, please list names, purpose and dosage _____

In case of medical emergency: The undersigned authorizes the Michigan 4-H Proud Equestrians Program instructor and/or program coordinator to seek any medical and/or surgical treatment necessary for the care of _____ who is participating in the Michigan 4-H Proud Equestrians Program with parent/guardian permission and with the permission of his/her physician (name) _____.

HEALTH INSURANCE

Name of Policyholder & Relationship to Participant: _____

Policyholder's Address: _____

Please attach a photocopy of both sides of our insurance card (preferred) OR complete the insurance information requested here.

Name & Address of Insurance Company _____

Insurance Company Phone Number (_____) _____ Policy/Group Number _____

Name of Policyholder's Employer _____

REQUIRED SIGNATURES

The above designated person(s) is(are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature: _____ **Date:** _____

Parent Guardian Adult Participant (circle appropriate title)

Witness: _____



Exceptional Horseback Riders of Saginaw County, Inc. Michigan 4-H Proud Equestrian Program Member Forms

Down Syndrome Participant Evaluation

This form is valid for a period of one year from the date signed
To be signed and dated by parent/guardian and/or adult rider as well as examining physician

Full Name: _____

Address: Street _____

City: _____, Michigan Zip _____

There is increasing evidence from medical research that up to 10% of individuals with Down Syndrome suffer from a condition known as Atlanto-Axial Dislocation, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes Down Syndrome individuals to the possibility of injury if they participate in activities that hyperextend or radically flex the neck muscles. Due to the nature of the activity of horseback riding and sincere concern for the welfare of the students in the program, the Michigan 4-H Proud Equestrians Program is able to accept an individual with Down Syndrome for riding instruction only after he/she has been examined (including x-ray views of full extension and flexion of the neck) by a physician who understands the nature of the Atlanto-Axial Dislocation condition.

Parent/Guardian and /or Adult Rider Consent

I, the undersigned parent/guardian or adult rider, have read and understand the above message and do hereby consent to and authorize the physician's examination, or release of the results if the examination has already been performed, prior to the student's beginning riding instruction.

X _____ **Date:** _____

Signature of Parent/Guardian and/or Adult Rider

Physician's Statement

On examination of the participant, whose name is noted at the top of this page, and upon review of the rider's cervical spine x-rays, including full flexion and full extension view, I find the rider has:

- Check One:** No evidence of Atlanto-Axial Dislocation
 Positive or equivocal evidence of Atlanto-Axial Dislocation

Physician's Signature: _____ **Date:** _____

Please Print:

Physician's Name: _____ Phone: (____) _____

Address: Street _____

City: _____ State: _____ Zip _____

This evaluation is not valid until the date and signature of the parent/guardian or adult rider and physician is affixed.



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Physician's Referral for Horseback Riding

This form is valid for a period of one year from the date signed

No individual can be accepted for riding instruction in a Michigan 4-H Proud Equestrians Program until this form has been completed by the participant's physician.

Participant's Name: _____ Date: _____

Address: Street _____

City _____, Michigan Zip _____

Date of Birth: _____ Height: _____ Weight _____

Parent/Guardian's Name _____

The Michigan 4-H Proud Equestrians Program is a therapeutic horseback riding program designed to benefit the riders physically, socially, and emotionally. Only certified therapeutic riding instructors who meet the requirement is used at all times. Volunteers and horses are trained to meet the needs of the riders.

In order to ensure the riders' fullest possible protection and greatest personal benefit from the program, every rider is required to furnish the following medical information before being accepted as a riding student.

Diagnosis: _____ Date of Onset: _____

If diagnosis is Down Syndrome, this form must be accompanied by one of the following documents:

1. Michigan 4-H Proud Equestrians Program Down Syndrome Rider Evaluation
2. A signed, dated statement from a qualified physician giving the date and result of a diagnostic x-ray for Atlanto-Axial Dislocation Condition.

NOTE: Because of the nature of the activity of horseback riding, no individual diagnosed as having Down-Syndrome can be accepted for riding instruction without proof of a negative diagnostic x-ray for Atlanto-Axial Dislocation Condition.

Medical History: _____

Surgical Procedures: _____

Medications/Purpose/Dosages _____

Defects Present In: Sight Hearing Speech Neuro-sensation
 Muscle Tone Balance Coordination Mobil

Are braces or other assistive devices used? Yes No
 Specify: Crutches Wheelchair Walker Other

NOTE: Due to the nature of the activity, indwelling spinal rods are contraindicative to horseback riding.

Comment if Applicable: Seizures: _____
 Incontinence: _____
 General Comments: _____

In my opinion, the patient named can receive riding instruction under appropriate supervision.

Physician's Signature: _____ **Date:** _____ **Phone:** (____) _____
 Address: _____



Exceptional Horseback Riders of Saginaw County, Inc. Michigan 4-H Proud Equestrian Program Member Forms

Physical or Occupational Therapist and/or Teacher Assessment

This form is valid for a period of one year from the date signed

Participant's Name: _____ Date: _____
Address: Street _____
City _____, Michigan Zip _____
Age _____ School Name or Group Affiliation: _____
Diagnosis: _____

The Michigan 4-H Proud Equestrians Program is a therapeutic horseback riding program designed to benefit the riders physically, socially, and emotionally. Only certified therapeutic riding instructors who meet the requirements for approval by Michigan 4-H Youth Development are qualified to teach in the program. Appropriate safety equipment is used at all times. Volunteers and horses are trained to meet the needs of the riders.

In order to ensure the fullest possible protection and greatest personal benefit for each rider, you are asked to furnish the following information, to be used in conjunction with the rider's Physician's Referral, in developing his/her individualized program. All information is maintained in confidentiality as prescribed by Public Laws 94-142.

Rider is not currently working with therapist or teacher (Parent/Guardian or Adult Rider please sign below)

Physical Limitations: _____

Precautions to be observed:

Mounting: _____

Riding: _____

Dismounting: _____

NOTE: Mounting blocks and ramps are available for use as needed.

Suggested Exercises: _____

Pre-ride: _____

Mounted: _____

Post-ride: _____

Social/Emotional Responses: _____

Attitude: _____

Communication: _____

Behavior: _____

Suggested areas to be improved through participation in the Michigan 4-H Proud Equestrians Program

Comments: _____

Signature: _____ or Signature: _____

Physical / Occupational Therapist / Teacher (Circle One)

Parent / Guardian / Adult Rider