

245 Harmony Rd Slippery Rock, PA 16057 Phone: 724-738-4010 Fax: 724-738-4014 www.sru.edu/stormharbor



### **Participant Rules**

- 1. All participants must wear...
  - A helmet at all times while riding and while in the arena or stall area.
  - Long pants when riding.
  - Hard-soled shoes or boots with a small heel while riding and while in the arena or stall area.
  - A nametag.

Participants are asked to refrain from wearing dangling jewelry or clothes that are excessively baggy.

- 2. Participants must be at least 4 years old to participate in riding lessons.
- 3. If you are unable to attend your scheduled lesson, call ASAP. After 3 absences with no notification, you lesson time will be voided.
- 4. Lessons will be cancelled in the event of...
  - Severe Thunderstorms
  - Snowy/icy road conditions
  - Temperature above 90°F

An employee will contact you if lessons are cancelled. You may call to inquire about the status of lessons.

- 5. Arrive 5-10 minutes early for your lesson. If you are late, your lesson time will be cut short.
- 6. Sign in/out when entering and exiting the barn.
- 7. Parents are asked to stay outside of the arena during lessons. Parents and guests may view lessons from the classroom, where there is seating available.
- 8. There is NO SMOKING in the facility or on the grounds.
- 9. Do not feed anything to the horses unless approved by the director or an employee.

I have read and understand the Participant Rules.

[	Date
Signature (parent/quardian signature if under 18)	





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# **Participant's Application and Health History**

#### **GENERAL INFORMATION** Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Age:\_\_\_ Height:\_\_\_ Weight:\_\_\_ Gender: M F Address\_\_\_\_\_ Phone:\_\_\_\_\_ Alternative #:\_\_\_\_ Email:\_\_\_ Employer/School:\_\_\_\_\_ Address:\_\_\_\_\_ Phone: Parent/Legal Guardian Name (if under 18) Caregivers: Address (if different from above):\_\_\_\_\_ Phone: **HEALTH HISTORY** Diagnosis:\_\_\_\_\_ Date of Onset:\_\_\_\_\_ Please indicate current or past special needs in the following areas: Yes No Areas Comments Vision Hearing Sensation Communication Heart Breathing Digestion Elimination Circulation Emotional/Mental Health Behavioral Pain Bone/Joint Muscular Thinking/Cognition Allergies Other

# Storm Harbor Equestrian Center 245 Harmony Rd

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dose and frequency):		
Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):		
PHYSICAL FUNCTION (e.g., mobility skills such as transfers, valking, wheelchair use, driving/bus riding)		
PSYCHOSOCIAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns, etc.)		
<b>GOALS</b> (i.e., why are you applying for participation? What would you ke to accomplish?)		

#### Storm Harbor Equestrian Center 245 Harmony Rd

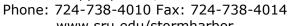
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# **PHOTO RELEASE**

□ DO NC	т
Equestrian Cer audio/visual m	d authorize the use and reproduction by Storm Harbor nter of any and all photographs and any other aterials taken of me for promotional material, tivities, exhibitions or for any other use for the benefit of
	Date:
Signature (par	ent/guardian signature if under 18)
	LIABILITY RELEASE
horseback riding child/my ward a legally bound, for waive and reling against the Storinstructors, the injuries and/or participating at	(print name) would like to participate at the Storm an Center. I acknowledge the risks of equine activities and g. However, I feel that the possible benefits to myself/my are greater than the risk assumed. I hereby, intending to be or myself, my heirs, assigns, executors, and administrators, quish and release forever any and all claims for damages on Harbor Equestrian Center, its board of directors, rapists, aides, volunteers, and employees for any and all osses that I/my child/my ward may sustain while the Storm Harbor Equestrian Center, or in programs run by we read and understand all information provided.
	Date:
Signature (pare	nt/guardian signature if under 18)
	eviewed or decline reviewing the Zoonoses packet enter):   Yes  No



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# **Emergency Medical Treatment**

Name	Phone	
Date of Birth	Physician's Name	
Preferred Medical Facility_		
Health Insurance Compar	y Policy #	
Last Tetanus Shot Date		
In case of emergency, co	ntact:	
_ ,,	Phone	
	Phone	
	Phone	
or injury during the proce property of the Storm Har Harbor Equestrian Center transportation if needed,	ncy medical aid/treatment is required due to illess of receiving services, or while being on the bor Equestrian Center, I authorize the Storm to secure and retain medical treatment and and release client records upon request to the gency involved in the medical emergency	
Sign below ONE of th	e following plans:	
Consent Plan		
	s x-ray, surgery, hospitalization, medication, a	and
	deemed "life-saving" by the physician. This ked if the person(s) above is unable to be read	ched.
Signature (parent/guar	dian signature if under 18) Date	
Non-Consent Plan		
illness or injury during the property of the agency. In	for emergency medical treatment/aid in the case process of receiving services or while being on the event emergency treatment/aid is required ures to take place:	n the
Signature (parent/guar	dian signature if under 18) Date	



Slippery**Rock**University

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# **Confidentiality Policy**

It is the policy of the Storm Harbor Equestrian Center to keep confidential all medical, social, referral, personal, and financial information regarding participants, volunteers, and staff. This information will not be shared or disclosed to individuals outside the operation of this center without the express written permission given by the individual concerned.

It is understood by all the individuals working or volunteering at this center that this confidentiality code will be maintained and adhered to in order to protect the privacy and personal dignity of all individuals associated with the day-to-day operations of this center.

Confidential information may be shared between center staff in cases where it will assist planning for the equestrian lesson.

Violation of this policy by anyone involved at the Storm Harbor Equestrian Center can result in immediate expulsion from all activities at the center, as determined by the program director and the board of directors.

Harbor Equestrian Center.	•
Signature (parent/quardian signature if under 18)	Date

I understand and will observe the confidentiality policy of the Storm