



SunCatcher Therapeutic Riding Academy, Inc.

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www.SunCatcherTRA.org

FOR OFFICE USE ONLY (Rev 9/2022)

Pt 1 (Info) _____

Pt 2 (Health) _____

Pt 3 (Release) _____

Pt 4 (Phys) _____

Rider: New Current Past

Application, Code of Ethics, and Physical must be completed and returned to our office for Registration.

Date: _____ Date of Birth: _____ Age: _____ Circle: Male/Female

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Primary Contact Email: _____

Applicant's disability: _____ Age of Onset: _____

Check type of living situation:

_____ Residential facility – Name of facility _____

Address of facility: _____ Phone: _____

_____ Private Home/Apartment

Primary Contact Person: _____ Phone: _____

Primary Billing Person: _____ Phone: _____

Primary Scheduling Person: _____ Phone: _____

Parent/ Legal Guardian _____ Relationship to Applicant _____

Phone Home: _____ Cell: _____ Work: _____

Address: _____

Place of Employment: _____

Parent/ Legal Guardian _____ Relationship to Applicant _____

Phone Home: _____ Cell: _____ Work: _____

Address: _____

Place of Employment: _____

Name of person filling out application form _____

Relationship to Applicant _____

Emergency Contact and Consultant

In the event a parent/guardian/primary contact cannot be reached, who should be contacted regarding medical care or other issues?

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

How did you first hear about our program? _____

Has the applicant ever attended SunCatcher Therapeutic Riding Academy? ___ Yes ___ No When _____

Has the applicant ever been involved with therapeutic horsemanship? ___ Yes ___ No

Has the applicant ever had any experience or exposure to a horse? ___ Yes ___ No

If yes to either, please describe experience: _____

What goals would applicant like to accomplish? _____

2023 Programs Offered

Please check the programs(s) in which applicant wishes to be enrolled:

___ Equine-assisted therapeutic horsemanship sessions (Weekly Hour-Long Sessions May thru October)

___ Special Olympics Equine-assisted therapeutic horsemanship sessions (15 hours training May - July)

- a. The two best session times for us are (morning/afternoon/evening): _____
- b. The two best days of the week (M-Thurs) for session for us are: _____

Session Options (please select all interested):

NEW in 2023: Sessions will run for 5 weeks, with the 6th week being for make-up sessions as needed!

___ Spring Sessions: May 1 - June 10

___ Summer One Sessions: June 12 - July 29 (extra week due to Special Olympics week)

___ Summer Two Sessions: July 31 - September 16 (extra week due to closed Rally Week)

___ Fall Session: September 18 - October 27 (cannot guarantee 5 rides as weather is unpredictable!)

___ Special Olympics Equine Sessions: May 1 - July 15; may include occasional weekend or 2-hr sessions.

Please circle all types of sessions you are interested in: Western English Bareback Pad Groundwork Only

The best payment option for us is to:

- a. Pre-pay for each 5-week session at \$50/each week, with guaranteed 5 rides in 2023 (\$250)
- b. Bill me at end of each 5-week session at \$60/each week, with guaranteed 5 rides in 2023 (\$300)
- c. Groundwork only sessions, ½ hour long, \$30/each week (\$150 every 5-week session)
- d. Bill us at the end of each session, for only days attended (\$65/each day)

Financial Aid

SunCatcher offers RiderShips to individuals who need financial assistance for paying for sessions, thanks to the generosity of individuals, organizations, and grants in our community. These funds do not pay 100% payment but do allow us to take some of the strain off our families as they are needed.

___ Please send me the RiderShip application; I am aware these funds are first come first serve.

I verify that all provided information is correct to the best of my knowledge and I agree to the terms of payment and volunteering.

Signature parent/guardian

Date

HEALTH HISTORY

**Note: The physician's permission to participate must be completed and on file before sessions begin.
Please see The Physician's Statement Form.**

Applicant Name: _____ Date of Birth _____ Age _____
Current weight _____ Current height _____ Is applicant ___ right-handed ___ left-handed
Check One: ___ with disability ___ without disability
Cognitive Delay (describe ability level) _____ Down's Syndrome
For those with Down's Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + ___ - ___

Allergies

Please check any that apply and describe reaction and treatment

___ hay fever _____ ___ food _____
___ insect bite _____ ___ drug _____
___ Other _____
___ No known allergies

Seizures Type _____ Frequency _____
Behavior/aura prior to seizure _____
Length of seizure _____ Recovery time/behavior _____
Frequency of seizures _____ Date of last seizure _____
Further disability/condition instructions: _____
Are emergency measures needed to stop seizures? ___ Yes ___ No If yes, please explain in detail _____

Health History

Please indicate current or past problems by marking any that apply:	
Hearing	Hearing aids ___ Deaf ___
Vision	Glasses _____
Tactile Sensation	
Heart	
Balance	
Breathing	
Digestion	
Elimination	
Circulation	
Pain	
Bone / Joint	
Muscular	
Epilepsy	
Stroke	
Diabetes	Insulin Dependent?
Asthma	List any irritant/stimulants

Check if applicant is subject to the following:

sunburn frequent colds dizziness/fainting spells constipation arthritis
 bronchitis pneumonia menstrual problems diarrhea high BP
 stroke ear infection infections nausea/vomiting hernia
 ulcer murmur skin rash sore throat
 aids emphysema heart attack hepatitis carrier: type: _____

Special Appliances / Ambulation

Does applicant use a wheelchair? Yes No Long distances only Manual Electric Stroller

Does applicant need assistance transferring? Yes No

Can applicant support weight when transferring? Yes No

Does applicant require assistance in walking? Yes No

If yes, does applicant use: Support from another person Cane Walker Crutches

Describe Gait: Stable Unsteady Walks slowly Falls easily

Does applicant wear or use: Splints Prosthesis Braces

Further special appliances/ambulation instructions: _____

Method of Communication

Can applicant communicate wants/needs Yes No

Does applicant use: Sign Language Communication Board Other

Does applicant understand and respond to questions? Yes No

Can applicant communicate pain? Yes No

Further communication instructions: _____

Social Interaction Skills

Check those behaviors which apply to applicant

No unusual behavior Withdrawn/Shy Verbally aggressive Temper Tantrums

Self Injurious Physically aggressive towards others/animal Attaches self to male staff

Wanders/runs away Physically aggressive towards objects Attaches self to female staff

Explain any checked behaviors, their frequency, and method of dealing with behavior: _____

Is applicant presently on a behavior modification program? Yes No If yes, attach a copy of program.

Medications: What medications are currently being taken, including over-the-counter medication? (attach copy if needed)

This Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Exceptions: _____

Name of person who has completed this form

Signature

Date

RELEASE FORMS:

Participant's Name _____ Date of Birth: _____

Publicity Release: I hereby (circle one) DO / DO NOT consent to give permission to SunCatcher to use any photographs or audio/visual material for promotion, education, publication or exhibition for the purposes of conveying information and marketing SunCatcher Therapeutic Riding Academy, Inc.

Signature of parent/legal guardian/authorized person, or applicant if own guardian

Witnessed by _____ Date

Liability Release: I acknowledge the risks and potential risks of horseback riding, unmounted equine activities, driving, vaulting, and other equine events. However, as I feel that the possible benefits to the participant are greater than the risk assumed, I hereby, intending to be legally bound for myself, my heir and assigns, executors or administrators, waive and release forever all claims for damages against SunCatcher Therapeutic Riding Academy, Inc., its Board of Directors, staff, consultants and volunteers, but not limited thereto for any and all injuries and/or losses which may be sustained while participating with SunCatcher Therapeutic Riding Academy.

Signature of parent/legal guardian/authorized person, or applicant if own guardian

Witnessed by _____ Date

Authorization for Emergency Medical Treatment Form

I hereby give permission for the applicant as named below, that 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 SunCatcher 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 medical emergency treatment.

Participant's Name _____ Phone _____

Address _____

Please list two people who may be contacted in case of emergency.

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____

Preferred Medical Facility _____

Health Insurance Co _____ Policy # _____

_____ **Consent Plan:** This authorization includes x-ray, surgery, hospitalization medication and any treatment procedure deemed "lifesaving" by the physician. This provision will be invoked only if the person(s) listed as guardian or emergency contacts is (are) unable to be reached **Signature required:** _____

_____ **Non- Consent Plan:** I do NOT give my consent 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. _____

Signature of parent, legal guardian, applicant if own guardian, or authorized person **Date**

Witness **Date**

_____ We are unable to obtain signatures at this time. A copy of this selection has been sent to the appropriate individual for signatures and will be mailed to SunCatcher Therapeutic Riding Academy, Inc., prior to the applicant's participation in the program.

SunCatcher Therapeutic Riding Academy: Code of Ethics

The purpose of this Code of Ethics is to ensure the success and reputation of STRA through all the staff, volunteers, parents/visitors who represent the program and the participants we serve. It articulates our core values.

Cleanliness and Appropriate Attire: The image you present will represent SunCatcher. A clean, neat appearance will give SunCatcher the appropriate professional look. Long hair should be tied back; clothing should protect the volunteer, provide comfort, and give a professional appearance. Boots or closed-toed shoes must always be worn when around horses. SunCatcher Shirts and Name Tags should be worn at all Events. You may be the first impression people will have of STRA—let’s give them a good one! (Inappropriate attire: sandals, bare mid-riff or cleavage-revealing tops, baggy or ill-fitting pants, short shorts, offensive/vulgar logos).

Youth Volunteers/Staff: Due to safety and insurance standards, youth volunteers (under 18 years of age) who are working directly with horses (grooming, leading/handling, stall/arena maintenance) will wear helmets (buckled securely) at all times when in close proximity to the horse.

Professional Presentation: SunCatcher Staff, Volunteers, and Participants will use respectful, appropriate language (NO Profanity) at ALL times when representing SunCatcher – at Sessions, Activities, Events, as well as within the Community and while working at the Facility. Respect and compassion for others should be evident in our conduct at all times. Abusive language, disrespectful comments, sexual harassment, or threatening physical movements will NOT be tolerated. Proper horsemanship will be demonstrated at all times.

Confidentiality: Discussion of our program with the Community is encouraged; however, it is of the utmost importance that the names of participants are never used. Services for all participants are provided with one hundred percent confidentiality. If asked by someone about a specific person, respectfully explain that you cannot say. Always practice the Rules of HIPAA! No photos or social media postings will be made without approval by a Board officer.

Dependability: The success of SunCatcher lies in the hands of all Staff and Volunteers. Being dependable and timely for all activities and sessions for which you have committed your time is imperative.

Safety: The safety of all Participants, Volunteers, and Horses should always be our first concern. Many of our procedures and practices have been developed to ensure the safety of all involved. Your full attention, physically and mentally, must be given while involved in a therapeutic horsemanship session. Your focus in any given situation and your ability to follow procedures may well prevent accidents/injuries from occurring. For safety reasons, we do not allow the use of cell phones at any time during sessions or events or any handling of horses. If you must make a call, do it during the break time, which is after all the horses are ready for the next session.

*****As a Staff/Volunteer/Parent/Participant of SunCatcher TRA, I understand the SunCatcher Code of Ethics and agree to follow it at all times. I choose to represent SunCatcher in a manner that is appropriate and respectful, and I agree that I must do no harm to SunCatcher or its reputation. I understand that failure to do so will result in loss of my right to participate in any capacity with SunCatcher Therapeutic Riding Academy. I also understand that I am responsible for ensuring that any visitor I bring to the property or events abides by this Code of Ethics. (Our Code of Ethics is subject to minor changes, but this form is good for two (2) years from date of signing.) Thank you for your cooperation and participation!**

Print Name

Date

Signature

Witness