

Please look over this form and check any applicable boxes or spaces. By making us aware of any medical or safety conditions that you or your child may have, we can better serve your individual needs.

Fleet Equestrian Center, LLC & If Wishes Were Horses, Inc

If you/your child does not have any medical or safety issues (including social, emotional, cognitive, physical, or mental) please check the **NONE** box in the bottom left column.

Medical Information and Student Safety Information

ANXIETY DISORDERS	Check all that apply	MUSCULAR SKELETAL	Write in Specifics
Anxiety-specific:		Scoliosis () Other Musc.Skel. issue ():	
Phobia-specific:		Joint: Hypermobility () Hypomobility () Other ()	
Fear-specific:		Tone: Low/Hypotonic () High/Hypertonic () Other ()	
Panic Attacks () OCD () PTSD ():		Pathological Fractures ()OI () Multi Past Fractures ()	
Selective mutism		Arthritis Rheumatoid () Juvenile () Other ()	
COGNITIVE FUNCTIONING DISORDERS		GASTRO INTESTINAL	
Asperger's (ASD) ADD () ADHD () ADHD w ASD ()		Crohn's disease () Celiac Disease () IBS ()	
Autism: high functioning ASD () moderate ASD ()		GI-specific:	
Pervasive Developmental Disorder () NOS () (ASD)		SKIN DISORDERS/CONDITIONS	
Childhood Disintegrative Disorder (ASD)		Skin specific:	
Developmental Delay-specific:		RESPIRATORY	
Cognitive Impairment/Learning Disabled:		Asthma () Cystic Fibrosis () Other ():	
Mental Disability: Profound () Teachable () Other ()		Respiratory Specific:	
Communication Disorder:		CARDIAC DYSFUNCTION	
Dyslexia		Congenital Heart Defects (MD Rx required)	
MOOD DISORDERS		Specific:	
Mood Disorders-specific:		Acquired Heart Defects (MD Rx required)	
Mood Swings () Aggression () Frustration ()		Specific:	
Major Depressive Disorder () Psychotic ()		Cardiac Dysrhythmias (MD Rx required)	
Depression-specific:		SELF-IMAGE ISSUES & EMOTIONAL ISSUES	
BIPOLAR DISORDERS		Anorexia nervosa () Bulimia nervosa () Obesity ()	
Bipolar 1 () Bipolar 2 () Cyclothymia () NOS ()		Low self-esteem () Social Isolation () Low Confidence ()	
BRAIN INJURIES/DYSFUNCTION (MD Rx required for all)		Negative Self-Image () Self-Inflicted Harm ()	
Apraxia () Ataxia () Aphasia () Anosmia ()		Emotional Issues ()	
Seizures (MD Rx required)		CHROMOSOMAL	
Absence () Myoclonic () Atonic () Tonic () Clonic ()		Down's Syndrome (MD Rx required, 12 mo neg X-ray)	
Grand Mal - gen. tonic-clonic () (MD Rx required)		Chromosome Specific:	
Cerebral Palsy Mild () Moderate () (MD Rx required)		GREIF AND LOSS	
SENSES		Prolonged Greif Disorder () Bereavement/Recent Loss ()	
Impairment: Visual () Auditory () Sensory () Tactile ()		OTHER:	
NONE – No problems/issues/diagnoses for my child/self			

Student Name _____ DOB _____ AGE _____

What do you wish to accomplish w/ horseback riding in terms of medical diagnosis, physical, emotional, cognitive goals?

Or riding goals in general? _____

----- FEC OFFICE USE ONLY -----

	Qualifies for Recreational Therapeutic Horseback Riding for Mild ADA recognized problems/issues/diagnosis. This program is for children in <u>regular classroom settings</u> , able bodied, able minded, no assistance to ride.
	Qualifies for Special Needs Therapeutic Horseback Riding , w/ IEP, self-contained classroom, needs an assistant(s) to ride/lead horse.

Fleet Equestrian Center, LLC &
If Wishes Were Horses, Inc
Release Form and Contact Information 2015-2016

1 Participant's Name _____ DOB _____
2 Participant's Name _____ DOB _____
3 Participant's Name _____ DOB _____

Parent/Guardian(s) Name (client under 18) _____

Home Address _____

Home Phone: _____ Cell Phone _____ Name _____

Work Phone: _____ Cell Phone _____ Name _____

A lot of information is sent by email. May we please have your email address? (For FEC updates only)

Email(s): _____

I prefer to be contacted about cancellations by **email** **text** **phone**

Emergency Contact (If you are not available, who do you want us to call?)

Name: _____ Cell/Other: _____

Other important information: _____

Riders, please be aware that our horses are indispensable when it comes to the livelihood of Fleet Equestrian Center, LLC; therefore for their safety, there is a 200 lb WEIGHT LIMIT for all riders.

Please read, sign, and return the following, knowing that precaution will be taken to ensure the safety of riders/observers/participants, but accidents cannot always be prevented due to the inherent nature of this activity. Persons entering upon the property assume all risks inherent to the nature of this activity. Please be aware: We reserve the right to refuse service to anyone, for any reason. Persons exhibiting disruptive or inappropriate behavior will be asked to leave the premises. "UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA."

I/My Children/Child, _____ have/has permission to participate in the aforementioned activities.

___ Initial I have read & understand the Equine Liability Immunity Act, as it relates to equine participants and observers.

___ Initial I have read the above terms and conditions of this release form and agree to them.

___ Initial Parent/Guardian: I have read the lesson booklet and agree to the terms of the program, set within.

I release and hold harmless Fleet Equestrian Center, LLC, If Wishes Were Horses, Inc, all board members, associates and instructors: Margaret and Bryan Fleet & any Instructors, Assistant or Junior Instructors from any injuries, accidents, and death that may occur due to the nature of this activity.

I am fully responsible for all visitors that I bring onto the premises. Any injury to visiting persons or of property is waived on the same terms as the conditions set above.

Signature

Date