



**T h e r a p e u t i c R i d i n g /
H i p p o t h e r a p y P r o g r a m**
McFadden Ranch 2480 Lane 30 1/2

P.O. Box 151 Ω Greybull, WY 82426 Ω Cindy Hinckley: 765-4773 Ω Sandy McFadden: 765-9684

WHAT TO DO WITH THIS PACKET

FIRST: YOU MAY KEEP THE MISSION STATEMENT & FEE SCHEDULE.

NEXT:

- 1. Fill out the information about what you would like to get out of this program. (p. 1)**
- 2. Fill out Authorization to Treat a Minor (p. 2) if client is a minor.**
- 3. Read and sign the Facility Release Form. (p. 3)**
- 4. Read and sign the Photo Release Form. (p. 4)**
- 5. Fill out the Intake Information and Medical History.
(pp. 5 & 6)**
- 6. Take the Physician's Referral Form and Physician's Approval Form to your Doctor and have him /her fill these out. (pp. 7, 8, 9)**
- 7. Read and sign the Riding Lesson form. Keep the yellow copy and return the white copy to Body & Spirit. – Contact us so we may mail you this form**
- 8. Return all signed forms to the Body & Spirit Program before you start the program.**

If you have any questions concerning these forms please call
Cindy Hinckley at 765-4773 or Marsha Hill at 347-4933.

Thank-you for your time. Looking forward to seeing you.

Body & Spirit Staff



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MISSION STATEMENT

Body and Spirit is a non-profit organization dedicated to providing therapeutic riding activities and hippotherapy to individuals of all ages with emotional, cognitive, physical and/or psychological disabilities within the Big Horn Basin area.



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Body and Spirit Fee Schedule

Body & Spirit offers three (3) programs a year. The winter and fall programs are each 10 weeks. The summer program is 8 weeks. If you are interested in participating in the program, please contact **Cindy Hinckley at 765-4773** or **Marsha Hill at 347-4933**.

Cost:

The cost of each class is: **\$15.00 if paid ahead of or at time of class (\$20.00 if after)**

The cost of ***Winter & Fall*** program (10 weeks) is: \$150.00 (\$200.00 if paid after)

Summer program (8 weeks) is: \$120.00 (\$160.00 if paid after)

If this is a financial hardship please talk to **Tracey Dowling** (Treasurer for Body & Spirit) at **765-9693**.

Body & Spirit is a non-profit organization; the program fees you are asked to pay go directly to Body & Spirit to counteract operational costs. However, fees incurred for a year will only fund approximately 25% of Body and Spirit's annual budget. Therefore Body and Spirit encourages you to help with fundraising projects that will be held periodically throughout the year.

Apparel:

Leather shoes with a heel and long pants are required. Please dress appropriately for the weather. Body & Spirit has access to an indoor arena and an outdoor arena. Some sessions will be outdoors depending on the weather.

Looking forward to hearing from you soon.

Cindy Hinckley, Program Director



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Dear Client and Parent or Guardian,

Body & Spirit Therapeutic Riding and Hippotherapy Program feels that it is important for each client to have a goal or goals that he or she would like to achieve while participating in the program. This not only benefits you as the client, but it helps the **Body & Spirit** team better serve you. **Body & Spirit** would like you to set a goal(s) for yourself and no goal(s) is too small or big (parent or guardians my assist). The following are examples of a few goals.

Circle any of those that are of interest to you.

<u>SELF</u>	<u>PHYSICAL</u>	<u>OVER-ALL</u>
Develop Horsemanship Skills	Balance	
Improve Self-confidence	Coordination	Just have FUN!
Develop Self-discipline	Strength	
Increase Sense of Trust	Flexibility	
Improve Concept of Responsibility	Muscle Tone	
Increase Patience	Spatial Orientation	
Increase socialization	Fine Motor Skills	
Develop Friendships	Posture	
Increase Recreation/leisure Activities	Sensory Processing	
Increase Sense of Normality	Mobility	
Expand Self-image		
Improve Reaction to New Experiences		

In space below, please add anything else that may not have been noted above that would be beneficial to by participating in this program. Thank-you for your time and thoughts in this matter.



Therapeutic Riding /
Hippotherapy Program
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AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parents, parents or legal guardian of _____, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of medical staff and emergency room staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

List any restrictions:

Signature of Parent or Legal Guardian

Date

Address

City

State

Zip

This consent shall remain effective until _____, 200__.



Birth Date _____ Date of Last Tetanus/Toxoid Booster _____

Current Diagnosis _____

Allergies to Medications or Foods _____

Medications or Other Pertinent Information _____

In case of an emergency, please list phone of:

Parent:

Guardian:

Other:



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FACILITY RELEASE AND HOLD HARMLESS AGREEMENT

THE UNDERSIGNED assumes full responsibility for any and all activities at MCFADDEN RANCH. THE UNDERSIGNED does hereby agree to hold harmless and indemnify MCFADDEN RANCH from any liability or responsibility for accident, damage, theft injury, illness or death to the UNDERSIGNED or any property owned by the UNDERSIGNED or to any family member or spectator accompanying the UNDERSIGNED onto the premises.

Reference: Wyoming Statute 1-1-121 through 1-1-123

Signature of participant Date

Signature of Parent/Guardian Date

Address City State Zip

Home phone Business phone



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CLIENT PHOTO RELEASE FORM

The undersigned hereby grants **Body & Spirit Therapeutic Riding and Hippotherapy Program** permission to take or have taken still and moving photographs and films including television pictures of myself. I also, consent and authorize **Body & Spirit** and it's affiliates to use, reproduce, circulate and /or publicize photographs, films and pictures for the use of newspapers, television media, brochures, pamphlets, instructional material, books and clinical material.

Client's Signature

Date

Parent or Guardian – Signature

Date



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INTAKE INFORMATION

Print - Last Name	First	MI	Phone Number
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Address	City	State	Zip
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Parent/Guardian Name	Home Phone	Work Phone
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Address	City	State	Zip
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Emergency Contact Person	Home Phone	Work Phone
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MEDICAL HISTORY

Date of Birth	Height	Weight
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Primary Diagnosis _____

Secondary Diagnosis _____

Other _____

Assistive devices _____

Seizures _____

Present Medications _____

Known Allergies _____

Does the client have any emotional and/or behavioral problems? If yes, please explain:



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What behaviors should be encouraged/discouraged? _____

OTHER INFORMATION

Can the client read? _____ If yes, at what level? _____

Please list any other information that would help **Body & Spirit** better serve the individual.



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Physician's Referral Form

Patient's Name: _____ Age _____
 Parent's/Guardian's Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Date of Birth _____ Height _____ Weight _____

MEDICAL HISTORY

Diagnosis _____ Date of Onset _____

Primary Problem _____

Secondary Problem _____

Other _____

Hospitalizations/Reasons _____

Surgical Procedures/Dates _____

Shunts _____ Implants _____

Appliances _____ Assistive devices _____

Seizures _____ Medications _____

Psychological (I.Q. if pertinent) _____

Professionals/Agencies Involved _____

PHYSICAL

Skin/Circulation _____ Neuro/Sensation _____

Heart/Lungs _____ Balance/Coordination _____

Bowel _____ Bladder _____

Vision _____ Hearing _____

Speech _____ Spasticity/Rigidity _____

Other _____

Precautions/Contraindications to Therapeutic Horseback Riding _____

OTHER INFORMATION

What behaviors should be encouraged/discouraged? _____

Can the client read? _____ If yes, at what level? _____

Please list any other information that would help Body & Spirit better serve the individual. _____



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In my opinion, this patient is able to receive riding instruction under appropriate supervision. In conjunction with **Body & Spirit Therapeutic Riding and Hippotherapy Program**, I concur in the referral of this patient to a Physical Therapist for evaluation of his/her abilities and limitations with regard to horseback riding.

Physician's Signature _____ Date _____

Physician's Name (Print) _____ Phone _____

Office address _____ City _____ State _____ Zip _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



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PHYSICIAN'S APPROVAL

I, the undersigned physician, do declare that therapeutic/hippotherapy horesback riding instruction is a suitable activity for:

Patient's name

In my opinion, this patient has no precautions or contraindications that would prevent him or her from safely participating in the **Body & Spirit Therapeutic Riding and Hippotherapy Program**.

Does the patient have Down's Syndrome? _____
If "yes", please initial after the following statement:

I verify through use of x-rays that include full views of extension and flexion of the neck, that the patient is not at risk from atlantoaxial instability. _____

Comments:

Physicians Signature Date

Physician's Name _____

Phone _____

Office Address _____

City _____ State _____ Zip _____