

Welcome!

Thank you for your interest in the Bonita Equestrian Therapy riding program! Therapeutic riding is a wonderful activity where horses help people achieve amazing things!

Mission Statement: Bonita Equestrian Therapy is dedicated to improving the quality of life for individuals with disabilities by providing equestrian therapy in a safe, effective and compassionate environment.

Students in our program ride specially trained horses with the help of volunteers and an instructor. In conjunction with parents, physicians, and physical therapists, the instructors- trained through the North American Riding for the Handicapped Association- develop riding goals to suit each individual student's needs. Students have exhibited increased balance, coordination, strength, and flexibility and enhanced short-term memory and concentration.

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At this time the program does not offer Equestrian Therapy, which claims to provide therapy and/or treatment. This program does not bill for services rendered by a licensed/credentialed professional such as a physical therapist, occupational therapist, speech-language pathologist, psychologist, social worker, or MDs.

Bonita Therapy has many volunteer opportunities for parents and students. Volunteer opportunities include help with the newsletter, office work, fundraisers, events, grants and more.

Attached is a packet of information and the Rider's Registration and Release Form. The information sheets are for you to keep. The 10-page Registration form must be returned to the Winners Circle office by mail or by bringing it in personally. No fax is available.

Regards,
Roberta Jackson, Executive Director



Riding Schedule:

Students will ride one hour per week at a designated time. Currently, Bonita Equestrian offers lessons on Tuesdays, Thursdays, and Saturdays. Lessons are divided into four 9-week sessions during the year, separated by two weeks – one week for make-up classes and one week as a break for our horses.

Riding Fees:

Realizing that families have different abilities to pay, Bonita Equestrian instituted a voluntary 3 tier pricing program.

Price A \$275 is the subsidized rate and does not reflect the true cost of the operating costs. Price B \$350 & C \$425 reflect more closely the true cost of operation, including the wear and tear depreciation. This program is voluntary and in no way influences the lessons that the students receive.

Restrictions:

Students must be three years old to ride and not weigh more than 175 pounds. The student's primary physician must agree that riding activities will not negatively impact the student's physical, mental, or emotional health in any way and must complete the Physician's Form in its entirety.

Absences:

The office must be notified 24-hours prior to your scheduled lesson. Insufficient absentee notice will be considered a "no show." Three absences or "no shows" may result in the loss of scheduled lessons and fees.

Inclement Weather:

In case of rain or inclement weather, please call the office to find out if lessons have been cancelled. A message will be on the answering machine by 12:00pm for afternoon lessons and by 8:00am for morning lessons.

Make-up Lessons:

Make-up lessons are scheduled the week after each session, or as scheduled by the instructor. Make-up lessons are only offered for classes that Bonita Equestrian cancels (inclement weather, instructor cancellation, etc). Make-up lessons are not offered for lessons that are cancelled by the student/parent.

Apparel:

All students must wear an ASTM helmet. Bonita Equestrian will provide an ASTM helmet or the student may choose to buy one of their own. Students must wear long pants or riding britches. No jersey pants or sweat pants are allowed. Riding boots are the preferred footwear (or similar boots with a low, wide heel). Most sneakers are acceptable though. All footwear must be approved by the instructor and have a closed toe and closed heel. No dangling jewelry or midriff shirts. Long hair must be tied back.



Riding Schedule:

Rider's Name: _____

Please indicate which hours you are available on a weekly basis. Please indicate your 1st, 2nd, and 3rd choice and any additional openings.

	Tuesday	Thursday	Saturday
9:00	___x___	_____	_____
10:00	___x___	_____	_____
11:00	___x___	_____	_____
12:00	___x___	___x___	_____
1:00	___x___	___x___	_____
2:00	___x___	___x___	___x___
3:00	_____	_____	___x___
4:00	_____	_____	___x___
5:00	_____	_____	___x___

Please return this form to the Bonita Equestrian office with the Rider Registration form.



Rider's Registration Form

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ Alternative #: _____ E-mail _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			



MEDICATIONS (include prescription, over-the-counter; name, dose and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc)

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?)



Disclaimer

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By signing this disclaimer you are stating that you understand that Bonita Equestrian Therapy conducts Therapeutic Riding and you are not expecting to receive Therapy.

Signature _____ Date _____
Client, Parent or Legal Guardian



Date: _____

Dear Health Care Provider:

Your patient,

(Participant's name)

Is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Other

Age - under 4 years
Indwelling Catheters/Medical Equipment
Medications - i.e. photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact our center at 619-475-9056.

Sincerely,

Roberta Jackson
Executive Director
Bonita Equestrian Therapy



Participant's Medical History & Physician's Statement

This portion is to be filled out by the participant's physician.

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____
 Shunt Present: Y N Date of last revision: _____
 Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N
 Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + --
 Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the NARHA center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the NARHA center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____
 Signature: _____ Date: _____
 Address: _____
 Phone: _(_____) _____ License/UPIN Number: _____