Dear Participants,

Welcome back, riders! Our horses have been champing at the bit to see you again and we can’t wait for another amazing year of riding, learning and fun. The Farm’s 2025 Therapeutic Riding program - Spring Session is set to begin late March. We are thrilled to welcome back Ross Ste-Croix for a second term as Executive Director - with his strong leadership, the stables are bound to thrive. The WindReach team looks forward to bringing you and our community new and innovative programing this year. Here’s to a fabulous year ahead. See you in the arena!

In this package you will find our updated forms. Please take note of the following points:

* Please be sure to take note of the registration deadlines. It is your responsibility to get your forms and payments to us on time.
* **Group lessons are $60.00/lesson (1 hour in length), semi-private are $70.00/lesson (40 minutes in length) and private lessons are $75.00/lesson (30 minutes in length).**
* All riders are charged a $5.00 Canadian Therapeutic Riding Association fee once a year for insurance purposes and a 5% property maintenance fee will be applied to every invoice. The most effective way to pay is by E-transfer to [accounting@windreachfarm.org](mailto:accounting@windreachfarm.org)
* This package includes all forms needed to register for riding lessons, a new helmet policy and the 2025 Lesson Program Calendar. It lists all the lesson dates, program breaks, and special events. If there are changes to the calendar as the year progresses, we will email you a copy.
* **Please read the helmet policy included in the package, write the date of helmet purchase on the appropriate form, and include a copy of the receipt.**

If you are unclear how to fill out the documentation and/or what is required, please feel free to contact us in the stables office and we’ll be happy to clarify for you.

Sincerely,

Marie Akins

Therapeutic Riding Program Coordinator

905.655.5827 x. 221

[stables.coordinator@windreachfarm.org](mailto:stables.coordinator@windreachfarm.org)

**WindReach Farm Helmet Policy**

RIDING HELMET SAFETY AND INSURANCE REQUIREMENTS

To ensure safety and to meet insurance standards for all CanTRA member centers, the following requirements are to be in place:

* SEI/ASTM-approved riding helmets are required for all participants in mounted activities. Please check helmet labels for these approved standards. For the list of additional approved riding helmets see Equestrian Canada, Section A: General Regulations, Headgear Standards.
* **Helmets should be replaced five years from the purchase date, and a logbook kept with the date of purchase, to include details of the helmets, and the invoice stapled to the page; the helmet should also be replaced after a fall, or if the helmet is dropped on hard ground.**
* This policy applies to riding lesson participants, as well as to instructors and volunteers when schooling and exercising horses.
* Program participants are also required to wear riding helmets when grooming or working around a horse.
* It is the instructor's responsibility to ensure that each rider is wearing a correctly fitted helmet before being mounted.
* Definition of a correctly fitted riding helmet:
  + No hair tucked up into the helmet, such as a top knot, braids, ponytail or loose hair.
  + No head coverings, skull caps, balaclavas worn under the helmet.
  + For maximum safety, and to meet liability insurance requirements in the event of an accident, the riding helmet must fit directly to the rider's skull.

**Rider’s Frist name & last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please write the date of helmet purchase here and include a copy of your receipt:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fitting Helmets**

**The following are important points to remember when fitting helmets:**

* Each rider MUST wear an ASTM or SEI approved helmet.
* The helmet must be fitted properly, fitting snuggly but without creating pressure or being uncomfortable.
* Ponytails may need to be removed or lowered to accommodate a helmet comfortably. Hair clips should also be removed.
* No hats, skull caps or balaclavas should be worn under a helmet.
* Various brands of helmets fit differently, and each helmet’s harness can be adjusted for a proper fit.
* The front part of the helmet should rest one inch above the eyebrows and the chin strap should be tight enough not to be pulled up over the chin. **It is important that the helmet fits well to provide adequate protection.**
* Riders with hydrocephalus (fluid on the brain) may have a shunt on one or both sides running down behind the ear. In this case, care must be taken to ensure that the helmet is not too tight as head size can vary from week to week.
* **Never force or push a helmet on.**

**Liability Release**

(Rider)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would like to participate in Horseback Riding Lessons. I acknowledge the risks, and potential for risk, involved in this sport. However, I feel that the possible benefits to myself/my son/my daughter/my dependent/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs as assigns, executors or administrators, waive and release forever, all claims for damages against WindReach Farm, its Board of Directors, Instructors, Therapists, Aids, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my dependent/my ward may sustain while participating in Horseback Riding Lessons.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rider, Parent or Guardian)

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

**Please check ONE of the statements below:**

\_\_\_\_I consent to and authorize \_\_\_\_I do not consent to and do not authorize

the use and reproduction by WindReach Farm of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the programs run by WindReach Farm.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rider, Parent or Guardian)

**Rider Profile & General Information Form 2025**

Name of Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_/\_\_\_/\_\_\_Sex:M  F Other

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_

Main Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Some general information is vital for our instructors and volunteers (only as needed) to be informed of in order to provide a safe, productive and enjoyable lesson environment. Please answer the following questions to the best of your ability.**

Describe any physical, intellectual, emotional, cognitive, or social goals that the participant is looking to obtain through therapeutic riding. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe the participant’s likes and/or other activities that they enjoy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there particular situations which the Rider might find upsetting? i.e. loud noises, proximity to animals, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Rider becomes angry or upset, what is the most effective way to calm them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Rider verbal? \_\_\_YES \_\_\_NO

If no, how do they communicate? \_\_\_Sign language \_\_\_Cards/Boards/I-pad

Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can the Rider understand simple verbal directions and follow them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there ANY other information that you feel we should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby give permission for the individual listed above to participate in therapeutic/recreational riding lessons at The Stables at WindReach Farm.**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Agreement**

Rider: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please initial beside each item to verify that you have read and agree to abide by each statement.***

\_\_\_\_\_\_ I will review WindReach Farm’s Rider Manual prior to my first lesson and agree to abide

by the information therein. This can be found on our website.

\_\_\_\_\_\_ I understand that if I bring sibling(s) or other children, I am responsible for them and will not

leave them unattended. I will ensure that their presence and activities do not distract or upset them,

other participants, or the horses being used in the lessons.

\_\_\_\_\_\_ I will not allow any individuals, including myself, to approach horses or equipment without WindReach

staff or representatives present.

\_\_\_\_\_\_ I understand that it is my responsibility to ensure timely arrival for class and that riders arriving

after the start time of their lesson, for whatever reason, cannot be guaranteed to be mounted, due

to the facility’s daily schedule. No makeup lessons or refunds will be provided.

\_\_\_\_\_\_ I understand that missed lesson(s) will not be rescheduled or reimbursed, unless cancelled by

WindReach Farm.

\_\_\_\_\_\_ I understand that all riders are required to wear long pants, fully enclosed footwear, and an equestrian

helmet and may not be able to ride if not dressed appropriately for the lesson

\_\_\_\_\_\_ I understand that all Rider Registration and Liability Release forms must be completed and

signed by the rider (or parent/guardian). These releases shall remain in effect until explicitly revoked.

\_\_\_\_\_\_ I understand that the Physician Update form must be fully completed and signed by the rider’s

physician as indicated by the physician on the form.

\_\_\_\_\_\_ I understand that the WindReach Farm riding programs are volunteer based and that each rider

is asked to be accompanied to the lesson by an individual who is prepared to assist in the lesson

should the need arise (please refer to the Safety section of the Rider Policy Manual).

\_\_\_\_\_\_ I will review and abide by the general stables regulations as listed in the Rider Policy Manual

which are posted on WindReach farm website and at the stables.

\_\_\_\_\_\_ I understand that I, and any others who accompany me, are to remain within the stables

boundaries and are not to wander over to the farm unless I have called and booked a visit in

advance.

**I have read and agree to comply with all requirements outlined by the above Participant Agreement. This agreement shall remain in effect unless expressly revoked by the rider/parent/guardian, at which time the rider is ineligible to continue with the WindReach Farm riding programs.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian/Rider Date

**Physician Referral Form 2025**

Rider Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_ ( The maximum weight of any rider must not exceed 170 lbs. or 77 kg)

Diabetic:  Yes  No Insulin:  Yes  No Continence:  Yes  No

Epileptic Yes  No If yes, indicate type & frequency of seizures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last seizure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*\*Rider/Guardian please complete a Seizure Release Form\*\*

Cerebral Palsy  Yes  No If yes please specify: Monoplegia Diplegia Quadriplegia Hemiplegia (which side L R)

General Health\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgical Procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Atlanto-Axial X-Ray Verification for Riders with Down Syndrome

Due to the nature of this activity (horseback riding lessons), Down Syndrome with an atlanto-axial instability is a contraindicated condition. A negative atlanto-axial instability x-ray is required. If the rider has Down Syndrome this form must be signed and dated by a qualified physician giving the date and result of the diagnostic X-ray.

 This client does not have Down Syndrome

 This client has Down Syndrome Date of X-Ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Result of X-Ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery & Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulatory  Yes  No If no, specify (wheelchair, braces, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communicable Disease  Yes  No If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please continue next page…**

**Physician Referral Form Continued**

Tone: Upper extremities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trunk\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lower extremities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can the patient sit independently?  Yes  No Can they grasp with their hands?  Yes  No

Visual Impairments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance (Good, Fair, Poor, None): Sitting\_\_\_\_\_\_\_\_\_\_ Standing\_\_\_\_\_\_\_\_\_\_ Walking\_\_\_\_\_\_\_\_\_\_\_

Language:  English  Other (spoken)\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign Language  Yes  No Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech: Good\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Poor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Non-Verbal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ability to understand:  Good  Fair  Poor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any reason why this person should be precluded from a therapeutic riding program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you recommend that this form be updated?  Every year  Every two years  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Every 5 years is WindReach policy**

Physician’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name (please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PC\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **To be completed by the parent/guardian or rider of legal age:**

**Information Release**

**I hereby authorize The Stables at WindReach Farm to release to its instructors and volunteers such information as may be necessary to conduct a beneficial and safe riding program.**

Name of Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release Form for Riders Prone to Seizures**

**(This form is to be completed for any rider who is prone to or has had seizures)**

Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby gives consent for the rider to participate in the therapeutic horseback riding program offered by WindReach Farm. It is understood that there is an increased risk of injury because the rider is prone to seizures (or has experienced seizures in the past). The undersigned hereby releases and discharges WindReach Farm, it’s staff, instructors, agents, volunteers, and board members from any and all claims, demands or actions inclusive of costs that may arise out of the clients participation in the program, including any claims or actions for the injuries sustained by the client while participating in the program, regardless of how such injuries may be caused.

Rider/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2025 WindReach Farm Therapeutic Riding Program Session Registration**

Riders’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate preferred riding day/times (**in order of priority**). We will make every attempt to accommodate your request, however the day/time you select is not confirmed until you receive an email or phone call from administration once the lesson schedule is finalized.

**Session starts and end dates:**

Fall Session: Monday, September 8th – Saturday, December 6th

**Registration Deadline August 20th, 2025.**

**Select Lesson Type**

|  |  |  |
| --- | --- | --- |
| **Type** | **Lesson Cost** | Select |
| Group | $60 |  |
| Semi-Private | $70 |  |
| Private | $75 |  |

|  |  |  |
| --- | --- | --- |
| **NOT RIDING IN THIS SESSION** |  |  |

**Select Time of Day Preference**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | **1st Priority** | **2nd Priority** | **3rd Priority** |
| **Morning** 9am -12pm |  |  |  |
| **Afternoon** 1pm-3pm |  |  |  |
| **Evening 4**pm – 7pm |  |  |  |
| **Same Time as last session** |  |  |  |

**Select Day of Week Preference**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day of week** | **# of weeks** | **1st Priority** | **2nd Priority** | **3rd Priority** |
| Monday | 0 |  |  |  |
| Tuesday | 13 |  |  |  |
| Wednesday | 13 |  |  |  |
| Thursday | 13 |  |  |  |
| Friday 9am – 12pm | 13 |  |  |  |
| Saturday 9am-3:00pm | 12 |  |  |  |

Housekeeping Reminders:

**1)Helmet Requirement**– Equestrian Riding Helmet, fitted properly, no more than 5 years old (ask instructor for help if required)

**2)Attire Requirement** – Long pants. Boots or shoes with thick heels and a riding helmet.

**3)Rider Weight Limit** – 170lbs dependent on rider and horses’ ability

Notes: All riders must pay a one-time yearly $5.00 fee for CanTra insurance, a 5% Property Maintenance fee

on each invoice. Payment: Payment for each session must be paid in full when invoices are issued. issued.

Please do not pay until the rider’s day/time is confirmed.

**Payment Options: 1)** E-Transfer send to accounting@windreachfarm.org (no password required), **2)** Cheque made payable to WindReach Farm  **3)** Cash

A calendar with different colors and numbers

AI-generated content may be incorrect.