



Thank you for requesting the LTRA's registration forms. If you have any questions please call us at 403-328-2165 or email info@ltra.ca

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Therapeutic Riding Information Sheet

Who is eligible? Anyone with a physical or mental disability or behavioral issues on physician's referral. Students must have the Rider Contact, Registration Form and Waiver properly filled out. These forms help the instructor design an appropriate program that is safe and rewarding to the rider.

What is the timetable for classes? Each session runs 6 weeks with a two-week break in between sessions. An individual would come for one hour once a week at the same time every week. *For example every Tuesday from 10 a.m. to 11 a.m.* **Any student that is 10 minutes late will not be able to ride.**

How are classes set up? Each class has a maximum of 4 students, within each class students are taught based on their abilities.

Safety First: To make riding safe the right numbers of volunteers need to be scheduled and this may take some time. Thank you for your patience. Dogs are not allowed in or around while classes are in progress.

The LTRA has a weight restriction of 175 lbs (79 kg) in accordance with the CanTRA safety policy.

How much does it cost? For the 6- week session it costs \$120 plus a \$30 yearly membership fee. Credits only given if LTRA cancels a lesson.

CLASSES NEED TO BE PAID BEFORE THE SESSION STARTS

There are no make-up classes.

Please call to say if you are not coming so volunteers can be notified.

What do I need to bring? Every client must have an aide/ parent with them for safety reasons and wear long pants for riding. If a student comes without a one-on-one aide they will not be allowed to ride.

Dress Code: Long pants, socks, proper footwear includes boots or runners. No tank tops, inappropriate t-shirts, sandals or crocks. Expect to wear boots provided. All Cell phones and Electronic devices must be turned off.

What does LTRA provide? The LTRA provides boots, helmets, safety belts and all horse related equipment.

**If you have any questions please call Eilish at 328-2165.
Please be on time—any student that is 10 minutes late will not be able to ride.**



Lethbridge Therapeutic Riding Association

24 205015 Hwy 512 Lethbridge County, AB T1J 5N8
Telephone: (403) 328-2165 Fax: (403) 317-0235
Email: info@ltra.ca

Rider Contact Information

Rider's Name: _____ Date: _____

Diagnosis: _____

Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (Fax): _____

Email: _____

Likes/ Dislikes: _____

Goal for Riding: (example physical, emotional, behavior, riding skills...) be specific.

Person to contact for scheduling: Must Be Filled In

Name: _____

Phone: (H) _____ (W) _____ (Fax): _____

Occupation: _____

Email: _____

Billing Information:

Name: _____

Address: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (Fax) _____

Photo Release:

I, _____, give the LTRA permission to take pictures of
_____, for specific uses in publications, bulletin boards or
general display.

Signature: _____ (ph) _____



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REGISTRATION FORM– MUST BE FILLED OUT

To be completed by the riding applicant’s attending physician for therapeutic riding and at least every three years after that or more frequently if there has been a change in the rider’s medical condition. This information helps select the rider’s horse and number of volunteers needed to make riding safe. All of this information is treated with the utmost care and regard to privacy and protecting the rider’s identity. Part A and Part B MUST BE SIGNED BY PHYSICIAN IN ORDER TO RIDE.

Part A:

Rider Name: _____

Date of Birth: _____

Medical History

Primary Diagnosis: _____

Secondary Diagnosis: _____

Height _____ **Weight** _____ **Sex** _____

Frequency of Seizures: _____

Medications: _____

For: _____

Please use separate page to detail surgery if needed.

Surgery

Dates:

Part B: To be completed by physician

Can the individual walk: Yes: _____ No: _____

Do they walk with: Lots of help: _____ little help: _____ No help: _____

Does the individual use a wheel chair: Yes: _____ No: _____

Does the individual have a weaker side: Yes: _____ No: _____
Right: _____ Left: _____

Muscle Tone

Tone in upper extremities: Poor _____ Good: _____ Excellent: _____

Tone in lower extremities: Poor _____ Good: _____ Excellent: _____

Tone in trunk: Poor _____ Good: _____ Excellent: _____

Balance sitting: Poor _____ Good: _____ Excellent: _____

Standing: Poor _____ Good: _____ Excellent: _____

Sensory Function: Sight: _____ Hearing _____ Tactile _____

Continence: _____

Allergies: _____

ATLANTO-AXIAL X-RAY VERIFICATION FOR RIDERS WITH DOWN SYNDROME

Date of X-Ray: _____

Result of X-Ray: _____

***Note:** Due to the nature of this activity, persons diagnosed with Down syndrome cannot be accepted for riding instruction without proof of a negative diagnostic x-Ray for atlanto-axial instability. This form must be accompanied by a signed and dated statement from a qualified physician giving the date and result of the diagnostic X-Ray. Please list any precautions (i.e. stretching certain body parts)*

Signature: _____

Date: _____

Printed Name: _____

(Please Print Clearly)

Address: _____

(Please Print Clearly)

Telephone: _____ Fax: _____

**Waiver Form for Lethbridge Therapeutic Riding Association
RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK WARNING**

The Lethbridge Therapeutic Riding Association will be referred to as "LTRA".
The undersigned acknowledges that equine activities undertaken at the facility and grounds of Rainbow Riding Center (the facility at LTRA) have inherent risks.

The LTRA will endeavor to provide reasonable services and to act reasonably, although the LTRA is not able to assure you that the services they, or anyone else at the LTRA facility provides or the horses and animals at the LTRA, will meet your needs or provide a trouble free or risk free experience.

The undersigned releases the LTRA, its agents and employees from all liability and waives, as against the LTRA its agents and employees all recourses, causes of action or claims of any kind for loss or damages, including any consequential loss or damage, and voluntarily accepts the legal risk, thereby expressly giving up any right of action from the physical risk arising from any actions initiated by the undersigned or, by anyone who is not affiliated with the LTRA, who is acting on the undersigned's behalf.

The undersigned further acknowledges and agrees that:

Equestrian activities can be very dangerous and expose all participants to many risks and hazards, some of which are inherent in the very nature of the sport.
As a result of the aforementioned risks and hazards, I may suffer personal injury, property loss or even death as a result of my presence and actions of the facility of the LTRA and any activities I engage in with the LTRA, or in or around the LTRA facility.
Some of the risks and hazards are a foreseeable, but many others are not.
I nevertheless, freely and voluntarily assume all possible risks and hazards and acknowledge that my use of the facilities at LTRA, while participating in any activities, shall be entirely at my own risk, or at the risk of those for whom I am a guardian or caregiver.

I understand that LTRA its agents and employees do not assume any responsibility or liability whatsoever for my actions while I am engaged in any of the activities or using any of the facilities in any way.

I have carefully read this Release, Waiver of Claim and Assumption of Risk, and declare that I understand it and that I am freely and voluntarily executing it.

By signing this Release, Waiver of Claim and Assumption of Risk Warning, I will be FOREVER PRECLUDED FROM SUING OR OTHERWISE CLAIMING AGAINST LTRA its agents and employees for any loss or damage or injury or death I may sustain as a result of my own actions.

I understand that the LTRA will not permit me to use the facilities now or in the future at the Rainbow Riding Center unless I sign this Release, Waiver of Claim and Assumption of Risk Warning.
This Release, Waiver of Claim and Assumption of Risk are binding upon me, my heirs, my executors, administrators, personal representatives, assigns.

Dated: _____
(mm/dd/yyyy)

(Signature of Arena user or Legal guardian)

(Witness)
Student/Rider _____

(Printed name of Student/Rider)

(Printed Name of Witness) _____



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Yearly and Surgical Up-Dating Forms-

**Please fill out this form for September of each year or following every surgery.
Physicians must sign release after each surgery in order for rider to participate in
therapeutic riding.**

Date: _____

Rider Name: _____

Date of Birth: _____

Medical History

Primary Diagnosis: _____

Secondary Diagnosis: _____

Height _____ **Weight** _____ **Sex** _____

Frequency of Seizures: _____

Medications: _____

For: _____

Please use separate page to detail surgery if needed.

Surgery

Dates:

Physician's Signature: _____

Date: _____

Printed Name: _____

(Please Print Clearly)

Address: _____

(Please Print Clearly)

Telephone: _____ Fax: _____

Assistant Hand Book



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If you have any questions about any of the material in this hand book please feel free to ask the Instructor.

This hand book was created to help assistants be better informed and able to support the rider in the best manner possible

BENEFITS OF THERAPEUTIC RIDING

Therapeutic riding is an alternative form of therapy using horses to help people with various disabilities. Activities involving the horse can be used to assist people with disabilities in achieving physical and mental health, and cognitive, behavioral, social and communication goals. In this context, a team approach involving therapeutic riding. Instructors, health professionals and riders who have disabilities, are used in designing and implementing the riding sessions.

Some benefits include:

- Improvement of balance
- Development of coordination
- Mobilization of trunk and pelvis
- Strengthening of muscles
- Normalization of muscle tone
- Prevention of contractures
- Increased confidence and self-esteem
- Improvement of attention span
- Promotion of independence
- Improvement of social integration
- Access to recreation, sport and/or competition
- Increased concentration, motivation and patience

Riders experience a sense of control they might not otherwise feel in their everyday life.

WHO BENEFITS: People with the following conditions may benefit from therapeutic riding. Please note this is not a comprehensive list.

Orthopedic Conditions:

Amputations

Arthritis

Congenital dislocation of the hip

Neurological Conditions/ Brain

Strokes –C.V.A.

Cerebral Palsy

Epilepsy and seizures

Traumatic brain injury

Neurological Conditions/ Spinal Cord

Spina bifida

Spinal cord injury

FITTING HELMETS AND BELTS



- Each rider **MUST** wear an ASTM approved helmet.
- **The helmet must be fitted properly**, fitting snugly but without creating pressure or being uncomfortable.
- 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 chinstrap should be tight enough not to be pulled up over the chin. **It is important that the helmet fit well in order to provide adequate protection.**
- Lightweight helmets are used for riders with poor head control and shunt position.
- Riders with hydrocephalus (water 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.
- Riders wear a wide web belt as an assist for the Instructor during mounting and dismounting. It must **never** be used for side walkers to hold onto or put hand through the loop as a back support. This belt can also be used for emergency dismount. **Belts must be worn on the outside of clothing.**

THE SIDE WALKER

A side walker's primary responsibility is to ensure the safety of the rider. The degree of assistance from the side walker will depend on the balance and the ability of the rider. Side walkers can also help the Instructor in many other ways: i.e. keeping the rider's attention during the lesson, assisting in left/right directionality, spatial orientation, helping the rider understand the Instructor's directions and helping to keep the horse walking on.

SIDE WALKER'S DUTIES

- Introduce yourself and accompany the rider into the ring.
- Assist the Instructor with checking that the rider is wearing a correctly fitted riding helmet before entering the ring and (a belt, if required).
- The Instructor will check the tack and tighten the girth before the rider mounts, but may ask you to check it during the ride. The Instructor or Assistant Instructor will make any adjustments.
- Assist the rider to mount or dismount only if asked by the Instructor.
- The Instructor or Assistant Instructor will help with adjusting the stirrup lengths [ideally before mounting]. Some riders cannot relax quickly so leathers may need to be adjusted during the lesson.
- **Stay with the rider while mounted or in the arena area at all times.**
- The Instructor will tell you which hold is appropriate for each student.
- Walk beside the rider level with the rider's knee. Keep hands free, not in your pockets.
- If the rider starts to lose his/her balance, gently push him/her back into position. Give just enough support to help him/her regain the proper position in the saddle.
- Do not lean on the horses or hang on to the saddle or saddle pad.
- Side walkers who accompany poorly balanced riders need to change sides occasionally to relieve stress on their arms.

- To change sides, ask the horse handler to go off the track and halt. Once stopped, switch sides (one at a time) if two side walkers are present, and always going in front of the horse and handler.
- Reminding the rider to maintain correct posture (i.e. straight line between the shoulder, hip and ankle) where possible.
- Help the rider to carry out instructions, giving the rider time to process the information. To give assistance, use hand over hand, but warn them that you are about to help and touch them.
- During the exercises, pay attention to your rider and assist **only** if necessary.
- In an emergency, follow Instructor's directions.
- At the end of the lesson stay with the rider and help him/her exit the ring and remove helmets and belts before returning to the supervision of their caregiver/parent.

RIGHT SIDE WALKER

- When the rider is mounting, hold onto the stirrup leather and provide enough weight so that the saddle stays straight on the horse (counter weight!).
- Stay level with the rider on the off (right) side of the horse.
- Assist with exercises and movements involving the right side.
- Ensure that the rider's right foot is out of the stirrup before he/she dismounts.

SUPPORTING THE RIDER

It is important the side walkers apply support as directed by the Instructor. Different levels of support may be required depending on the activity or ability of the rider.

Minimum Hold:

The minimum hold is used for riders with good balance needing a little support to steady their position or encourage the leg to stay long and heel down. The side walker will cup the rider's ankle with the hand closest to the rider.

Medium Hold:

The medium hold is used when the rider needs more support and is often used coming out of the mounting block or when trotting. The side walker holds the front of the saddle flap with the hand nearest the rider. The forearm rests just above the rider's knee. **Be careful to keep the thumb lined up with the fingers to prevent injury to the thumb if the horse should stop or turn suddenly.**

Maximum Hold:

The maximum hold is used for riders who need a lot of support. It is basically the same as the medium hold except the side walker's forearm supports the rider at the hip joint. When applied by both side walkers this hold provides a lot of support physically and gives confidence to timid riders.

Full Hold:

This hold is occasionally used to give an unbalanced rider extra security when needed, for example, when riding up and down hills on the trail or when learning to trot. This side walker supports at the knee or ankle with the outside hand and uses the inside hand to support the rider's back.

EMERGENCY PROCEDURES**THERE WILL BE ANNUAL FIRE DRILLS TO PRACTISE
EMERGENCY PROCEDURE**

The Instructor is responsible for riders and horses in the arena and on the trail. Volunteers and caregivers must answer to the Instructor. Please follow all directions and instructions as quickly and safely as possible, especially in an emergency situation.

IF A RIDER FALLS- The Horse Handler should remove the horse immediately.

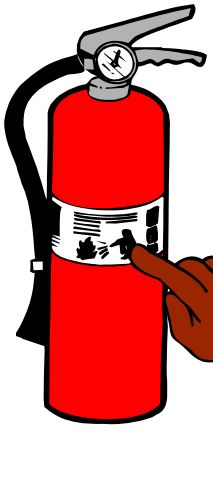
The Side Walkers stay with the rider. **DO NOT** attempt to move the rider without direction from the Instructor. If the rider is unconscious or if back and neck injuries are suspected, the rider **IS NOT TO BE MOVED**. The ambulance must be called.

The Instructor will ask the rest of the group to circle away from the incident. If the fall is not serious, the Instructor may decide to mount the rider again or may wait until a later date. In any case the Instructor concerned must complete an INCIDENT REPORT. All incidents must be reported to the Program Director as soon as possible, and the input from the volunteers is important.

IF THERE IS A FIRE- Riders in the arena are to dismount and exit the arena with side walkers through exit located by the first aid cabinet and proceed into the parking lot and gather at white bleachers. Horse Handlers with horses are to exit arena through large doors that exit immediately outside and proceed through parking lot to pens #7/9. Workers and riders in the barn area are to leave through closest exit and proceed to white bleachers in the parking lot. Once everyone is accounted for, instruction will be given to proceed to a muster point (meeting point) please note where the signs are located.

FIRST-AID SUPPLIES in the white cabinet with red cross in arena next to small door, in the bathroom in stable and in the office.

HORSE FIRST-AID SUPPLIES are in the tool room- for Instructor's and stable managers use only!



FAMILIARIZE YOURSELF WITH ALL EXITS, SAFETY EQUIPMENT AND TELEPHONES.

FIRE PROCEDURES
“CALL 911”

Property ID # 205015 Highway #512

FIRE EXTINGUISHERS are located:

- At **North End of Arena** next to exit
 - Two on the **East Wall** of the arena
 - On **Grain Bin** in stable area
 - At the **South end of Stable** by the small door.
 - At **North end of Stable** by the bathroom
- In the **breezeway** by the Arena doors

All are clearly marked. Once used, the fire extinguisher must be serviced. **DO NOT PUT BACK ON THE WALL.**

Fire Hoses are located:

- **North end of Stable** next to grain bin
- **South end of Stable** next to small door

TELEPHONES: located in the **breezeway in a Red box**, in the office in the kitchen. Emergency numbers are posted beside each telephone with our address.

Evacuation of all persons is the first priority and the highest importance.

Evacuation of horses is secondary and depends on the location of the fire. Volunteers should never attempt to “rescue” stabled horses; leave this to the trained staff. Always follow the directions of the Stable Manager or the Instructor.



THE INSTRUCTOR- will designate someone to call 911.

THE INSTRUCTOR- will give directions and take responsibility for the decision of leaving riders on horses or dismounting if a class is in session.

HORSE HANDLERS will take the horses to area in front of Pen #7 and #9

SIDE WALKERS will assist in transporting students to white bleachers in parking lot.

FARM MANAGER- will do a building sweep and check for horses in the barn.

EVERYONE is to gather at white bleachers in the parking lot.

Assistant's Information Sheet – Part 1

As an assistant you play a vital role in the student's riding program at the LTRA and with your help we can make the riding lessons a success. Please read, sign and return to the LTRA Instructor

What to Expect: You will be participating in class which means you will be in the arena with the horses and volunteers assisting your rider in getting their horse ready (is part of their program). The volunteers are trained to deal with the horses and how we get the students to tack up. However you know your rider and will be asked to help reinforce what the volunteer or instructor has asked.

When you Arrive: Safety is our number one concern so please keep your rider out of the arena until the instructor says it is okay. Each rider must wear an equestrian approved helmet, safety belt and boots, which the LTRA provides. If you expect problems with your rider you are welcome to come out and get a head start. **TURN OFF CELL PHONES AND ALL ELECTRIC DEVICES. Please be on time—any student that is 10 minutes late will not be able to ride.**

Helmets are located on the west wall in the green cupboards with 1 being the smallest and 21 the largest. A properly fitted helmet will sit just above the eyebrows and when the helmet is moved the eyebrows will move too. Hoods and hats interfere with the helmet doing its job. **NO BIKE OR HOCKEY HELMETS (UNLESS APPROVED BY CanTRA and LTRA)**

Safety Belts: The safety belts or transfer belts are used in case of emergency. When the rider is on the horse it is best not to hold the belt as we invariably pull the rider off balance and it can make their back sore. The instructor will show you alternative holds if your rider needs physical support. The belts are to be used if the rider starts to slip off or must be taken off quickly. Yellow belts are small, red are medium and green are large. Belts are to be worn on the outside of clothing.

Boots: The LTRA has a wide range of boot styles and sizes so a pair should fit your rider. If your rider does not like to push their foot into a pair of shoes be prepared. The boots have sizes written on the heels but you may still have to search for a pair that fits properly. Not too big, they fall off and the rider will trip. The exceptions to having to wear boots are if they have AFO's. (leg braces)

During Class: The LTRA provides the volunteers to handle the horses so your job is to be a sidewalker. The sidewalker's job is to provide physical or emotional support to the rider. Making sure the rider is centered on the horse and they follow the directions given by the volunteer or instructor are some of the tasks you will be asked to do. Once your rider works up to it you will be asked to do some running (short distances).

What to Wear: Just a reminder you will be in an arena so wear pants and comfortable shoes. No high heeled shoes, sandals, skirts or dresses. **NO CELL PHONES**

ASSISTANT FORMS PART 2

PLEASE READ THE ASSISTANTS INFORMATION PAGE AND SIGN THE FOLLOWING RELEASED BEFORE ENTERING THE ARENA. RETURN TO LTRA PRIOR TO SESSION START.

Name: _____

Place of Work: _____

Phone: _____ Email: _____

LIABILITY RELEASE

As a rider's assistant, I acknowledge the risks and potential for risks of a horseback-riding program at Lethbridge Therapeutic Riding Association. However, I feel that the possible benefits to me and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against the Lethbridge Therapeutic Riding Association, its Board of Directors, Instructors, Therapists, Volunteers and/or Employees and the Rainbow Riding Center for any injuries and/or losses I may sustain while participating in the Lethbridge Therapeutic Riding Association.

DATE: _____ SIGNATURE: _____

PHOTO RELEASE

I consent to authorize the use and reproduction by Lethbridge Therapeutic Riding Association of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities exhibitions, or for any other use for the benefit of the program.

DATE: _____ SIGNATURE: _____

STANDARDS OF CONFIDENTIALITY

I, _____, recognize that my role as a rider's assistant at Lethbridge Therapeutic Riding Association will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent/instructor/rider in relation to a rider will be discussed only with the personnel of the Lethbridge Therapeutic Riding Association. At no time will I discuss any information about riders with other parents or any other individuals. I recognize that all material and papers pertaining to the rider's care are legal documents and that all information contained therein is confidential

DATE: _____ SIGNATURE: _____

EMERGENCY CONTACT:

NAME: _____

RELATION: _____

PHONE: (w) _____ (h) _____ (c) _____

In case of emergency, I give permission to the Lethbridge Therapeutic Riding Association to secure medical treatment including X-ray, surgery, hospitalization and medication.

DATE: _____ SIGNATURE: _____