



## Sarasota Manatee Association For Riding Therapy

4800 CR 675, Bradenton, FL 34211

941-746-1493

[www.smartriders.org](http://www.smartriders.org)

CH4398

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Dear Parent or Guardian,

Thank you for your interest in Sarasota Manatee Association for Riding Therapy, Inc. SMART is dedicated to providing a quality educational and recreational therapeutic horseback riding and carriage driving program for individuals with special needs.

We have established Participant Eligibility Requirements to assure that we are providing a safe program for all of our students. Please review these requirements carefully before completing the enclosed application.

Once the entire application package has been completed, please return it to SMART. The Participant's Medical History & Physician's Statement MUST be completed and signed by a Physician before participation can begin. After we have received and reviewed the application, the participant will be put on the waiting list. We will call you when we are ready to schedule an initial evaluation lesson.

SMART charges a nominal fee of \$20 per lesson which is payable on a weekly or monthly basis. SMART has adopted a policy to never turn away an eligible rider due to financial reasons. Therefore, if you cannot afford to pay the full amount, please return the enclosed Tuition Assistance Application. Please be assured that all arrangements and discussions will be kept strictly confidential.

Thank you again for your interest and we look forward to meeting you soon! Feel free to call me if you have any questions at 746-1493.

Sincerely,

Janet Parks  
Program Director



Enc: Participants Medical History & Physician's Statement  
Participants Application and Health History  
Release and Assumption of Risk Agreement  
Authorization for Emergency Medical Treatment  
SMART Code of Conduct  
Participant Information  
Tuition Assistance Application



Sarasota Manatee Association for Riding Therapy, Inc. is a Partner Agency of the United Way and is a 501 (c) 3 Organization. All Contributions are Tax Deductible  
CH4398

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE



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### Participant's Application and Health History

Participant's Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Male / Female

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

Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Care Giver: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

What medications are you currently taking, including over-the-counter medications? \_\_\_\_\_

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

Function: (i.e., mobility skills such as transfers, walking, wheelchair use) \_\_\_\_\_

Social: (i.e., work/school included grade completed, leisure interests, relationships, family

Structure, support system, companion animals, fears/concerns, etc.) \_\_\_\_\_

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

### Photo Release

I \_\_\_\_\_ Do

I \_\_\_\_\_ Do Not

Consent to and authorize the use and reproduction by SMART (Sarasota Manatee Association for Riding Therapy) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

Participant, Parent or Legal Guardian



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### Participant's Medical History and Physician's Statement

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 AflantoAxial Instability: \_\_\_\_\_

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

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this persons abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_



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### Release and Assumption of the Risk Agreement For Horseback Riding/Driving Program

The person who signs this Release and Assumption of the Risk Agreement is called the Releasor in this Agreement. The Releasor has requested permission to have the Releasor's child or dependent participate in horseback riding/driving. By signing below, the Releasor certifies that Releasor has the authority to grant permission for the Releasor's child or dependent to participate in horseback riding/driving. By signing below, the Releasor certifies that the Releasor has authority to assume the risks and to sign this Agreement on behalf of the Releasor's child or dependent. If you do not have such authority or you do not understand this Agreement, do not sign below. Participating in horseback riding/driving means horseback riding/driving, mounting or dismounting, and includes standing near any horse while preparing to ride or after completing a ride.

Horseback riding/driving may cause severe bodily injury, death or property damage to the rider or others. All horseback riding/driving by Releasor's child or dependent could result in any of the situations or injuries described in this Agreement. Horses can throw the rider to the ground or into some obstruction, or the rider can run into some object or overhead obstruction that can knock the rider to the ground. Horses can fall on the rider, step on the rider or bite the rider. In a group or when alone, horses may stampede, fight, run out of control, rear up, roll, fall down, stumble, butt, buck or kick. While riding, the rider may get cut, break a bone, suffer an eye injury, or suffer any of the situations described above. Horses are big, strong animals and sometimes they injure people who are on or around them. Accidents can happen.

In consideration of being permitted to have the Releasor's child or dependent participate in horseback riding/driving, the Releasor, for the Releasor and the Releasor's child or dependent who participates in horseback riding/driving, the personal representatives of Releasor's child or dependent, Releasor's heirs, the heirs of Releasor's child or dependent who participates in horseback riding/driving, Releasor's dependents, Releasor's spouse, and Releasor's other children, collectively called Those Associated with Releasor, does hereby release, waive, discharge, and covenant not to sue Bridge Creek, Inc., and/or Sarasota Manatee Association for Riding Therapy (SMART), including all the officers, employees, agents, of the foregoing entities; the individuals who donated or leased to SMART any of the horses participating in the horseback riding/driving activities; any volunteer, civic club, community group, or sponsor, including any officer, employee or agent of any of the foregoing, collectively referred to as Releasees. The Releasor and Those Associated with Releasor hold the above Releasees free from all liability to Releasor, or to Those Associated with Releasor, for all loss or damage, any claim or damage therefore on account of injury to the person or property or resulting in the death of the Releasor's child or dependent who participated in horseback riding/driving, whether caused by the negligence of the Releasees or otherwise while the Releasor's child or dependent is participating in horseback riding/driving. Releasor assumes full responsibility for the risk of bodily injury, death, or property damage due to negligence of Releasees. In summary, this means that even if the horse handlers, side walkers or other persons or entities are negligent; the Releasor agrees not to sue for such negligence. The Releasor, for Releasor and Those Associated with Releasor, expressly assumes the risk of participating in horseback riding/driving. Releasor expressly agrees that this Agreement is intended to be as broad and inclusive as permitted by the Laws of the State of Florida and that if any portion of this Agreement is held invalid that it is agreed that the balance shall notwithstanding, continue in full legal force and effort.

Releasor further releases all of the Releasees from any claim whatsoever on account of any negligent first aid, treatment or services rendered to Releasor's child or dependent who participates in horseback riding/driving.

Although by signing this Agreement you, as the Releasor, release and waive your right to sue for the negligence of the Releasees described in this Agreement and although you expressly assume all of the risks of harm that may occur even through the negligence of the Releasees, you do not waive any rights to sue for injury or damage suffered as a result of any act committed in bad faith or with malicious purpose or in a manner exhibiting intentional disregard to human life and safety.

Releasor further states that Releasor has carefully read this two-page Agreement and knows the content of this Agreement and signs this Agreement as Releasor's own free act.

**Warning: Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.**

\_\_\_\_\_  
Participant's Name (please print)

\_\_\_\_\_  
Address State/Zip Phone Number

\_\_\_\_\_  
Parent, Guardian, or Caregiver's Name (please print)

\_\_\_\_\_  
Address State/Zip Phone Number

Signature of Guardian/Parent \_\_\_\_\_ Date \_\_\_\_\_



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### Authorization for Emergency Medical Treatment

#### Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury while participating in the Sarasota Manatee Association for Riding Therapy (SMART) program. I authorize SMART to secure and retain medical treatment and transportation if needed. This authorization includes but is not limited to x-ray, surgery, hospitalization, medication and any treatment deemed "life-saving" by the physician. In addition, I authorized SMART to release my records to any individual involved in medical treatment and/or transportation I might need. This provision will be invoked only if the emergency contact person(s) listed below is/are unable to be reached.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Participant's Name (print) \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### In case of emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number(s): (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number(s): (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Consent Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, Parent or Legal Guardian)

#### Non-Consent Plan

I do not give my consent for emergency medical treatment in the case of illness or injury while participating in the SMART program. In the event of emergency treatment aid is required, I wish the following procedures to take place: (list procedures)

\_\_\_\_\_  
Date: \_\_\_\_\_ Participant's Name (print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
(Participant, Parent or Legal Guardian)



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### Participant Information

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Describe briefly what you think this participant's strengths and talents are:

Describe briefly what you think this participant's weaknesses are:

Put a check after the sentences that accurately describe the participant:

#### Best Teaching Strategy

- \_\_\_\_\_ Auditory
- \_\_\_\_\_ Visual
- \_\_\_\_\_ Kinesthetic
- \_\_\_\_\_ Visual-Kinesthetic
- \_\_\_\_\_ Auditory-Visual
- \_\_\_\_\_ Auditory-Visual-Kinesthetic

#### Laterality

- \_\_\_\_\_ Is able to differentiate between his/her left hand
- \_\_\_\_\_ Is able to differentiate between his/her right hand
- \_\_\_\_\_ Appears to use both right and left sides equally

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## Motor Coordination and Body Image

- Has tightly muscled body
- Has low muscle tone
- Has average muscle tone
- Is coordinated and plays in many sports well
- Has difficulty playing some sports
- Does not like to be touched
- Does not seem to be aware of his body in space
- Pays attention to body cues, knows when hungry, tired and takes care of bodily needs
- Is skin sensitive and complains at times that clothing is too rough or hurts
- Compulsively overeats
- Stumbles and trips, runs into things or knocks things over often

## Social and Emotional Adjustment

- Appears to be appropriately independent, self-reliant, and mature for age
- Appears to have a positive self-image
- Can be very hard on him or herself
- Whines, complains and generally manipulates
- Is able to get along with others
- Is direct and can ask for what he/she needs and wants
- Performance is uneven and marked good and bad days
- Tires easily
- Is argumentative and oppositional at times
- Wants to please
- Has anxiety exhibited by stomach aches, headaches or other physical symptoms
- Shows anxiety by chewing on clothing, toys or own body

## Observed Behaviors

- Distracted by internal stimuli
- Distracted by external stimuli
- Needs constant reminders to stay on task
- Needs occasional reminders to stay on task
- Is easily bored
- Needs several minutes to process information before acting
- Needs repetition in order to internalize feedback or instruction
- Once something is learned can remember to correct his/herself
- Gives up when frustrated
- Is determined and keeps trying

Do you have any other comments that would help us better understand the participant?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_



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### SMART Code of Conduct

#### Respect for Others

I will respect the rights, dignity and worth of other SMART participants, volunteers, instructors, staff, friends, family members and spectators.

I will treat everyone equally regardless of sex, ethnic origin, religion or ability.

I will display control, respect, dignity and professionalism to all involved including participants, volunteers, instructors, staff, friends, family members and spectators.

#### Responsibility for My Actions

I will dress and act at all times in a professional manner that will be a credit to SMART. I will not use profanity or insult or taunt others or engage in other forms of poor behavior. I will practice good sportsmanship.

I will not engage in any type of inappropriate behavior, sexual activity and/or verbal or physical abuse with other participants, volunteers, instructors, staff, friends, family members or spectators.

I will respect the property of SMART. I will respect each and every horse and will not engage in physically abusive behavior toward any of them.

I will obey all posted SMART rules of the farm.

By signing below, I am saying that I have read or have had read to me this Code of Conduct. I agree to obey and understand the words and meaning of this Code of Conduct. I understand that it is a general guide and does not describe all types of good and bad behavior. I understand that if I do not obey this Code of Conduct, I may not be allowed to participate in the SMART Program.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Witness and Relationship to Participant

I have explained the Code of Conduct to my child and they understand to the best of their ability. I agree that my child will be held accountable for their behavior as specified in this Code of Conduct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Sarasota Manatee Association  
For Riding Therapy**

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**Tuition Assistance Application**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status of Guardian: Single  Married

Student Lives With (check one) Mother  Father  Both  Other: \_\_\_\_\_

Household Total: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Family Income (including Child Support, AFDC, and all other sources of income):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Less than \$15,000  | <input type="checkbox"/> \$30,001 - \$45,000 | <input type="checkbox"/> over \$70,000 |
| <input type="checkbox"/> \$15,001 - \$20,000 | <input type="checkbox"/> \$45,001 - \$55,000 |  |
| <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$55,001 - \$70,000 |  |

Are you currently receiving any Government support?  Yes  No

If so, explain: \_\_\_\_\_

Is the student receiving free or reduced lunch?  Yes  No

Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Did you remember to include last year's IRS return?

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

**\*\*Applications must be accompanied by last year's IRS Tax Return\*\***



## **Sarasota Manatee Association For Riding Therapy**

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### **Tuition Assistance Application Instructions**

Parents and/or Guardians,

1. Please complete the tuition assistance application  
Note: A separate form is required for each child
2. Attach a copy of last year's IRS Tax Return

Upon receipt of all the required documentation, we will then be able to determine your suggested lesson fee.

Please note; if your child is receiving tuition assistance, he/she must attend at least three (3) classes per month. A new application and supporting documentation are required each year.

Sincerely,

Sarasota Manatee Association for Riding Therapy