



Cowichan Therapeutic Riding Association

at Providence Farm

1843 Tzouhalem Rd., Duncan, B.C. V9L 5L6

APPLICATION (4 pages)

Participant Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Parent / Legal Guardian Information (if other than the participant themselves)

Name: _____ Relationship to participant _____

Address: _____

City: _____ Postal Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Emergency Contact (person who is NOT also the primary contact)

Name: _____ Relationship to participant? _____

Primary Phone Number: _____ Secondary Phone Number: _____

Referred by:

Primary Physician Physiotherapist Occupational Therapist School Program

Speech and Language Pathologist Psychologist Counsellor Self-referral

Other _____

Phone: (250)746-1028 Fax: (250)746-1033

info@ctra.ca www.ctra.ca

Charity Number: 891723843RR0001

22/01/2021



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Funding:

Will you be pursuing third party funding? Yes No

Which one? _____

School Information (if applicable):

Is this participant homeschooled? Yes No

Will this participant be coming to CTRA through a school program? Yes No

(If YES, please provide school info) Name of School: _____

Contact @ School:

Name: _____ Email _____

Primary phone number: _____ Secondary phone number: _____

Reason you/your child would like to participate in our therapeutic riding program?

What days of the week is this participant available? (Please select day and indicate hours of availability):

Monday Tuesday Wednesday Thursday Friday Saturday

As a starting point, please provide the current weight and height at Date: _____

WEIGHT _____ **LBS OR KG (please circle one)**

HEIGHT _____ **IMPERIAL OR METRIC (please circle one)**

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THIS PROGRAM IS NOT APPROPRIATE FOR THE FOLLOWING CONDITIONS:

Please indicate any contraindications to therapeutic riding and equine-assisted activities:

- Moderate to severe **agitation** (confusion, excitement) and/or very disruptive behaviour.
- Seizures** which are not controlled by medication
- Spinal instability**, including subluxation (partial dislocation) of cervical (neck) vertebrae.
- Severe osteoporosis**, which is most common in senior citizens, involves brittleness of the bones – hence increasing the possibility of fractures.
- Pathological fractures arising from a condition, such as osteogenesis imperfecta (**brittle bones**).
- Acute stages of **arthritis**.
- Periods of exacerbation of **multiple sclerosis**.
- Open pressure sores or wounds**.
- The individual is taking **medication** in a type/dosage that induces a physical state that makes riding risky or inappropriate.
- Hemophilia**, a congenital condition of the blood characterized by hemorrhages (bleeding).
- The individual is taking **anticoagulant medications** (blood thinners).
- Atlanto-axial instability** (found in individuals with Down Syndrome) – Individuals with Down Syndrome require a Atlanto-axial x-ray prior to participation.
- Spondylothesis** (subluxation of the lower lumbar vertebra on the sacrum).
- Coxarthrosis** (degeneration of the hip joint) – riding is too stressful on this joint.
- Detached retina** (condition of the eye).
- Acute herniated intervertebral disk**, which may press on spinal nerve roots.
- Complete quadriplegia**, occurring as a result of a spinal injury.
- Structural scoliosis greater than 30 degrees, excessive kyphosis** (rearward increase of the curvature of the thoracic spine), **lordosis** (increased forward curvature in the lumbar spine), or **hemivertebra** (a congenital defect in which one side of a vertebra is incomplete).
- Dislocation, subluxation, or dysplasia** (abnormal development) of the hip(s) with significant restriction or asymmetry.
- Any condition that therapist, physician, or program instructor, medical committee, or manager do not feel comfortable treating through ridden therapy.
- Riders should wait for at least 6 months after a **rhizotomy** (a neurosurgical procedure) before participating in any riding program.

I have reviewed this form and have indicated any or all contraindications that may apply.

Participant/Parent/Guardian Initial: _____

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CTRA PARTICIPANT REGISTRATION POLICIES

Completion of a Registration Package does not guarantee acceptance or placement into any program. Acceptance is at the discretion of the CTRA staff and requires all forms to be signed and returned.

Payment in full, or funding in place, is required before participation in any programs. Cancellation of registration less than 5 business days prior to the first day of session may be subject to a cancellation fee of 25% of the session cost.

Registration is subject to the restrictions of the program resources and schedule. While CTRA will make reasonable efforts to ensure that interested participants are included in program activities, continued or future registration in the program is not guaranteed. CTRA reserves the right to deny or discontinue future or current services in the interest of safety, best practice, and the limits of program resources.

It is the responsibility of the client, parent, guardian and/or caregiver to inform CTRA of any changes to state or condition of client (e.g. medication changes, surgery, grand mal seizures or major incidents). In some circumstances a medical note may be needed before returning to the program.

I have reviewed and understand the information on this form.

Participant/Parent/Guardian Signature: _____

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