



## Four: Thirteen Therapeutic Riding Association

### Spring Registration 2017

Four: Thirteen Therapeutic Riding Association (FTTRA) welcomes students with all abilities from the age of 5 and up. We operate our therapeutic riding programs out of High Country Equestrian Center.

#### **Who benefits from therapeutic riding?**

**All Abilities:** Attention Deficit Hyperactive Disorder, Anxiety, Auditory & Visual Impairment, Autism Spectrum Disorders, Brain Injury, Cerebral Palsy, Cognitive Disabilities, Developmental Delay, Down Syndrome, Fine and Gross Motor Skill Delays, Language & Learning Disabilities, Multiple Sclerosis, Neurological, Psychological, Physical, and/or Mental Disorder, Spinal Cord Injury and many more .

#### **How does Therapeutic Riding benefit a person?**

**Physical Benefits:** Warmth and three dimensional movement of the horse is transmitted through the rider's body, gradually making any tension more relaxed this reduces spasms, improving balance, mobility, posture and co-ordination, also, strengthens muscles throughout a rider's body, increases circulation and promotes better overall health. Muscle tone, balance, coordination, muscle strength, flexibility, fitness, posture, gait (ability to walk), respiration, circulation, metabolism, sensory perception and integration, independence: self-care and mobility. Therapeutic riding gently and rhythmically moves the rider's body in a manner similar to a human gait so those with mobility problems discover a new freedom in movement.

Motor function is improved by this unique and enjoyable therapy.

**Psychological Benefits:** Concentration, problem solving and decision making, insight, motivation, self- esteem, confidence, learning/practicing concepts e.g. letters, numbers, colors, distances, shapes etc. **Social Benefits:** Communication and social skills, recognize positive behavior, develops awareness, responsibility, and helps build relationships. The unique relationship formed with their horse can lead to increased confidence, patience, self-esteem and improves emotional well-being, along with a sense of independence.

**Therapeutic riding benefits participant of all abilities physically, cognitively and socially in an experience they will not soon forget.**

**(FTTRA) Instructor:** We are proud to retain the services of CANTRA certified and experienced therapeutic riding instructor Sue Clark. Along with certified Equine Assisted Learning coach Teray Wills.

**Location:** 240020 RR 42, Calgary, AB, located on the south east corner of Hwy # 8 and Hwy # 22 just west of Calgary. **To get to the barn** go west on Hwy # 8 and head toward Bragg Creek at Hwy #22. Take the first left on Circle 5 Est. After about 1km make a sharp right on to RR 42 (turn before large stone gate) head up the hill and the center is at the top on the left.

**Program Cost: 6 week session: \$250 per rider plus GST**

**Spring 2017-Session 5:**

**Mondays - May 8, 15, 29, June 5, 12, 19**

**Tuesdays - May 9, 16, 30, June 6, 13, 20**

**Saturdays - May 6, 13, 27, June 3, 10, 17**

<b>FTTRA</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Saturday</b>
	5-6 PM	10-11 AM	10-11 AM
			11:30 -12:30 PM

**Session will not be confirmed until registration and payment is received.**

**! All riders must wear a boot or shoe with a heel and horse riding helmets are mandatory. These may be purchased at various horse equipment stores in Calgary. We also have helmets here that can be used, although there is a preference that you acquire your own helmet. "The Horse Store" is a sponsor and will give discounts to FTTRA participants.**

**Participant Application and Medical History Form**

Rider's Last Name: \_\_\_\_\_ Rider's First Name: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Rider's address: \_\_\_\_\_

Parent/ Guardian Address (if different from above) \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_

cell \_\_\_\_\_ e mail \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ phone: \_\_\_\_\_

Rider's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Rider's Alberta Health Care Number \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

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

**Have you discussed, and gained approval and consent from your physician regarding specific participation in horseback riding activities?** Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*Note: You must have participants' physician fill out and initial the Professional Medical Statement below.

Diagnosis: \_\_\_\_\_

Past/Prospective Surgeries \_\_\_\_\_

Allergies (medical and environmental): \_\_\_\_\_

Current Medications (include both prescriptive and non- prescriptive herbs and supplements with name, dose and frequency):

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

Impairments in Dexterity, Flexibility, Movement (mobility skills such as transfers, walking, wheelchair use, driving/bus riding):

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



<b>Balance</b>			
<b>Orthopedic</b>			
<b>Learning Disability</b>			

Independent Ambulation Assisted Ambulation			
Wheelchair			
Braces/ Assistive Devices			
Downs Syndrome: Atlanto-Dens Interval x-ray date and results (+ or -)			
Other			

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

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

**Professional Medical Statement**

**\*\* to be filled out by Supervising Medical Professional \*\***

To my knowledge there is no reason why this person cannot participate in supervised equine activities and horseback riding. I understand that Four: Thirteen Therapeutic Riding Association weighs the medical information provided above, against the existing precautions and contraindications prior to any participants acceptance into a riding program.

I concur with this person's abilities to participate (please initial): \_\_\_\_\_ Participate in Horseback Riding.  
 \_\_\_\_\_ Equine Assisted Activities.

Please note any additional information that is incomplete or not mentioned above:

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

Full Name: \_\_\_\_\_ Professional Title (eg MD/PT/OT): \_\_\_\_\_

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

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

Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Conditions of Registration:**

1. Payment in full must be made at time of registration. **\$250. Plus GST (\$262.50)** Cash or cheque made payable to "**Four: Thirteen Therapeutic Riding Association**".
2. Cancellation Policy: Fees are 100% non-refundable and non-transferable\*.
3. Due to the nature of the riding program please include a doctor's note with your registration documents stating that it is safe for student to participate in horse backing riding activities.
4. Four: Thirteen Therapeutic Riding Association (FTTRA) and High Country Equestrian Center (HCEC) and individuals that represent them reserve the right to arrange for any special service, obtain and approve any medical attention deemed necessary in the best interest of the participants. Hereby guardian agrees to pay in full all costs of such event.
5. The participant/Guardian agrees to thoroughly read, understand and sign a "Waiver of Release" of FTTRA/ High Country Equestrian Center prior to participating in this horse activity.
6. \*All students will undergo an assessment to evaluate their suitability for this program. If for any reason the instructor finds the student unable to participate, a full refund will be given.

Participant/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In order to make this a fun and positive experience for each participant, please add any information on their likes/dislikes or any information you believe would be helpful.

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Please send completed form and payment to: Four:  
Thirteen Therapeutic Riding Association High  
Country Equestrian Center  
41194 Circle 5 Est Calgary,  
AB, T3Z 2T5