



**RIDING FOR THE DISABLED ASSOCIATION (NSW)
INVERELL CENTRE**

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"Proudly supported by Inverell Jockey Club"

CENTRE RULES

WE ARE ALL VOLUNTEERS GIVING OUR TIME to help those who will most benefit. Without volunteers the Centre cannot exist. It is our responsibility to ensure that our volunteers remain happy to continue to give their service, therefore bad behaviour and/or attitudes toward them will not be tolerated.

THE HORSE IS NOT A TOOL. They are sentient beings meaning they have thoughts and feelings. The horse is no more a tool than you or I. Our horses are equally valuable as volunteers and must be treated fairly and with respect. Abuse of the horses **WILL NOT** be tolerated. It is a difficult job that we ask of them and they are to be treasured. Some horses have special conditions for their use, and **ALL** horses have a weight carrying limit in their conditions of use, these conditions of use **MUST** be strictly adhered to.

OUR CENTRE IS A VOLUNTEER ORGANIZATION providing equine assisted therapy to help those with disabilities to develop and enhance abilities. The acceptance of potential participants into our program will be based on their needs and the benefit that they will receive from the program.

ACCEPTANCE INTO PROGRAM - As part of RDA's Duty of Care, a prospective client must...

- Safely be deemed to be able to receive a benefit from either a riding or carriage driving program. With this in mind, an assessment is carried out by the coach/es of the day, prior to acceptance into a program.
- The first day at RDA is an Orientation day (actual riding may not take place), where riders are weighed, helmets (if applicable) are fitted and recorded, relevant forms are checked and fees paid (if not already paid – please retain receipt).
- A weight limit is in place for each horse, and riders whose weight falls outside this limit will not be granted entry into any RDA programme. Riders, whose status changes, will be reassessed for continued participation, during or at the beginning of each new riding year.
- The rider application is not a guarantee or an indication of a placement in a riding or carriage driving programme. Applicants will be notified by program coaches when a vacancy in a programme occurs and when the application is being considered for inclusion.

The attendance book must be signed in and out by everyone attending the Centre

Carers **MUST** be in attendance at all times

All riders must wear a helmet (if applicable), riding boots or clogs and long trousers.

No smoking within the RDA area, including the riding, mounting and horse area.

ALL DECISIONS REGARDING THE RUNNING OF THE LESSONS AND THE MANAGEMENT OF THE RIDERS AND HORSES ARE MADE BY THE COACH OF THE DAY.



Riding for the Disabled Association (N.S.W.)

EXPLANATION OF THE PARTICIPANTS CONSENT AND MEDICAL INFORMATION

NOTE: ALL FORMS MUST BE COMPLETED BEFORE RIDING COMMENCES

RDANSW is a volunteer organisation providing equine assisted activities for people with disabilities to develop and enhance abilities.

This form comprises the following sections:

EXPLANATION SHEET	about the participants form
SECTION 1-Participation consent	to be completed by Parent, Guardian or participant over 18
SECTION 2- Medical information (and contraindications)	to be completed by participants registered medical practitioner
SECTION 3 - Down Syndrome	applicable to participants with Down Syndrome
SECTION 4 - Spinal Fusion	applicable to participants with spinal fusion

All sections must be completed before we can consider this applicant.

All potential participants, or their responsible parent, guardian or legal advocate must have read and signed that they have understood all sections of participation form and ensure it is fully completed

The applicant's registered Medical Practitioner Must complete Section 2 - the medical information form.

RDANSW has a duty of care to all participants and as part of that duty each participant must complete a Participation form as part of registration process prior to acceptance for entry into programme.

The primary purpose of the Section 2 -Medical is to have a registered Medical Practitioner verify that the participant does not have any condition which may be aggravated by equestrian activities. The use of the medical practitioner's stamp or sticker is mandatory

Essential extra sections for:

- Applicants with Down Syndrome - Section 3 also to be completed by registered Medical Practitioner.
- Applicants with Spinal fusion - Section 4 also to be completed by registered Orthopaedic Specialist.

To set achievable goals for each participant, the RDANSW Coach requires information on participant's current condition to create appropriate programs.

Privacy -

- Once the participation form is processed, it will be filed securely, and accessible only to RDANSW Coaches and authorised personnel at the Centre for the purposes of developing the participant's programme, reviewing progress & forwarding information to the State body for insurance & survey purposes
- Will not be used for any other purpose and is accessible to the participant, parent/guardian at their request

UPDATE of this form

For any condition that is not stable and may improve or degenerate over time the medical consent must be renewed at least every **three** years, or more often as the condition requires, **at request of coach, including weight updates.**

End of explanatory page.



_____ **Centre** **Year Completed** _____

SECTION 1 PARTICIPANTS CONSENT

PARTICIPANT INFORMATION

Name of Participant Date of Birth

Address

.....TelephoneE-mail

Height Weight.....kg Onset of disability (age or date).....

Brief Description of Disability

Any other relevant information

.....

Member of Ambulance service/Amb ins cover Yes/No Membership No.

EMERGENCY CONTACT:

ADDRESS:.....

If different from above

TELEPHONE: Home Work.....

MobileEmail.....

Relationship to participant

I give permission for(name of participant) to participate in RDA NSW programmes
Please circle YES/NO

RDANSW Coaches may need further information about a participant's medical condition, in addition to the information on form I agree to the release of information about the participant's medical condition on the understanding that such information will only be used to help participant to gain more benefits from RDANSW activities Please circle YES/NO

I agree that any photograph taken of the above-named participant taking part in an RDANSW programme, may be used to further the objects of RDANSW generally or this Centre in particular
Please circle YES/NO

SECTION 1 PARTICIPANTS CONSENT

I agree for the above-named participant to be allowed emergency medical treatment, if necessary, whilst taking part in any RDA NSW activity Please circle YES/NO

I understand that no liability can be accepted by the RDANSW association or Centre concerned In the event of an injury or accident occurring Please circle YES/NO

Equestrian activities (including but not limited to recreational and therapeutic riding) can be inherently dangerous. I understand that horses can act in a sudden and unpredictable way, especially if frightened or hurt. Accidents can happen in equestrian activities which may result in injury or death to participants.

I have voluntarily read and understand this warning and acknowledge and assume the risk in equestrian activities (including but not limited to recreational & therapeutic riding. Please circle YES/NO

I understand that RDANSW retains the right to refuse any person entry to any RDANSW activity if it is reasonably believed that participation may be detrimental to the potential applicant, the coaches, helpers and/or horses.

NOTE: Each Centre determines the safe weight bearing capacity of their horses Please circle YES/NO

I understand it is the participant’s responsibility to inform RDANSW Coach in writing of any new or changes to their medication – that may impact on their ability to participate in an RDANSW programme Please circle YES/NO

I have read and fully understood the contents of this Explanation & Participant consent form
SignatureDate.....
By self if over 18 and able to sign or Parent/Guardian/Legal advocate (please circle)

Centre Use Only

For ESR-04 participants

Date of Ride_____

A COPY of this completed form (ESR-01 Pages 2 & 3) should be sent to State Office for insurance purposes. The Original should be retained at the centre.



SECTION 2 MEDICAL INFORMATION

Please Print

Year Completed _____

Name of Participant Date of Birth.....

Name of Medical PractitionerPhone.....

Address (Medical Practitioner).....

Diagnosis

Brief History (if useful)

Does the participant have: (please ensure ALL questions are answered - circle)

1. Medication	Yes	No	17. Heart Problems	Yes	No
2. Epileptic type fits	Yes	No	18. Drainage Devices	Yes	No
3. Fainting Turns	Yes	No	19. Paralysis	Yes	No
4. Postural Hypotension	Yes	No	20. Flaccidity	Yes	No
5. Hypertension	Yes	No	21. Allergies	Yes	No
6. Impaired Hearing	Yes	No	22. Muscle overactivity	Yes	No
7. Impaired Sight	Yes	No	23. Inflammation or pain in the joints	Yes	No
8. Impaired Speech	Yes	No	24. Impaired Bladder / Bowel control	Yes	No
9. Impaired Sensation	Yes	No	25. Use of any Splints/ Braces Corsets/Prostheses	Yes	No
10. Impaired Balance	Yes	No	26. Is the participant a carrier of any infectious disease	Yes	No
11. Impaired Circulation	Yes	No	27. Scoliosis	Yes	No
12. Asthma	Yes	No			
13. Cranial Shunt	Yes	No			
14. Diabetes	Yes	No			
15. Skin Problems	Yes	No			
16. Chronic Airways Dis.	Yes	No			

28. Intellectual Disability	Yes	No	Specific Learning Difficulty	Yes	No	Autism	Yes	No
Developmental Delay	Yes	No	Level of support required	HIGH	MED	LOW		

29. Down Syndrome Yes No **if YES, Complete SECTION 3,**
further medical information is required BEFORE the applicant can be considered for participation in a RDANSW program.

30. Spinal Fusion Yes No **if YES, Complete SECTION 4,**
further medical information is required BEFORE the applicant can be considered for participation in a RDANSW program.

31. Mental Health Conditions – specify support needed below

Please provide FULL details of any YES answers on page 2 or use attachments:



CONTRAINDICATIONS FOR RIDING or DRIVING WITH RDANSW

Conditions for which clients **MUST NOT** ride:

- Severe osteoporosis
- Uncontrolled seizures
- Open pressure sores, open wounds
- Unstable spine, including subluxation of cervical spine
- Atlanto-Axial dislocation (ADC) or significant subluxation in Down Syndrome
- Advanced multiple sclerosis and muscular dystrophy
- Acute herniated disc
- Excessive weight/obesity

Conditions for which horse Riding or Driving MAY NOT be recommended:

- Very poor endurance
- Excessive pain resulting from riding or driving
- Excessive structural scoliosis, until permission is given by an orthopaedic specialist
- Spinal fusion (e.g. Harrington- or CD Rods), until permission is given by an orthopaedic specialist.
- Significant allergies to horse hair, dust, grain, grass, hay.
- Recent surgery until permission is given by surgeon
- Serious heart condition
- Dislocation or dysplasia of hip if excessive pain is caused
- Haemophilia
- Disruptive or unreliable behaviour which is unacceptable to the coaches and other participants in the lesson
- Moderate agitation with severe confusion
- Drug dosage resulting in physical states inappropriate to the riding environment
- Paralysis
- High level of spinal cord paralysis or significant asymmetry of muscle paralysis
- Plaster casts

SECTION 3

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ADDITIONAL INFORMATION FOR APPLICANTS with DOWN SYNDROME

RDANSW Policy requires that participants with Down Syndrome have a Medical Practitioner, who is aware of the possibility of Atlanto Axial Instability in people with Down Syndrome, complete this form, as well as the general Medical Form, (Section 2) To minimise risks to our participants, we ask that both the parent, and registered Medical Practitioner complete this section.

Name of Participant **Date of Birth**.....

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDANSW activities **YES / NO**

Name, Signature and Telephone Number of the Medical Practitioner

Name: Signature:
(BLOCK LETTERS PLEASE)

Telephone: Date



SpineCare Foundation

A Research and Information Brochure

Policy for the participation of Down Syndrome children in sport. The question of C1- 2 instability.

The screening of Down syndrome children for C1-2 instability is a very contentious question. The Foundation supported a review of experience over 25 years at the two children's hospitals in Sydney during which not one DS child in New South Wales suffered a spinal cord injury from C1-2 instability. An extensive review of the existing literature on the subject was carried out and the following policy was developed.

The Foundation does not support the radiographic screening of the cervical spine for possible Atlanto-axial (C1-2) instability in adolescents with Down syndrome prior to their participation in support.

The Foundation strongly recommends that any child/adolescent with Down syndrome who:

- complains of persistent neck pain;
- has a refractory torticollis (wry neck);
- is noticed to have a decreased stamina of recent onset;
- has a recent disturbance of gait; or
- has loss of previously controlled urination

should undergo a thorough physical examination by a qualified medical practitioner prior to participation in sport. The full paper on this subject is published in the Medical Journal of Australia, Vol 165, p 448-450, 1996. The adoption of this policy has not been followed by any untoward events in DS children.

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SECTION 4

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ADDITIONAL INFORMATION FOR APPLICANTS with SPINAL FUSION

RDANSW Policy requires that people with a Spinal Fusion (eg Harrington or CD Rods) must be examined by an Orthopaedic Specialist **prior** to the commencement of a RDA NSW program.

To be completed by an Orthopaedic Specialist

Name of Participant **Date of Birth**.....

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDANSW activities **Yes/No**

Further comments where necessary:

.....
.....
.....
.....
.....
.....

Name, Signature and Telephone Number of the Orthopaedic Specialist

Name: Signature:
(BLOCK LETTERS PLEASE)

Telephone: Date

Specialist's Stamp/Sticker (Mandatory)



Riding for the Disabled Association (N.S.W.)

Annual Rider Registration Procedure

PLEASE NOTE: The term Rider is generic for rider, driver, vaulter and other participants in equestrian activities of RDANSW.

The Annual Rider Registration consists of a fee set by RDANSW Board (inclusive of a limited Insurance for riders and a State Administration fee.
A Centre base rate is also payable annually per Centre.

The annual registration fee MUST be paid by/for any rider to be an insured participant in any RDA program in New South Wales.

The *Rider Registration Form* (ESR-02) should be completed at the time the Rider completes the Participation Consent Forms (if a new rider) or before the first RDA session of the year) for continuing riders.

New participants who commence riding later in the year (eg term or half year) are also required to complete this registration procedure prior to commencing in a program.

Some centres charge an extra fee per Rider for administration costs etc, therefore the box on the Rider Registration Form has been left blank for each Centre to complete with their agreed fee.

The completed summary forms (ESR-03) and the Fees due x number of registered participants must be forwarded to State Office monthly - cheques should be made payable to Riding for the Disabled Association NSW. Failure to submit summary forms with your payments will result in your Cheque being returned as riders cannot be registered without these details

The Summary Forms will be stored securely and used as a basis to provide Rider statistics for State survey, verifying riders current registration status for entry to competition and insurance. No personal information will be used for any other purpose.

Please contact the State Office if you require any additional information or explanation.

Riders must not commence participation in any RDA NSW program until the Registration fee has been paid to the Centre



Riding for the Disabled Association (N.S.W.)

RIDER REGISTRATION FORM (Year _____)

The word Rider is generic for rider,driver,vaulter and other equestrian activities of RDANSW.

NSW Centre: _____

Name: _____

Title: Mr / Mrs / Ms / Miss: _____

Address: (Optional) _____

_____ P/Code: _____

School/organisation _____

Date of Birth: optional if over 18 yrs

What year did rider commence with RDA:

Age as at 1 Jan

:.....

Under 18

Over 18

Gender:

Male

Female

Continuing Rider:

New Rider this year:

Disability Category:
Circle Only One

- A** Rider with Intellectual Disability
- B** Rider with Physical Disability
- C** Rider with Cerebral Palsy
- D** Rider with Vision Impairment/Blindness
- E** Rider with Hearing Impairment/Deafness
- F** Rider with Autism
- G** Rider with Learning/Behavioural difficulties
- H** Rider with Psychiatric Conditions
- I** Rider with Multiple Disabilities
- J** Down Syndrome
- K** Other Disability
- AB** Able Bodied

Registration fee due:

\$

per annum per participant

Riders may not commence participation until the Registration fee has been paid to the centre.

Centre Use

1. Added to Summary Form for State Office.
2. Cheque and summary Form sent to State Office.
3. Date sent:.....