

CLAREMONT THERAPEUTIC RIDING CENTRE (Inc.)

Registered Charity License number: 20307

ACN 010 862 745 ABN 25 848 290 459

Please Circle:

RIDER

WORK EXPERIENCE

VOLUNTEER



PO Box 13
Claremont 6010
Ph 93843492
E: ctrc@bigpond.net.au
Web: ctrc.perthwa.net

ENROLMENT FORM

2017 Terms Pay in advance discounted lesson fees:

Term 1	30th January to April 7th	\$600 OR \$540 if on Monday (Labour Day Holiday)
Term 2	24th April – 30th June	\$600 OR \$540 if on Monday or Tuesday (WA DAY/Anzac Day)
Term 3	17th July – 22nd September	\$600
Term 4	9th October – 15th December	\$600

Disabled Lesson (Not DSC/NDIS Funded) - \$30 per lesson, From July price rises to \$45

Abled pay as you go \$70 a lesson. ½ hour Class from 3.30 – 4.00pm - \$40 a lesson

Ride Therapy Classes (Jo Blomquist) - \$50

Direct Deposits can be made to ANZ bank; BSB 016281 Acc No. 340821331 please place client name in ID. CTRC also accepts Eftpos, cash or cheque payments

Personal Details:

Name: _____ Date of Birth: _____

Address: _____ Suburb: _____ Post Code: _____

Contact

Ph: _____ Mobile: _____

Email: _____

Name of parent or guardian contact: _____

PHONE NO. IN CASE OF EMERGENCY: _____

Lesson Times:

Preferred Day: _____ Time: _____

Please advise a second option or other preferred time: Day: _____ Time: _____

This form must be completed and returned before participation in any activity organized by Claremont Therapeutic Riding Centre (CTRC)

- I agree / give permission for the participant to be involved in CTRC activities.
- I understand that no liability can be accepted by the Center concerned in the event of an injury or accident occurring. All due care will be taken at all times.
- I also consent for the above mentioned participant to be allowed emergency medical attention, if necessary, during participation in any activity.
- I agree that any photograph taken of the above named participant during a CTRC activity may be used to further the aims of the Center.
- In some circumstances the Head Coach needs further information about the rider's medical condition given on the Medical Consent Form.
- I (participant/ parent/ guardian /carer) agree to the release of the relevant information about the participant's medical condition on the understanding that such information will be used ONLY to assist the rider to more fully benefit from the CTRC programme.
- If necessary the staff at CTRC are authorized to give paracetamol or ibuprofen
- I agree to CTRC sending me information and updates about CTRC activities/events on my email address.
- I am aware that my personal information is confidential.

Signature of Parent/Carer/Rider Over 18yrs: _____ Date: _____

The Centre reserves the right to refuse a person access to the programme if it is reasonably believed that participation may be detrimental to the Person, the Coaches, Helpers or the Horses.

SECTION B

PERSONAL, PARENTAL OR GUARDIAN MEDICAL CONSENT FORM 2016

This form is CONFIDENTIAL and will not be used outside the CTRC.

This form must be completed by a participant, parent, guardian or carer and returned before participation in any activity organised by CTRC.

Due for Tetanus Booster? Please have one.

1. A tick in any of the following questions will necessitate a Medical Certificate to be completed and signed by a Doctor.

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Flaccidity | <input type="checkbox"/> Infectious Disease Carrier |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Impaired Balance | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Impaired Bladder/Bowel | <input type="checkbox"/> Splints/ Braces/ Corset |
| <input type="checkbox"/> Cranial Shunt | <input type="checkbox"/> Impaired Circulation | <input type="checkbox"/> History of Aggressive behavior |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Impaired Hearing (Deaf) | <input type="checkbox"/> Any other medical condition |
| <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Impaired sensation | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Impaired Sight (Blind) | |
| <input type="checkbox"/> Fainting Turns | <input type="checkbox"/> Impaired Speech | |

Please tick if you are or believe you are MyWay/NDIS eligible.

2. Please tick if there is **No known** Medical Condition.

Signature Date

Please fill section D (additional form) if the Rider has Down Syndrome.

SECTION C – Required if any boxes ticked in the section 1 above.

Please answer the following question and if required forward a medical certificate from a doctor:

Name of Medical Practitioner _____

Address _____

Telephone _____ Fax _____

Brief History _____

Diagnosis _____

Relevant Medical Information _____

General Information

Nature of Disability _____

Age of onset of Disability _____

Height _____ Weight _____

Other relevant information _____

If relevant, please outline any other medical condition or information which may affect the participant's response to exercise, relevant precautions to be taken and any particular types of leisure activities from which the participants should be excluded.

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the person named above to take part as an active participant in CTRC activities. In this regard, I understand that the CTRC Senior Coach will assess the suitability of activities based on the medical advice given above.

Signature of Medical Practitioner _____ **Date:** _____

Or

I believe the above information is true and correct. I believe it is safe for this person to ride without medical consent. I will provide a written update should there be any changes to this information.

Signature of Parent/Gaurdian _____ **Date:** _____

Assumption of Risk form

Description of activities

Note: Section 74 of the Trade Practices Act ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

1. The Parent/Guardian must disclose any pre-existing medical or other condition that may affect the risk that either the Child/Minor or any other person will suffer injury, loss or damage.
2. The Parent/Guardian acknowledges that the proprietor relies on the information provided by the Parent/Guardian, and the Parent/Guardian states that all such information is accurate and complete.
3. The Parent/Guardian acknowledges that horse riding is an inherently dangerous activity. The Parent/Guardian recognizes that there are risks specifically associated with the activity, some of which include: the unpredictability of animals, especially when they are frightened or hurt, no matter how well trained they are. The remoteness of the areas in which a ride takes place, sudden and unexpected changes in weather. Physical exertion for which the Child/Minor may not be prepared. Difficulties in evacuation if the Child/Minor is or becomes disabled.
4. The Parent/Guardian understands and has explained to the CHILD/MINOR the dangers associated with the consumption of alcohol or any mind altering substance before or during a ride, and the Parent/Guardian accepts full responsibility for injury, loss or damage associated with the consumption of alcohol or any mind altering substance.
5. The Parent/Guardian Agrees with the Proprietor and has explained to the CHILD/MINOR that they will obey and will comply with all rules and directions made to given by the Proprietor in connection with the ride. In particular, the CHILD/MINOR has been advised to wear an approved helmet at all times during the ride. If a CHILD/MINOR fails to comply with the Proprietor's rules and/or directions, the CHILD/MINOR will not be permitted to ride or continue to ride, and no refund will be given.
6. The Parent/Guardian accepts all risks associated with the activity, including the possibility of injury, death, loss or damage.
7. The Parent/Guardian agrees to indemnify the Proprietor against all claims by any other person against the Proprietor in respect of any injury, loss or damage arising out of or in connection with the CHILD/MINOR 's failure to comply with the Proprietor's rules and/or direction.
8. The Parent/Guardian agrees and acknowledges that, to the extent permitted by the law, The Proprietor's shall not be liable for any injury, loss or damage suffered by the CHILD/MINOR or by any person arising from or in connection with the CHILD/MINOR 's participation in the ride, whether such injury, loss or damage was caused directly or indirectly by the negligence of the proprietor or otherwise, or by the proprietor's servants or agents. The Parent/Guardian hereby releases the Proprietor of all such claims, and indemnifies the Proprietor against all claims made by or on behalf of any other person.
9. To the extent permitted by law, the Parent/Guardian acknowledges and agrees that all warranties, covenants and stipulation's are hereby excluded.
10. All accidents, injuries, loss or damage must be reported by the Parent/Guardian/Child/Minor to the Proprietor before the CHILD/MINOR leaves the Proprietor's property.
11. If the CHILD/MINOR suffers any injury or illness, the Parent/Guardian agrees that the Proprietor may provide evacuation, first aid and medical treatment at the Parent/Guardian expense, and the Parent/Guardian accepts these terms and conditions constitutes the Parent/Guardian consent to such evacuation, first aid and medical treatment.
12. I acknowledge that I have read this Assumption of Risk Form and that it has been explained to me. I fully understand its terms and that I have given up substantial rights by signing it. I signed this document freely and voluntarily without any inducement made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Attention all riders, carers, parents at CTRC

*****For your safety and that of other riders
please note the following:*****

Your participation at CTRC is conditional on accepting that your coach has the authority to refuse to allow you to either commence the ride or to continue riding if they deem that your behaviour, state of health or abilities are diminished to the point where you may endanger the safety and welfare of yourself, other riders, staff/volunteers and the horses.

I agree to abide by the following for the safety of myself and others at CTRC:

- *follow all instructions of the coach immediately and to the best of my ability*
- *will accept all decisions of the coach*
- *will behave with good grace*
- *parents/carers will not interrupt the coach or speak to riders during lessons.*

Print Customers Name/s _____

Print Parent/Guardian _____

Signature _____

I have explained the contents and effect of this document to those signed above.

Signature of Proprietor Date: _____

