



145 Pacific Ave, Winnipeg, MB R3B 2Z6  
Phone: (204) 925-5905  
Email: [exedir@prairiestrides.com](mailto:exedir@prairiestrides.com)  
Website: [www.prairiestrides.com](http://www.prairiestrides.com)

Dearest Applicant,

Enclosed please find the Rider Application package and the Physician Referral forms.

Complete the application in full and have your child's physician sign at the bottom of Section A and complete/ sign Section C.

Once we receive your completed application, we will place your child on the waiting list. A confirmation notice will be sent to you. There is a waiting period which is determined by the number of children on our wait list. Please contact [exedir@prairiestrides.com](mailto:exedir@prairiestrides.com) for more information.

A child accepted in the program is eligible to ride for eight sessions or four years. There are two sessions each year; Spring and Fall consisting of 10 weeks each. The cost per child/ session is \$300 (ten weeks). A child would ride for one hour on either a Monday or Wednesday night during a session. Children must be 5 years old to be admitted to the program. Our program is run out of West Wind Stables in Oak Bluff, Manitoba just outside the city.

Thank you for your interest and we look forward to receiving your completed applications. If you do not receive confirmation of your completed application arriving within two weeks of sending it, please contact this office immediately.

Sincerely,

Kyla Walton  
Acting Director  
Prairie Strides Inc.

Encl.



## Rider Application Form

**Section A:**

**Completed by Parent and Physician**

Prairie Strides is an accessible, adaptive riding program for children with disabilities. Safety equipment, specially trained horses and volunteer therapist advisors are used. In order to assure the fullest possible protection and greatest benefit from the program, each rider is required to provide medical information before being accepted into the program.

This application is to determine the eligibility of each individual for consideration of entrance into the riding program. Please read the rider criteria carefully, as therapeutic riding is not appropriate for all individuals. These criteria are used as guidelines and each child will be assessed on an individual basis. This application does not guarantee admission to the program.

**Rider Criteria:**

- Must be able to maintain good head and trunk control while a horse is in motion.
- Minimum age of 5 years old to a max of 15 years of age.  
(must complete the program by the age of 19)
- Screened for atlanto-axial instability in the case of Down Syndrome.
- Not exceed the recommended maximum weight ratio.
- Applicant with a prior history of seizure must, at the time of the application, have been seizure-free for six months on medication **or** for one year without medication. A written medical note must be provided prior to or at the assessment.

\*Absence seizures are exempted from the above criteria\*

Riding classes run for 10-week sessions, one in the Spring and one in the Fall. Children ride for a ½ hour to 1 hour long, depending on the individual. New riders are accepted into the program for a trial period.

I, \_\_\_\_\_ being the parent/guardian of \_\_\_\_\_, do hereby agree to indemnify and save harmless Prairie Strides Inc. for any loss or damage for which Prairie Strides Inc. is held liable for in relation to them.

I have read and understood the above information:

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

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

I have read and understood the above information. Having reviewed the contraindications, it is my medical opinion that \_\_\_\_\_ falls within the CanTRA guidelines and will suffer no further harm regarding their condition as a result of participating in the Prairie Strides program.

Physician signature: \_\_\_\_\_

Physician Name (print): \_\_\_\_\_

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



**Section B:**

**Completed by Parent**

Name of Child: \_\_\_\_\_

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Other: \_\_\_\_\_ Prefer not to say: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone number: \_\_\_\_\_

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

Work Phone number: Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Please provide two contact names and numbers for emergencies:

1. Name: \_\_\_\_\_ Ph: \_\_\_\_\_

2. Name: \_\_\_\_\_ Ph: \_\_\_\_\_

**RIDER INFORMATION**

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Occupational and/or physiotherapist: \_\_\_\_\_

Physician/ Pediatrician (name and number): \_\_\_\_\_

Does your child use the following: Canes \_\_\_\_\_ Walker \_\_\_\_\_ Wheelchair \_\_\_\_\_

Does your child use any of the following orthotics:

SMO: \_\_\_\_\_

AFO: \_\_\_\_\_

KAFO: \_\_\_\_\_

Trunk brace: \_\_\_\_\_

Arm brace: \_\_\_\_\_

Incontinence – describe type of protection used: \_\_\_\_\_



**Section C: Completed by Physician**

Name of Child: \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

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

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

Any corrective or recent surgery: \_\_\_\_\_

Seizures: Yes \_\_\_\_ No \_\_\_\_ Date of last seizure: \_\_\_\_\_

Are seizures controlled by medication? \*\*Yes \_\_\_\_ No \_\_\_\_

\*\* Seizures must be controlled, and a written medical clearance must be provided prior to their first class.

Tetanus immunization and date of most recent shot: \_\_\_\_\_

**Vision:** \_\_\_\_\_

**Hearing:** \_\_\_\_\_

**Receptive language:** Normal \_\_\_\_\_ Moderate \_\_\_\_\_ Minimal \_\_\_\_\_

**Expressive language:** Normal \_\_\_\_\_ Moderate \_\_\_\_\_ Minimal \_\_\_\_\_

**Sensation** (please note any areas of diminished or absent sensation): \_\_\_\_\_

**Muscle tone:**

Upper Extremity: Normal \_\_\_\_\_ High \_\_\_\_\_ Low \_\_\_\_\_ Other \_\_\_\_\_

Lower Extremity: Normal \_\_\_\_\_ High \_\_\_\_\_ Low \_\_\_\_\_ Other \_\_\_\_\_

Neck/Trunk: Normal \_\_\_\_\_ High \_\_\_\_\_ Low \_\_\_\_\_ Other \_\_\_\_\_

**Ambulatory:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Balance:**

Sitting: Normal \_\_\_\_\_ Moderate \_\_\_\_\_ Minimal \_\_\_\_\_

Standing: Normal \_\_\_\_\_ Moderate \_\_\_\_\_ Minimal \_\_\_\_\_

Walking: Normal \_\_\_\_\_ Moderate \_\_\_\_\_ Minimal \_\_\_\_\_

I hereby give permission for the above individual to participate in the MRDA program.

Physician signature: \_\_\_\_\_

Physician name (please print): \_\_\_\_\_



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

Phone Number: \_\_\_\_\_

**SAMPLE- DO NOT FILL OUT OR SUBMIT**

**A. Session Policies**

**1. Non-Attendance Notice**

If your child will not be attending their designated class a parent/ guardian must notify the office at 925-5905 or email by **NOON** on their riding day or sooner.

If no notice is given as required above:

- First-time: Warning
- Second-time: Warning
- Third-time: Removal from session and placed on the waiting list

If your child is removed from the session, you will forfeit your riding fee for that session. Your child will be placed back in the program in the next available spot in a subsequent session.

**2. Missed Classes**

A rider is expected to be present at all 10 riding classes. Circumstances do arise, and every situation will be assessed on a case by case basis by the Executive Director.

Missing three classes per session may result in your child being removed from the session and placed on the waiting list.

If your child is removed from the session, you will forfeit your riding fee for that session. Your child will be placed back in the program in the next available spot in a subsequent session.

**3. Parental Involvement**

For each rider, a parent/family member or friend is required to volunteer for a minimum of three (3) events within each 12-month period.

At this time, a fee will not be charged for missed volunteer commitments. There will however, be a strike imposed against the family for each event to which a family committed to volunteer but did not meet their obligation. On the third strike, within a twelve-month period, your child will be removed from the program.

If your child is removed from the session, you will forfeit your riding fee for that session. Your child will be placed back in the program in the next available spot in a subsequent session.

Parents are responsible for volunteering a minimum of three events throughout the year.

\*\*Prior to the event **each** family will receive 10 tickets for the fundraiser and a cheque for \$200 will be made out to MRDA. The parent reps will determine the \$ value to purchase prizes for the raffle. If a \$200 cheque and raffle prize amount is not submitted for the Bud, Spud & Steak fundraiser before a stipulated date this amount will be added to your child's riding fee next session.

**4. Rider Fee**

Rider fee of \$300 for the full hour must be paid in full by the first class. If this is not possible, please make arrangements with the Executive Director.

**B. Appeal Process**

The appeals committee will be comprised of (3) three board members, including a parent representative. An appeal on any of the above policies must be submitted in writing to the office within 48 hours of the decision in dispute.

I understand and agree to comply with the above requirements that must be fulfilled to have my child participate in the Manitoba Riding for the Disabled Association program.

\_\_\_\_\_  
Rider Name-Print

\_\_\_\_\_  
Parent Name-Print

\_\_\_\_\_  
Signature



# Prairie Strides Inc

## RELEASE FORM

IN CONSIDERATION OF my child being allowed to use the facilities of West Wind Stables and participating under the programs operated by Prairie Strides Inc., and working with horses owned by West Wind Stables , I HEREBY RELEASE West Wind Stables, from any and all liability whatsoever with respect to any personal injury and/or death suffered by my said child or any member of my family and/or any loss of personal property which may suffer or incur while on the premise, however occasioned, while participating in Prairie Strides Inc. programs.

I ACKNOWLEDGE that I am of the full age of eighteen years.

I acknowledge that I have read this document before signing it and have had an opportunity to obtain an explanation as to its contents.

I, \_\_\_\_\_ being the parent/guardian of

\_\_\_\_\_, do hereby agree to indemnify and save harmless Prairie Strides Inc., for any loss or damage for which Prairie Strides Inc., is held liable for in relation to them.

Parent/Guardian's Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.



# PRAIRIE STRIDES

## PHOTO CONSENT AND RELEASE

In consideration of Prairie Strides Inc., continuing to provide services to the community,

I hereby grant permission to PRAIRIE STRIDES INC., to take, or have taken, still and/or moving photographs and films including television pictures of:

\_\_\_\_\_

(name of rider)

and consent or authorize PRAIRIE STRIDES INC., its advertising agencies, news media and any other persons interested in said Association and its work, to use and reproduce the photographs, films and/or pictures to circulate and publicize other same by all means including, without limiting the generality of the foregoing, newspapers, TV media, social media, brochures, pamphlets, instruction materials, books, and clinical material.

With respect to the foregoing material, no inducements or promises have been made to me to secure the signature to this release, other than the intention of PRAIRIE STRIDES INC., to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding the said Association and its work.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RELATION TO CHILD

\_\_\_\_\_  
WITNESS



## **Prairie Strides Safety and Early Student Graduation**

### **Background**

One could draw from an analogy: a child is being held on some open mechanical vehicle by two individuals while moving at different speeds, turning, stopping, and re-starting around an enclosure with uneven footing. To successfully secure this child in place on the vehicle, the supporting individuals must anticipate stops and starts and be capable of manoeuvring over uneven ground at different speeds.

In the case of Prairie Strides, the vehicle is animate – it is a horse and should not be considered predictable. The passenger is a child with a disability needing additional support. Every rider in the Prairie Strides program must be assessed on the basis of the capability of any volunteer to hold that child aboard a horse in any circumstance, or to be safely lifted off.

#### Safety: Responsibility of Volunteers

Side-walkers: must be capable of maintaining supportive grip on the child, usually across the upper thigh/hip.

Leader: anticipates horse moods and reactions at all times. Ave. leader must be capable of controlling the horse that jolts forward or sideways and serves to calm the horse by voice.

### **Early Graduation Process**

Prior to the start of each session, and as required during the session, instructors and therapist(s) for each evening will review the current status of each rider weighing six factors and their influence on safety:

1. height or body length
2. proportionate body weight
3. amount of neck and trunk control and the related need for side-walker support
4. availability of an appropriate pony or horse
5. availability of appropriate side-walkers (height/strength)
6. routine inability to be safely managed

### **Decision to Graduate**

Students who are deemed a potential safety risk, or a borderline risk, are identified and discussed using the safety factors. Parents are notified preferably prior to the start of the session. There will be times when, if all avenues are exhausted, it is necessary to give notification during a session with Prairie Strides' concerns and decision to graduate early.

Graduation from Prairie Strides at any time during a session will still involve a certificate and an occasion at the end of a given class.





# CONTRAINDICATIONS & PRECAUTIONS TO THERAPEUTIC RIDING

## CONTRAINDICATIONS

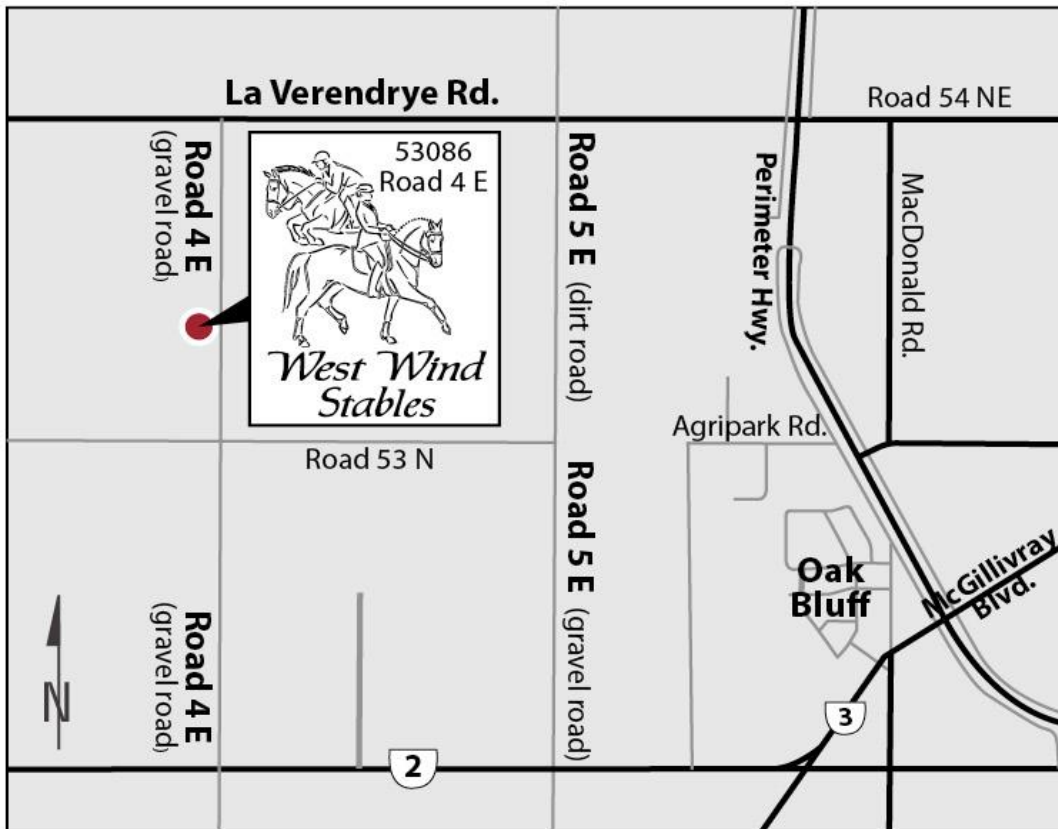
If a person has any of the following medical conditions, riding is very unlikely to be a beneficial activity for him or her, and is even likely to be harmful. Before an individual is accepted into the therapeutic riding program, the physician and program therapist should be consulted concerning the suitability of riding for that person.

- Moderate to severe agitation (confusion, excitement) and/or very disruptive behaviour
- Spinal instability, including subluxation (partial dislocation) of cervical (neck) vertebrae
- Severe osteoporosis, which is most common in senior citizens, involves brittleness of the bones and hence the possibility of fractures
- Seizures that are not controlled by medication
- 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 type or dosage that induces physical states that make riding risky and/or inappropriate
- Haemophilia, a congenital condition of the blood characterized by haemorrhages (bleeding)
- The individual is taking anticoagulant medications (blood thinners)
- Atlanto-axial instability
- Spondylolithesis (subluxation of the lower lumbar vertebra on the sacrum)
- Coxarthrosis (degeneration of the hip joint) - riding causes too much stress on that joint
- Detached retina of the eye
- Acute herniated intravertebral disk that may press on spinal nerve roots
- Complete quadriplegia, occurring as the result of a spinal cord injury
- Structural scoliosis greater than 30 degrees, excessive kyphosis (rearward increase of the curvature of the thoracic spine), or 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 the instructor, therapist, physician or program does not feel comfortable treating
- After a rhizotomy, a rider should wait for at least six months before participating in a riding program

## **PRECAUTIONS AND POSSIBLE CONTRAINDICATIONS**

If a person has any of the following conditions, riding may not be beneficial, and in some instances, may even be harmful. Before an individual is accepted into the therapeutic riding program, the physician and program therapist should be consulted concerning the suitability of riding for that person. The program reserves the right to determine the candidate's suitability for inclusion in the program.

- Prolonged use of Dilantin
- Incontinence
- Hydrocephalus, presence of shunt(s)
- Sensory deficits (unable to feel certain parts of the body)
- Heterotopic ossification
- Significant allergies to horse hair, dust, hay, etc.
- Recent surgery
- Serious cardiac (heart) condition
- Craniotomy (any surgical procedure on the skull)
- Diabetes
- Peripheral vascular disease, resulting in poor circulation in the extremities
- Obesity
- Extreme fatigue
- Arnold Chiari malformation, a congenital defect in which the cerebellum and medulla oblongata protrude through the skull, down into the spinal canal, and which is most often associated with other disabilities such as spina bifida
- Any spinal fusion, whether natural or due to surgical intervention (e.g. Harrington rod)
- History of skin breakdown and skin and skin grafts over areas of the body that bears weight in riding (seat and legs)
- Tethered cord
- History of substance abuse that has resulted in fragile blood vessels
- Rhizotomy (a surgical procedure in which the roots of the spinal nerves along the spinal canal are cut)
- Communicable diseases such as acquired immunodeficiency syndrome (AIDS) or hepatitis B, which can place the persons affected and/or others at risk



# SECTION D : SAMPLE FORMS

## 1. ATLANTO-AXIAL X-RAY VERIFICATION FOR RIDERS WITH DOWN SYNDROME

Client: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of X-ray \_\_\_\_\_

Physician's signature: \_\_\_\_\_

**Note:** Due to the nature of this activity, persons diagnosed with Down syndrome cannot be accepted for riding instruction without proof of a negative diagnostic X-ray for atlanto-axial instability. This form must be accompanied by a signed and dated statement from a qualified physician giving the date and result of the diagnostic X-ray.