

Hello, and thank you for your interest in Mitey Riders!

Within the contents of this packet, you will find all the necessary forms that need to be completed so your child may be considered for the Mitey Rider program. Please make sure all forms are COMPLETE before you send in your application, otherwise the process will take longer. **Please note: Part Two of this application must be completed by your child's physician, PT and/or surgeon.*

Applications are accepted between April 1 and July 1 of each year. Once we receive your application by fax, mail or hand, we will confirm with you that all forms are filled out correctly. Your application will be reviewed the first week in July for consideration in the upcoming Mitey Rider season, which runs from September through May. In July of your application year, you will be contacted by us directly to either schedule a mounted evaluation* or to let you know that there is not an appropriate spot available for the upcoming riding season. Any deferred applicants must submit a new, updated application the following spring.

Please review the checklist below before submitting your application. This will ensure your application is complete and ready for review.

PART ONE

- _____ Rider Profile & Health History
- _____ Consent for Release of Information
- _____ Rider Authorization for Emergency Medical Treatment

PART TWO

- _____ Physician's Letter
- _____ Physician Statement & Medical History
- _____ Prescription & Medical Team Consent

PART THREE

- _____ Parent-Volunteer Application Form
- _____ Parent-Volunteer Release Form
- _____ Parent-Volunteer Authorization for Emergency Medical Treatment
- _____ Parent Contract
- _____ Parent Agreement to Notify Form
- _____ Marketing Release
- _____ Rider & Family-Volunteer Guidelines (*keep these at home for reference!*)

Please do not hesitate to contact us directly with any questions or concerns. We look forward to meeting you and your child very soon!

Sincerely,
The Team at Misty Meadows Mitey Riders

P.S. For more info, visit our web site at www.miteyriders.org!

*Evaluations sessions for new students allow us the opportunity to meet your child and observe their interest level in working with AND riding horses. They will be asked to get on a horse or pony that is appropriate to their size and ride in a "mini-lesson" with a NARHA certified therapeutic instructor. Please make sure your child understands that he/she will be asked to wear a helmet and get on a horse or pony, and that they are properly dressed to do so (long pants, shoe with a hard sole and heel). Detailed information will follow if you are asked to come in for an evaluation at any given time.

STOP! PLEASE READ BEFORE CONTINUING!

New rider applications are only accepted between April 1 and July 1 of each year.

Applications must be FULLY COMPLETED to be accepted.

There must be a current Doctors Prescription attached to the application.

We will review all applications the first week of July and either contact you to come in for an evaluation or let you know that there is not an appropriate spot available for the upcoming riding season. If you are deferred* from the upcoming season, please reapply the next year, again between April 1 and July 1, to be reconsidered.

*Please note: There are many reasons why a rider might be deferred from the program including, but not limited to: scheduling availability (we have very limited openings each year), desire to ride, seizure control, doctor and/or therapist recommendation, behavior in a social setting or if we do not have an appropriate horse at the time.

Please do not hesitate to contact us for further explanation if your child is deferred from the program.



PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

Date of Application: ____ / ____ / ____

Rider Name (First/Middle/Last): _____

DOB: ____ / ____ / ____ Age: ____ Height: ____ Weight: ____ lbs. Gender: M / F

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ School City: _____

Parents/Guardians(First/Middle/Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail: _____

Siblings (List names and ages): _____

CAP Worker/Therapist (if applicable): _____

How did you hear about Mitey Riders? _____

Has your child participated in an equine-assisted therapy program before? YES NO
If yes, what program? _____

ELIGIBILITY VERIFICATION

I certify that my child/ward meets the eligibility requirements outlined below.

To be eligible, riders at Misty Meadows Mitey Riders, Inc.:

1. Must be five years of age or older.
2. Must provide, annually, a prescription for riding from a qualified physician.
3. May not have a history of having uncontrolled Grand Mal seizures.
4. For Down Syndrome riders: Must have a recent Atlantoaxial instability verification.
5. Parents/guardians of riders will support the Mitey Riders through the contribution of their time to our Volunteer Program. (see Parent Contract)

*We reserve the right to refuse any rider (of any disability) based on our ability to safely accommodate his/her needs.

*We also reserve the right to refuse or discontinue any rider for whom the program is deemed by us not to be beneficial.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]



PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

Diagnosis: _____ Date of Onset: _____

Date of last Tetnus Shot: _____

Please indicate if child has an issue and/or surgeries in any of the following areas by checking "yes" or "no." If "yes," please comment.

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Emotional/Mental Health			
Behavioral			
Bone/Joint			
Leaning Disability			
Independent Ambulation			
Crutches			
Braces			
Wheelchair			
Other:			

Please complete the following if your child is affected by the following conditions:

CONDITION	YES	NO	QUESTIONS
Is your child affected by seizures?			Date of last seizure: _____ Are they controlled? _____ How frequent? _____
Does your child have Down Syndrome?			Negative X-Ray for Atlantoaxial Instability? _____ Date of last X-Ray: _____ Negative symptoms for Atlantoaxial Instability? _____
Does your child have any tactile sensitivities?			Examples:
Does your child have any allergies to dust, hay, animals, pollen or seasonal environments?			Examples:



PART ONE > RIDER APPLICATION > **Rider Profile & Medical History**

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. work/school including grade completed, leisure interests, relationships- family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. why are you applying for participation? What would you like to accomplish?)

LIABILITY RELEASE

_____ [Child's name] would like to participate in The Misty Meadows Mitey Riders, Inc. program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Marilyn and Harry Swimmer, Misty Meadows Farm, Inc., Misty Meadows Mitey Riders, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses my son/daughter/ward may sustain while participating in Misty Meadows Mitey Riders, Inc.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]



PART ONE > RIDER APPLICATION > **Consent for Release of Information**

I hereby authorize: _____
[medical person or facility]

to release information from the records of: _____
[child's name]

The information is to be released to: _____
[equine therapy person or facility]

for the purpose of developing an equine activity program for the above named participant.

The information to be released is indicated below:

- m Medical history
- m Physical therapy evaluation, assessment and program plan
- m Speech therapy evaluation, assessment and program plan
- m Mental health diagnosis and treatment plan
- m Individual Habilitation Plan (I.H.P.)
- m Classroom Individual Education Plan (I.E.P.)
- m Psychosocial evaluation, assessment and program plan
- m Cognitive-behavioral management plan
- m Other:

This release is valid for one year and can be revoked, in writing, at my request.

Parent/Gaurdian Signature: _____

Print Name: _____

Relation to Participant: _____

Date: _____

Please send materials to: _____



PART ONE > RIDER APPLICATION > **Rider's Authorization for Emergency Medical Treatment**

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Misty Meadows Farm, I authorize The Misty Meadows Mitey Riders, Inc. to:

- Secure and retain medical treatment and transportation if needed;
- Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

Rider Name (First/Middle/Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____

General Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]

Parents/Guardians (PRINT NAME): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

NON-CONSENT PLAN

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Misty Meadows. In the event emergency medical aid/treatment is required, I wish the following procedure to take place: _____.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]

Parents/Guardians (PRINT NAME): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____



PART TWO > RIDER APPLICATION > **Physician's Letter**

NOTE: Send this letter, in addition to the following 2 pages to your General Physician.

Date: _____

Dear Health Care Provider:

Your patient, _____ [Child's name] is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

- Atlantoaxial Instability - include neurologic symptoms
- Coxarthrosis
- Cranial Defects
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

Neurologic

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II Malformation

Other

- Age – under 4 years
- Indwelling Catheters/Medical Equipment
- Medications – i.e. Photosensitivity
- Poor Endurance
- Skin Breakdown

Medical/Psychological

- Allergies
- Animal Abuse
- Cardiac Condition
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to Self or Others
- Exacerbations of Medical Conditions
- Fire Settings
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please contact the center at the address/phone indicated above.

Sincerely,



PART TWO > RIDER APPLICATION > **Physician Statement & Medical History**

NOTE: This section MUST be filled out by your child's General Physician.

Rider Name (First/Middle/Last): _____
 DOB: ____ / ____ / ____ Age: ____ Height: ____ Weight: ____ lbs. Gender: M / F
 Address: _____
 City: _____ State: _____ Zip Code: _____

Diagnosis: _____ Date of Onset: _____
 Date of last Tetnus Shot: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled: Y / N Date of Last Seizure: _____
 Shunt Present: Y / N Date of last revision: _____
 Mobility: Independent Ambulation Y / N Assisted Ambulation Y / N Wheelchair Y / N
 Braces/Assistive Devices: _____
 For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + / -
 Neurologic Symptoms of Atlanto Axial Instability: _____

Please indicate current or past special needs in the following areas, including surgeries:

AREA	YES	NO	COMMENTS
Auditory			
Visual			
Speech			
Tactile Sensation			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Neurological			
Immunity			
Muscular			
Orthopedic			
Allergies			
Emotional/Mental Health			
Pain			
Behavioral			
Bone/Joint			
Leaning Disability			
Other:			



PART TWO > RIDER APPLICATION > **Prescription & Medical Team* Consent**

NOTE: This section MUST be filled out by your child's General Physician, and signed off on by your child's alternate medical professionals including, but not limited to: PT, OT, Orthopedic Surgeon, and others. *You do not need additional sign-off if your child does not currently see any specialists beyond a General Physician.

Prescription for Therapeutic Horseback Riding

Prescription, where appropriate for evaluation and treatment by a Physical, Occupational and/or Speech Therapist in conjunction with The Misty Meadows Mitey Riders, Inc.

Rider Name (First/Middle/Last): _____

Diagnosis: _____ Date of Onset: _____

Recommended Frequency _____

Precautions (all riders must wear helmets) _____

Physician's Signature _____ Date _____

Address: _____

Phone: _____ License/UPIN Number: _____

...

Please have at least one additional medical professional (PT, OT, orthopedic surgeon, psychiatrist, neurologist, etc) consent to this prescription.

ADDITIONAL MEDICAL PROFESSIONAL #1

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that the NARHA center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the NARHA center for ongoing evaluation to determine eligibility for participation.

Name: _____ MD / DO / NP / PA / Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

ADDITIONAL MEDICAL PROFESSIONAL #2

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that the NARHA center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the NARHA center for ongoing evaluation to determine eligibility for participation.

Name: _____ MD / DO / NP / PA / Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____



PART THREE > RIDER APPLICATION > **Parent-Volunteer Release Forms**

NOTE: There are two identical forms included in this section. If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.

PARENT/GUARDIAN ONE

Liability Release

As a volunteer at Misty Meadows Mitey Riders, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the riders I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Marilyn and Harry Swimmer, Misty Meadows Farm, Inc., Misty Meadows Mitey Riders, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Misty Meadows Mitey Riders, Inc.

Photo Release (check one)

_____ I consent to and authorize the use and reproduction by Misty Meadows Mitey Riders, Inc., of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Program.

_____ I do not give my consent for the Photo Release.

Confidentiality Agreement

I understand the expectation that all information related to the students of Misty Meadows Mitey Riders is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Signature: _____ Date: _____
[Parent or Legal Guardian]

PARENT/GUARDIAN TWO

Liability Release

As a volunteer at Misty Meadows Mitey Riders, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the riders I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Marilyn and Harry Swimmer, Misty Meadows Farm, Inc., Misty Meadows Mitey Riders, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Misty Meadows Mitey Riders, Inc.

Photo Release (check one)

_____ I consent to and authorize the use and reproduction by Misty Meadows Mitey Riders, Inc., of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Program.

_____ I do not give my consent for the Photo Release.

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I understand the expectation that all information related to the students of Misty Meadows Mitey Riders is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Signature: _____ Date: _____
[Parent or Legal Guardian]



PART THREE > RIDER APPLICATION > **Parent-Volunteer Authorization for Emergency Medical Treatment**

NOTE: There are two identical forms included in this section. If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.

PARENT/GUARDIAN ONE

Authorization for Emergency Medical Treatment

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Misty Meadows Farm, I authorize The Misty Meadows Mitey Riders, Inc. to:

- Secure and retain medical treatment and transportation if needed;
- Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name (First/Middle/Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____

General Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

CONSENT / NON-CONSENT PLAN (check one)

I understand that in the event of an emergency I will be taken to the nearest medical facility.

_____ This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

_____ I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Misty Meadows. In the event emergency medical aid/treatment is required, I wish the following procedure to take place: _____

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]



PART THREE > RIDER APPLICATION > **Parent-Volunteer Authorization for Emergency Medical Treatment**

NOTE: There are two identical forms included in this section. If both parents/guardians are present, please be sure to fill out the information completely for both individuals separately.

PARENT/GUARDIAN TWO

Authorization for Emergency Medical Treatment

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Misty Meadows Farm, I authorize The Misty Meadows Mitey Riders, Inc. to:

- Secure and retain medical treatment and transportation if needed;
- Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name (First/Middle/Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____

General Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

CONSENT / NON-CONSENT PLAN (check one)

I understand that in the event of an emergency I will be taken to the nearest medical facility.

_____ This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

_____ I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Misty Meadows. In the event emergency medical aid/treatment is required, I wish the following procedure to take place: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]



PART THREE > RIDER APPLICATION > **Parent Contract**

In exchange for _____ [Child's name]

being an active participant in the Misty Meadows Mitey Riders program, I agree to volunteer, in some needed capacity, the equivalent of **at least thirty hours*** in the course of each program year in which my rider participates.

PARENT/GUARDIAN ONE

Print Name: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]

PARENT/GUARDIAN TWO

Print Name: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]

*The required thirty hours is per family, NOT per family member. Siblings, relatives and CAP workers are invited and encouraged to volunteer as well, but must fill out a Volunteer Application Form, and attend Safety Training each year.



PART THREE > RIDER APPLICATION > **Parent Agreement to Notify Form**

I agree to notify Misty Meadows Mitey Riders in writing in the event that I/my son/daughter/ward is unable to ride, for any period of time during the course of the Program year, due to:

- medical procedures
- illness
- injury
- other incidents that may affect the child's ability to safely be on a horse.

Rider's Name: _____

PARENT/GUARDIAN ONE

Print Name: _____

Signature: _____ Date: _____

[Client, Parent or Legal Guardian]

PARENT/GUARDIAN TWO

Print Name: _____

Signature: _____ Date: _____ [Client, Parent or

Legal Guardian]



PART THREE > RIDER APPLICATION > **Marketing Release**

I **DO** **DO NOT** consent to and authorize the use and reproduction by **Misty Meadows Mitey Riders, Inc.** of any and all photographs and any other audio/visual materials taken of me and/or my child and family for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program. Additionally, I **DO** **DO NOT** consent to and authorize the use of any testimonials and/or written and spoken quotations from me and/or my child and family for promotional materials, marketing purposes or any other use for the benefit of the program.

Signature: _____ Date: _____
[Client, Parent or Legal Guardian]

Please add the following family members and friends to your mailing list:

Name (First/Last): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____
Relationship to Rider: _____

Name (First/Last): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____
Relationship to Rider: _____

Name (First/Last): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____
Relationship to Rider: _____

Name (First/Last): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____
Relationship to Rider: _____

PART THREE > RIDER APPLICATION > **Rider Guidelines**

NOTE: Below you find a list of our Rider and Family-Volunteer Guidelines. Please keep these pages for your records at home. You can also find this information on our web site at www.miteyriders.org.

Our goal is to provide a safe and beneficial experience for our riders, volunteers, horses and staff. To do so, we rely on all of our families to follow these guidelines.

General

- All new students will be evaluated prior to acceptance in the program.
- Once a student is accepted, on-going evaluations will determine if riding therapy continues to be beneficial and our horses/volunteers are able to safely and effectively accommodate the student.
- **Approved helmets must be worn at ALL MOUNTED TIMES.**
- All releases, medical and consent forms must be updated annually prior to participation in classes.
- All students with Down Syndrome must have Atlantoaxial instability verification annually on file.
- All students **MUST** have 2 doctor prescriptions on file with the farm – one from a general physician and one from a specialist or approved therapist, stating that the rider is fit to participate.

Cancellations & Weather

- If a rider has to cancel, a call to both the farm and your Volunteer Coordinator should be made **AHEAD** of his/her scheduled day. See our full attendance policy below.
- If we do not have enough volunteers present to provide a safe ride, sessions may be canceled.
- If the weather is below 32 degrees or there is snow/ice, sessions may be canceled on a class-by-class basis.
- Even if morning classes are canceled due to weather, afternoon classes may still take place – be sure to check the web site and expect a call from your Volunteer Coordinator.
- If there is a severe thunderstorm, mounted sessions will be canceled.

Rider Attire & Equipment

- All riders should be dressed in proper riding attire!
- Long pants and shoes or boots with a heel are required.
- Approved helmets must be worn at all times.
- Dangling jewelry may be unsafe and should not be worn!
- **NO** perfume or cologne, as it can attract insects.
- **NO** open-toe shoes, sandals, dress shoes, shorts or skirts are allowed.
- If you need help finding appropriate attire for your rider, just ask!

Etiquette

- Rider's (young) siblings and/or their friends should not come to weekly lessons.
- Please arrive 15 minutes prior to class start time
- Please do not bring your pets.
- Stay in the designated waiting areas until class begins.
- Parents...Please do not leave the farm during your riders lesson.
- Parents...**NO DROP OFF POLICY** – please supervise your rider before and after class.
- Please do not give treats to the horses.

Our Attendance Policy

Attendance is taken at every lesson through our sign-in sheets. If a rider is unable to attend a lesson, the barn and Volunteer Coordinator must be contacted as soon as possible. Advance notice is very important to ensure proper care of the horses and proper use of our volunteers.

If you know a rider cannot attend a future lesson, let us know as soon as possible so we can make the necessary staff/horse adjustments.

If a rider is unable to attend a lesson and we do not receive a call, it will be considered a “no show.” Due to the size of our program and the number of families on our waiting list:

- Three “no shows” in one program season will result in the rider being moved into appointment-based lessons. This means that the rider will no longer have a set class in which to ride, but will continue by appointment only.
- Six “no shows” in one program season will result in the rider being removed from the active program.

**Note: “No shows” are different than noted absences.*

PART THREE > RIDER APPLICATION > **Family-Volunteer Guidelines**

NOTE: Below you find a list of our Rider and Family-Volunteer Guidelines. Please keep these pages for your records at home. You can also find this information on our web site at www.miteyriders.org.

General Volunteer Guidelines

- Must be at least 15 years of age
- Volunteering involves moderate physical activity. Make sure you are comfortable with the physicality of the role you have selected
- Volunteers do not need to have previous horse experience but a level of comfort is necessary.
- Volunteers must be available a minimum of 1 hour per week (same day and time each week).
- ALL volunteers are required attending a Volunteer Orientation and Training session
- ALL volunteers wanting to be leaders or work in the barn must attend Leader/Barn Training once a year
- Mitey Riders reserves the right to make the final determination as to the appropriateness of volunteers for our organization.
- Mitey Riders does enforce a dress code to ensure the ability of volunteers to perform in their roles as well as to set examples for our riders.

Horse Leaders and Sidewalkers Guidelines

- Leaders must be at least 16 years of age
- LEADERS are responsible for the horse at all times while leading
- SIDEWALKERS are responsible for the stability and safety of the rider while mounted at all times
- Time commitment is 1 and a half hours per week for the length of the session
- Arrive at least fifteen minutes prior to class
- When you're in the arena, the instructor is in charge
- If you have suggestions or ideas, talk with the class Instructor or Volunteer Coordinator
- Return all equipment used to its place
- Keep talking to a minimum this lets you and others listen and pay attention to the Instructor's directions
- When in doubt, ask!

Volunteer Dress Code Guidelines

- Hard-soled shoes with a low heel are preferred but sneakers with heavy tread are OK
- Shoes must be tied securely
- Open-toed shoes, sandals, and slip-on shoes are not permitted
- Dress appropriate for the Weather; dressing in layers is often a good choice
- No tops with spaghetti straps/shelf bras. Proper undergarments must be worn and tank tops must have thick straps and cannot be too low in the front.
- Shirts must cover your stomach/back.
- No t-shirts with beer/alcohol/drug references or foul language.
- Shorts must be at mid-thigh or longer (No skirts please!)
- Please no perfume or colognes
- Please no dangling jewelry

Consistency is extremely important in keeping our programs progressive and running smoothly. Every volunteer is encouraged to have a regular schedule for the length of the session in the day(s) and hour(s) they volunteer. As dependability is essential, be sure to contact the Volunteer Coordinator as soon as you are aware of any circumstances that will delay/keep you from your scheduled lesson time(s).

**Misty Meadows Mitey Riders reserves the right to amend these guidelines at any time.*