



New Castle  
County | DE  
**Parks &  
Recreation**  
Live Healthy New Castle County

## **CAROUSEL PARK & EQUESTRIAN CENTER**

### **PARTICIPANT REGISTRATION PACKET**

### **THERAPEUTIC RIDING and ONGOING TRAINING (TROT)**

A PATH Intl (Professional Association of Therapeutic Horsemanship International) Premier Accredited Center.

#### **Contact:**

**Carousel Park Equestrian Center**

**3700 Limestone Road**

**Wilmington, DE 19808**

**Phone: 302-995-7670**

**Fax: 302-995-5785**

**Email: [Elyssa.Doner@newcastlede.gov](mailto:Elyssa.Doner@newcastlede.gov)**

## **Participant Registration Packet** **Directions and Information**

Thank you for your interest in the therapeutic riding program at Carousel Park. New participant information and forms, as well as policies and procedures, are included in this packet. Please review this information carefully and sign all forms.

### **Location**

The New Castle County Equestrian Center, Carousel Park is located at 3700 Limestone Road in Wilmington, Delaware, 19808

### **Participant Forms**

The forms contained in the Therapeutic Riding Participant Registration Packet must be filled out completely prior to participating in any program activities. These forms must be completed and returned to Carousel Park prior to the student's scheduled evaluation with the Equestrian Program Coordinator and Riding Instructor. The forms include a participant application and health history, a signed liability waiver, photo release, health history, and a physician's release. These forms must be updated annually.

**The Equestrian Program Coordinator will contact you to schedule an evaluation.**

### **Eligibility Requirements**

Please note that equine assisted therapy may be contraindicated for some conditions or individuals. The therapeutic riding program at Carousel Park adheres to the PATH Intl guidelines for precautions or contraindications found in the PATH Intl standards manual. These guidelines are available for review at the Carousel Park office.

There are certain eligibility requirements for participants. Please note that the therapeutic riding program at Carousel Park is unable to accommodate any individual over the weight of 225 lbs. due to safety considerations for the rider as well as the volunteers; in addition, weight considerations will be evaluated based on the availability of suitable horses for the participant. Additionally, according to the PATH Intl precautions and contraindications, therapeutic riding is not recommended for children under the age of 4 unless they are being directly treated by a therapist. Therefore, the therapeutic riding program at Carousel Park will not be able to accept any students under the age of 4 years.

### **Risks of Engaging in Equine Activities**

Although it is our goal at Carousel Park, to provide a safe and beneficial experience for all participants, please also note that equine activities inherently involve risk. It is important that each potential participant be evaluated on an individual basis to determine if therapeutic riding is the activity that is going to be the most beneficial for the individual. These evaluations will be performed by the trained staff at Carousel Park, with the recommendations from the individual's physician.

**WARNING: Under Delaware law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. Moreover, governmental entities and their employees shall be immune from tort claims seeking recovery of damages pursuant to 10 Del. C. § 4011, et seq.**

## **Participant Dismissal from Program Activities**

Participants, parents, and guardians should be aware that certain conditions will require the dismissal of participants from program activities. Those conditions are:

1. The development of a contraindicated condition or the decline of a condition making it harmful or detrimental to the participant's condition;
2. Weight gain above the limit of 225 lbs. for participants.
3. Incomplete or failure to return annual participant forms;
4. Any display of harmful or threatening behavior exhibited towards any person or animal; or
5. The advancement of an independent rider to the typical riding program at Carousel Park;

## **Program Schedule and Fees**

### **Therapeutic Riding:**

Therapeutic riding lessons are one-hour in length. Each lesson consists of grooming, tacking/untacking, and thirty minutes of riding.

### **Fees:**

Payments for therapeutic riding lessons are to be made prior to the start of each six-week session. We accept cash, credit card, or check/money order made payable to New Castle County. Please contact the office for current prices.

## **Lesson Policies**

**Missed Lessons:** 24 hours' notice is required if you are unable to attend your lesson. This is a courtesy to ensure that proper notice is given to volunteers and staff. If you cannot make your lesson, please call the main office at 302-995-7670 or email [elyssa.doner@newcastlede.gov](mailto:elyssa.doner@newcastlede.gov) before the office closes. Our office hours are Monday through Friday, 9:00AM – 4:00PM. After business hours, please email [elyssa.doner@newcastlede.gov](mailto:elyssa.doner@newcastlede.gov) with the reason for the missed lesson.

**Make-ups:** Carousel Park is unable to provide make-ups for missed lessons unless they are cancelled by the facility. Students will only be excused from a scheduled class for medical reasons. In such cases, the student must present a note from his/her physician to qualify for a make-up.

**Inclement Weather:** If lessons are cancelled by Carousel Park due to weather, participants will be notified by phone or e-mail as provided on the registration form. Make-ups for lessons cancelled by Carousel Park will be scheduled during down week. If you cannot attend your make-up class, you will receive a credit for the lesson.

**Community Services Refund Policy:** Refunds will be issued with a written request submitted at least 14 days prior to the start of the activity. Refund requests received within 14 days of the activity will receive a credit to the customer's account which is valid for one year. Refund requests received after the start of the activity will not be honored, unless due to a documented illness or injury. Unless an activity is cancelled by New Castle County, all refunds and credits will incur a transaction fee of 10% (programs \$100 or less) or 5% (programs over \$100) of the activity fee. Full-day summer recreation camp refunds incur a \$25 per week reservation fee.

## **Participant Attire**

Participants are required to wear hard sole shoes with a ½ inch heel, such as boots. Sneakers are not appropriate. Participants are also required to wear ASTM-SEI approved helmets. Helmets are provided by Carousel Park if needed. Long pants are required for riders.

## **Rules and Regulations**

Participants, parents, guardians and guests are responsible for following all Carousel Park rules and regulations at all times.

## **Safety Rules for Volunteers, Participants, Families, and Guests**

Safety is our number one priority at Carousel Park. All of our instructors are trained professionals and their instructions must be followed. Do not be afraid to ask questions! If you are unsure how to do something, please ask the instructor.

All volunteers, participants, families and guests are responsible for following these rules at all times:

- No running or yelling in the barn area or around the horses.
- No smoking or use of open flames.
- Never stand directly behind a horse. Horses at Carousel are well trained; however, it is possible that they may become frightened and strike out.
- Children must be supervised at all times.
- Alcohol or illegal drug use is strictly prohibited.
- No abusive, threatening, or violent behavior.
- Report all accidents, injuries, or hazardous conditions to Carousel staff as soon as possible.
- Use of proper riding equipment, including but not limited to helmets and boots with a heel, is mandatory at all times.
- No one may mount, dismount, or ride a horse unless supervised by a staff member.
- Do not feed any of our animals. If you wish to feed our horses a treat, the treat must be given to a staff member, who will then place the treat in a feeding basket for you to feed the horse. Several of our horses are on strict diets and cannot have certain foods. There is also the danger of being bitten should you try to feed an animal directly.
- Always lead a horse with a halter and a lead rope.
- Keep a safe distance between horses – a minimum of 2 horse lengths is required.
- Arena gates must be closed when horses are in the ring.
- In the event of a loose horse, fallen rider, or other emergency, do not panic. Rider safety is most important. Directions will be provided from an instructor.
- No cell phones

These rules are in place for everyone's safety. Everyone must follow these rules at all times while at Carousel. Violation of safety rules may result in the participant's dismissed from our riding program.

**PARTICIPANT FORMS**

(Complete and return)

**PARTICIPANT'S APPLICATION and HEALTH HISTORY  
GENERAL INFORMATION**

**Participant:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

**Parent/Legal Guardian:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

**Emergency Information:**

**Emergency Contacts**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please List any Allergies to Medications

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

:

## HEALTH HISTORY

Diagnosis \_\_\_\_\_ Date of onset: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	<b>Y</b>	<b>N</b>	<b>Comments</b>
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

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

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

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

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

**GOALS** (Why are you applying for participation? What would you like to accomplish?)

**PHOTO RELEASE**

I authorize the use and reproduction by New Castle County of any and all photographs and any other audio/visual materials taken of me/the minor for promotional material, educational activities, and exhibitions for the benefit of New Castle County. Please circle: **YES / NO**

**PARTICIPANT LIABILITY RELEASE AGREEMENT (“AGREEMENT”)**

As a participant or parent or legal guardian of a participant (“I”), I hereby acknowledge and understand that horseback riding and being around horses are dangerous activities which can result in injury and death. I agree that I or my heirs, assigns, or next of kin will not sue or make a claim against NEW CASTLE COUNTY, its officials, employees, agents, licensees and/or volunteers (collectively the “RELEASED PARTIES”) for injuries and/or damages that may occur as a result of the participant’s involvement in horseback riding, horseback riding instruction, handling, or being on or near horses or ponies on the property of CAROUSEL PARK, or any other activity in which I may participate at CAROUSEL PARK. I hereby release, indemnify, and hold harmless the RELEASED PARTIES from all losses, damages, judgments, costs, and attorneys’ fees that may occur as a result of injury to the participant or his or her involvement in activities at CAROUSEL PARK and related claims by any parties, even if arising from the negligence of the RELEASED PARTIES. I have read all applicable rules regarding protective equipment, and I understand that I am required to wear protective equipment, although I understand that no protective equipment can guard against all injuries. I understand that risks are involved in riding, handling, or being on or near horses and ponies (including, but not limited to falling off of a horse or being kicked by a horse), and by signing this agreement, I take full responsibility in the event of any injury. I have read this agreement carefully, and I understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

**WARNING: PURSUANT TO DELAWARE LAW, 10 DELAWARE CODE §8140, AN EQUINE PROFESSIONAL AND/OR EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Moreover, governmental entities and their employees shall be immune from tort claims seeking recovery of damages pursuant to 10 Del. C. § 4011, et seq.**

**PARTICIPANT ACKNOWLEDGEMENT**

I acknowledge that I have received, read, and understand all policies, procedures, and agreements including liability release, photo release, New Castle County Policies and Procedures, and Carousel Park & Equestrian Center Lesson Policies, which I shall adhere at all times. I further understand that any violations of New Castle County policies and procedures may result in disciplinary action up to and including dismissal from Carousel Park.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)      Date

\_\_\_\_\_  
Signature – New Castle County      Date

**PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT**  
**To be completed by Physician**

Dear Health Care Provider:

Your patient, \_\_\_\_\_  
(Participant's name)  
is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update 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.

**Participant Information:**

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_  
Past/Prospective Surgeries: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_  
Shunt Present: Y N Date of last revision \_\_\_\_\_  
Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

For those with Down syndrome: AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + -

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

**Orthopedic**

Atlantoaxial Instability – include neurologic symptoms  
Coxa Arthrosis  
Cranial Deficits  
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/Tethered Cord/Hydromyelia

**OTHER**

Age – under 5years  
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 (i.e. RA, MS)  
Fire Settings  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder



**PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT**

**To be completed by Physician**

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

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the PATH Intl. center will weight the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_