TRUE FRIENDS
Camps. Respite. Programs. Travel.

Dear Friend,

We are looking forward to a great summer with you as a participant in one of our horsemanship experiences. Our program is directed by Shari Mangas, OTR and Path Certified Instructor. In addition to Shari we have highly trained staff experienced in working with horses, children, and adults with disabilities. Our team knows how to make it fun and safe at the same time. We will be following the Path International guidelines for safety standards to ensure all participants have a fulfilling, safe experience.

In order for a rider to participate in any of the programs they must:

1. Wear long pants and closed toed shoes;
2. Wear a helmet while on a horse. A helmet is provided;

Please Note: weight and ability to sit balance can be a prohibiting factor. It will be up to the discretion of the instructor as to the participant's qualifications to ride. We do back ride with individuals, however safety, behaviors and weight can be prohibitive to back riding.

Individuals who do not meet these policies are still encouraged to participate in all of the non-mounted horse activities, including grooming, paintings, and learning about the horse.

Contraindications Form Requirement
To ensure that each participant can benefit from Mounted Riding Activities all paperwork found in the application packet for the horse program is required. All paperwork must be fully completed and returned at least three (3) weeks prior to attending the first session. Guardians, it is your responsibility to see that the physicians form is signed and returned.

Thank you for entrusting us with your camper. We assure you this experience will be safe, fun and memorable. We look forward to seeing you this summer!

In Friendship,

Therapy and Adaptive Riding Team

True Friends
10509 108th Street NW
Annandale, MN 55302
registration@truefriends.org
9528520101

To be completed by a physician/health care professional.

Contraindications to Horse Program

Your patient is interested in participating in supervised equine activities. In order to safely provide this service, True Friends 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. If you have any questions or concerns regarding this patient's participation in equine assisted activities please contact us.

Patient Information

Name: _____
First *Middle* *Last*

Date of Birth: _____ Age: _____ Weight: _____ Height:_____

Primary Diagnosis:
_____
_____

Orthopedic	NO	YES	COMMENTS
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	☐	☐	
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	☐	☐	
Other	☐	☐	
Age - under 4 years	☐	☐	
Indwelling Catheters/Medical Equipment	☐	☐	
Medications - i.e. photosensitivity	☐	☐	
Poor Endurance	☐	☐	
Skin Breakdown	☐	☐	

Please provide your professional opinion as to whether or not your patient is a suitable candidate for mounted horseback riding activities:

_____

Physician's Signature **Date**

_____

Physician's Printed Name

Please send materials to:

True Friends
Attn: Registration
10509 108th Street NW
Annandale, MN 55302
registration@truefriends.org

Questions? Please call Customer Relations at 952.852.0101 or email registration@truefriends.org.