



# Lenawee Therapeutic Riding



January 2022

Please keep this form for reference

Hello riders, parents, and families,

The LTR board and 4-H staff are planning riding sessions for 2022. Those sessions may look a bit different due to current and future restrictions, both from the State of Michigan and our parent Michigan State University in trying to keep us all safe. Please keep in mind that some of our riders may not be safe for us to teach this year. If a rider needs 2 sidewalkers and has a lot of contact with volunteers it will not be safe for them or their volunteers. The biggest issue will be matching the riders, volunteers, and horse's availability and desire to do all of this. Please be patient and know that we have everyone's best interests at heart. Note: all COVID restrictions will be in place, and you will be notified about them in advance of riding if you choose to do so.

We will once again be at Miracle Meadows Ranch, 3604 Chase Road, Adrian MI.

IF YOU FILLED OUT a Rider Registration Packet and it was for the entire year, **the only form you must complete the new 2022 Renewal Form.** If you did not or it was due midyear, you will need a new Rider Registration Packet (see below) including physician's form. We know how difficult it is this year to see a physician face to face.

- ✓ Rider Registration and Emergency Treatment
- ✓ Parent- Guardian Informed Consent and Release of Liability
- ✓ Photo Release
- ✓ Physician's Referral
- ✓ Physical/Occupational Therapist Assessment –if you see a PT/OT
- ✓ Down syndrome Rider Evaluation

## 2022 SCHEDULE

Spring Session – April 18 to May 23 on Mondays

Fall Session – September 12 to October 17 on Mondays

Fair Horse Show for Spring Riders is Monday, July 25th

Send 2022 Renewal Form (or complete Rider Registration Packet to:

Jan Vescelius, 4133 Green Hwy., Tecumseh, MI 49286

Rider Fees will be collected at a later time.

Please contact me with any questions. If you do not feel that it is safe for you or your family member to ride, please let me know as soon as possible so we can determine the needs for our riders.

For those of you who wish to ride, please be patient as we need to put this puzzle together to make it work. It takes riders, horses, volunteers, and staff working together to see if this will work.

Jan Vescelius  
Head Instructor

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# Lenawee Therapeutic Riding



## 2022 | Annual Renewal Form

PATH, International standards require LTR to update all rider information annually. ***By signing below, you are formally renewing any and all previously-provided information, agreements, releases, affirmations, and consents, unless otherwise specified. This includes the Medical History & Physician's Statement, Rider Information, and Health History forms.***

Participant's Name: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Parent/Guardian's Name (if applicable): \_\_\_\_\_

☐

**None of my participant information has changed.**

☐

**I have indicated changes to my participant information below.**

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

*(Participant if over 18 and legally responsible—or—parent/legal guardian if participant is under 18 or not legally responsible)*

Printed Name: \_\_\_\_\_

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### **Please complete this section if ANY of the following information has changed:**

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

#### ***In the event of an emergency, contact:***

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

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

Diagnosis: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Recent Surgeries or Hospitalizations: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_\_Y\_\_\_\_N Date of Last Seizure \_\_\_\_\_

Shunt Present: \_\_\_\_\_ Date of Last Revision: \_\_\_\_\_

Indwelling Catheters or Spinal Rods Present: \_\_\_\_Y\_\_\_\_N Location: \_\_\_\_\_

Mobility: Independent \_\_\_\_Y\_\_\_\_N Assisted \_\_\_\_Y\_\_\_\_N Wheelchair \_\_\_\_Y\_\_\_\_N

Braces/Assistive Devices: \_\_\_\_\_

Other changes LTR should know about (health, behavior, mobility, etc.): \_\_\_\_\_

\_\_\_\_\_

**Please return the completed form to Jan V. NO LATER than May 1.**