Therapeutic Horseback Riding Application Packet 2026

Welcome to the Ivey Ranch Equestrian Program!

We are looking forward to your participation in this fun and exciting program and invite you to contact the office with any questions or concerns.

Enrollment and Participation:
Please fill out and sign the enclosed forms completely and return. An Evaluation Lesson will be scheduled based on availability. Therapeutic lessons are scheduled for 6-weeks at a time, monthly, and with occasional availability on a bi-monthly basis.

Please let us know if the participant is unable to make a scheduled lesson by calling (760) 722-4839. If the participant is unable to keep a scheduled lesson we will need to be notified at least 4 hours prior to the lesson. If not notified, it will be considered a "no show" and no credit will be issued. Weekly riders are allowed one "excused" absence every other month (this includes sickness and vacation).

Program Fee Policy:

Evaluation lessons are to be paid prior to the lesson.

Payment in full is payable by the first lesson of each month. Fees (cash or check) are to be paid in advance of participation and paid at the Horse Office or by arranging credit card payment through the business office at the ranch house. Program fees cover less than 50% of the costs associated with this program so we ask that you regularly support the fundraisers and events that Ivey Ranch Park Association hosts to offset these costs.

Important: ***Clients of Regional Center, a FMS or WWP*** *that do not have a Purchase of Service or current referral in place when scheduled for lessons will be financially responsible for all lessons until the POS or referral is activated. Additionally, participants of a FMS that have incurred a fee not paid by their FMS will be responsible for those expenses. Examples of the participant out of pocket fees: No Shows, Late to Cancel a Lesson, and Late to the Lesson – Did Not Ride*.

Six-week **Group Therapy Riding fees**: $240.00 (20 – 30 minute lessons)
Six-week **Transition Group Therapy Riding fees:** $300 (50 minute lessons)
Six-week **Private Therapy Riding fees:** $360.00 (30 minute lessons)
Six-week **Private Therapy Riding fees:** $450.00 (50 minute lessons)

Month to Month **Transition Group Rider fees:** $50 each lesson / $200.00 - $250.00 a month, based on a 4 or 5 week month

Weight Limit Disclaimer:
Horse, rider, and volunteer safety is our top priority. Part of maintaining that safety is adhering to the height and weight limit guidelines shown below. Each horse has its own weight limit, with factors such as age, medical conditions, rider weight distribution, and rider balance that are taken into consideration. When a rider needs support from a sidewalker, weight limits are lowered to ensure that sidewalkers can offer appropriate support that is safe for the rider, volunteer, and horse. Overloading the horse can cause injury to the horse, rider, and volunteer. Weight checks may be performed, and all final decisions rest with Ivey Ranch management.

Height	Independent Riders	Assisted Riders
Under 5’	up to 150 lbs	up to 125 lbs
5’ to 5’6”	up to 200 lbs	up to 145 lbs
5’7 to 6’	up to 225 lbs	up to 165 lbs
6’1” to 6’5”	up to 250 lbs	up to 185 lbs

Riders over 55 lbs must be able to have adequate trunk control to be able to support themselves sitting upright, if necessary with the use of two hands

Riding and Apparel:
Classes are held daily. During times of rainy and stormy weather, or extreme heat, classes will be cancelled and a credit will be issued. Please call our weather line at (760) 439-4839 ext. 417 if you are unsure whether or not to attend. Participants should dress appropriate for the current weather conditions. Long pants and boots or sneakers (no sandals) are always mandatory - rain or shine.

Participant's Application and Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F Non-Binary

Address, City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Parent / Legal Guardian: _____

Caregivers: _____

Address (if different from above) _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

SDRC Service Coordinator: _____ Phone: _____

SDRC UCI #: _____

FMS Company: _____ Phone: _____

FMS Independent Facilitator: _____ Phone _____

FMS Facilitator Email:

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

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

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

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

Describe your abilities/difficulties in the following areas (include assistance required and 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?

PHOTO RELEASE (please choose one)

I ☐ **DO**

☐ **DO NOT**

Consent to, and authorize the use and reproduction by, Ivey Ranch Park Association of any and all photographs, and any other audio/visual materials, taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

I HAVE READ, AND AGREE TO ABIDE BY THE EQUESTRIAN PROGRAM POLICIES PROVIDED TO ME. ALL INFORMATION PROVIDED ON THESE FORMS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I FURTHER UNDERSTAND ANY INCOMPLETE PAPERWORK VOIDS PARTICIPATION IN THIS PROGRAM.

Signature: _____ Date: _____

Client (if over 18 years of age), Parent (of minor) or Legal Guardian

Printed Name of Above Signature: _____

DEMOGRAPHIC INFORMATION 2026

The following demographic information is collected for grant writing purposes only and must be completed. This information is not shared with any other organization.

As a non-profit organization, Ivey Ranch relies on grants and community support to run the many programs we offer. The volunteer opportunity selection is to assist us in recruiting individuals interested in offering support in order to keep program costs as low as possible. Please help us by providing the following information and letting us know if you are interested in helping in any of the ways listed.

Participant's Name: _____

HOW DID YOU HEAR ABOUT IVEY RANCH?

RACE (please identify only one category – **if you identify with more than one race, choose 'other'**)

☐ Caucasian

☐ African American

☐ American Indian (including North, Central & South American and Alaskan Native)

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ Other

ETHNICITY (please identify with only one category)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

HOUSEHOLD INFORMATION

1. Family Size: _____
2. Female Headed Household (select one): YES ☐ NO ☐
3. Disabled or Special Needs (select one): YES ☐ NO ☐

INCOME INFORMATION (select one)

☐ Household Income at or below $32,000

☐ Household Income between $32,001 - $36,400

☐ Household Income between $36,401 - $40,950

☐ Household Income between $40,951 - $45,450

☐ Household Income between $45,451 - $49,100

☐ Household Income between $49,101 - $52,750

☐ Household Income between $52,751 - $56,400

☐ Household Income above $56,401

I would like more information on Volunteer Opportunities at Ivey Ranch in the following areas:

☐ Volunteering in the Equestrian Program (ages 9+)

☐ Volunteering in the Care Program (ages 18+)

☐ Volunteering at Fundraisers and Events

☐ Volunteering with the Service Projects Program (outdoor facility maintenance and grounds beautification for individuals, families, groups small and large)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

~ Participant ~ Staff ~ Volunteer ~

Name: _____ DOB: _____ Phone: _____

Address, City,
State & Zip: _____

Current Medications: _____

Allergies: _____

In the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of participation, or while being on the property of the agency, I authorize Ivey Ranch Association to:

1. Secure and retain medical treatment and transportation of needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization and any treatment procedure deemed necessary by the physician.

Signature: _____ Date: _____

Client (if over 18 years of age), Parent (of minor) or Legal Guardian

Printed Name of Above Signature: _____

Ivey Ranch Park Association, 110 Rancho del Oro Drive, Oceanside, CA 92057
Phone: 760-722-4839 Fax: 760-722-6598 Email RidingApplications@iveyranch.com © 2026

PHYSICIAN'S CONSENT

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address, City, State & Zip: _____

Diagnosis w/ICD-10 Code(s): _____

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

Braces / Assisted Devices: _____

For those with Down Syndrome: Atlanto Dens Interval X-ray – Date: _____ Result: + -

Neurological Symptoms of Atlanto Axial Instability: _____

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

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

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 Ivey Ranch Park Association will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Ivey Ranch Park Equestrian Programs for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA (circle one) Other: _____

Signature: _____ Date: _____

Address, City, State & Zip: _____

Phone: _____ License/UPIN Number: _____

Ivey Ranch Park Association – Equestrian Program

WAIVER OF LIABILITY FOR PARTICIPANTS

I hereby waive any right or cause of action arising as a result of my own, or my child's, participation in the Ivey Ranch Park Association Equestrian Program from which any liability may or could accrue against Ivey Ranch Park Association, or the officers, staff, volunteers, and associates, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me, or damage to my property, sustained in connection with my activities for the Ivey Ranch Park Association Equestrian Program.

In consideration of the acceptance of my own, or my child's, participation in the program listed above, I hereby, for myself, my heirs, executors, administrators, and assignees, release, waive, and/or forever discharge any and all rights and claims for damages that may be suffered by me, or my child, as a result of, preparation for, or participation in, the equestrian program. I recognize the risks associated with my/his/her/their participation in the program and specifically agree to indemnify and hold harmless Ivey Ranch Park Association; including any members, any employee, all program participating individuals associated with Ivey Ranch Park Association, any promoter, sponsor, or subcontractor whose facilities and/or services are being used for this program, from any and all injuries or damages arising from, or in any way contributed to, my or my child's participation in this program.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified (or the contact that I have listed) as soon as possible in case of any emergency affecting me, or my child. In the event I cannot be reached (or the contact that I have listed) in an emergency, I hereby authorize the directions listed on the Emergency Medical Treatment Form to be followed.

I, the participant, parent, guardian, or legal custodian of the minor participant, do hereby assent to above waiver and release and agree to all the terms as stated above.

Participant's Printed Name: _____ DOB: _____

Participant's Gender: Male / Female / Non-Binary (**please circle one**)

Adult Signature: _____ Date: _____
(Self, Parent or Guardian)

Signatories Printed Name: _____ Relationship: _____

Email: _____ Phone: _____

Address, City, State & Zip: _____

Emergency Contact: _____ Phone: _____

Relationship to Emergency Contact: _____

Ivey Ranch Park Association Equestrian Program Policies

Absentee / Sick

An absence may be excused / credited if the office is contacted AT LEAST four (4) hours ahead of the scheduled riding time. If we do not receive at least 4- hour notification of a cancellation you will be considered a "no show" and no credit will be issued. Weekly riders are allowed one (1) excused absence every other month, bi-weekly riders every 8 weeks and once a month riders every 16 weeks (this includes sickness and vacation). Please note that no notice of absence will be marked as a "no show" and you will *not* be issued a credit for the missed lesson. If there are two "no-shows" without contacting us, the lesson spot can be forfeited to another participant from our waitlist. You must call the business office at (760) 722-4839.

Continuing Riders

If you plan to continue riding the following month, payment must be received by the first lesson of the month. The following Month, Time, Day and Slot will only be held if payment is RECEIVED by the first lesson of the month that the rider is currently participating in. **A late fee will be imposed if payment is not received by the 1st lesson of the month**. If payment is not received by the second lesson of the month, the student will not be allowed to ride until payment is received.

Family Compliance

When you come for lessons with your child you are asked to "leave your child at the gate". You are welcome to sit at the benches outside of the fence, or in your car, or even at the benches by the Horse Office, but the idea is that the Instructor takes over and that parents, family members, and friends are now JUST observers. Under no circumstances should you be handling, grooming, tacking, holding or leading horses, or coaching your child from the sidelines (that includes repeating what you heard the instructor say). The Instructor instructs - leave him / her as the authority in relation to the horses.

Grievance Procedures

Ivey Ranch Park Association is committed to maintaining a positive and respectful environment for all riders, families, volunteers, and staff. If a participant or family member has a concern, complaint, or grievance regarding the riding program, the following steps should be followed in order to seek resolution:

1. **Instructor Communication**
   The first step is to discuss the concern directly with the Instructor in charge of the lesson or activity. Many concerns can be resolved quickly through open and respectful communication.
2. **Equestrian Program Manager**
   If the concern is not resolved with the Instructor, the next step is to contact the Equestrian Program Manager to further discuss the issue and seek resolution.
3. **Executive Director**
   If the matter remains unresolved after speaking with the Instructor and the Equestrian Program Manager, the concern may be brought to the Executive Director for final review and resolution.

We encourage all concerns to be communicated respectfully and promptly so that issues may be addressed appropriately and, in the best, Interest of all participants and staff.

Ground Lesson as an Alternate to a Mounted Lesson

At an Instructor's discretion, a ground lesson may be alternated for a mounted lesson. Typically, this is done when a specific handling opportunity can be taught, but alternating to a ground lesson may also be chosen by the instructor if it is in the best interest of the rider and/or for safety reasons surrounding the rider.

Interaction with Horses

Do not pet or feed any of the horses. "Visiting", which consists of looking at only, is allowed only at the conclusion of the lesson time until the next class arrives or the Instructor leaves the area, whichever comes first.

Late Arrival

If you are more than 10 minutes late to an evaluation or class you will not be allowed to participate and no credit will be issued.

Make-Ups / Credits

There are no "Make-Up" lessons. In the case of an excused absence, the rider's account is credited the single lesson fee. This credit is applied to the following month's fees. If a rider does not continue, a refund will be issued at the end of the month (by check or posted to a credit card if that is how fees were originally paid).

Pick Up

A child may be dropped off for a lesson but MUST be picked up on time. Late pick-up is cause for immediate dismissal from the program without refund.

Weather Cancellations / Instructor's Absence

Upon enrollment for lessons you MUST sign up to receive text message notifications for cancellations related to weather (such as high winds, rain, muddy conditions, lightning, high heat)! If lessons are cancelled due to weather, and because you have signed up to be notified, you will then receive a text message that says that lessons have been cancelled. Please text "**WEATHER**" to 760-437-1213 to sign up. Full credit will be given in the instance of weather or an instructor's absence. You can also call if you are concerned about weather conditions (760) 722-4839.

Finally, if there are circumstances that fall outside of these standard policies then please contact the office directly. INSTRUCTORS CAN NOT EXCUSE ABSENCES, only the office can, so please communicate with us so that attendance and books are kept accurately.

Bylaw 503 H. Concussion Protocols as Per Ed. Code 49475.(a).(1)

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of no less than 7 days, from the time of diagnosis, in duration under the supervision of a licensed health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent or guardian before the athlete's initiating practice or competition.