



**College of Agricultural, Consumer, and
Environmental Sciences**
Animal & Range Sciences, Therapeutic Riding Program
New Mexico State University
P.O. Box 30003
Las Cruces, NM 88003
Phone: (575) 646-2929
E-mail: trp@nmsu.edu

Therapeutic Riding Participant's Guidelines

ELIGIBILITY

Anyone ages four years and older is able to participate. Graduates of MECA's hippotherapy program that are 3 years old may also participate. All abilities are accepted. If a participant has Down Syndrome, an X-ray from the last five years showing no AAI is required. We do have a mounting ramp and handicap accessible bathrooms to accommodate anyone that needs them.

RULES

1. Participants must be accompanied by one of our staff when outside the waiting area (classroom/hallway/restrooms).
2. All participants must wear an ASTM-SEI certified safety helmet when around horses. Helmets will be provided by NMSU Therapeutic Riding.
3. No running, screaming, or climbing at the facility.
4. No hitting, kicking, or spitting on people or animals.
5. Never stand directly in front of or behind a horse.
6. Keep all hands and fingers away from the horse's mouths.

If these rules are broken, 3 warnings will be given before being asked to leave the program.

PROPER ATTIRE

- Riders should wear long pants loose enough to allow the rider to sit comfortably.
 - Riders subject to skin breakdown or pressure sores need to be careful of leg seams. Breeches, jodhpurs, riding tights, or leggings do not have inside seams and may be more comfortable.
- Riders should wear closed toe shoes. Shoes with a heel and a smooth sole are preferred, but not required. Flip flops, slippers, or ballet style shoes are not appropriate.
- No jewelry or cell phones are allowed.

DIRECTIONS: The NMSU Equine Education Center's address is 750 Stewart Street.

From Las Cruces: Go to the intersection of El Paseo and University. Turn south on El Paseo. At the first light, turn left or east onto Stewart St. Turn right or south into the first parking lot. The Equine Education Center is the building with the green roof.

From Deming: Take I-10 towards Las Cruces. Take the last exit, Main St/University. At the stop light, turn left or east onto Main St. At the first light, turn left or north onto El Paseo. Go under I-10. Take the first light to your right or east, onto Stewart St. Turn right or south into the first parking lot. The Equine Education Center is the building with the green roof.

From El Paso: Take I-10 towards Las Cruces. Stay on I-10 past the I-25 interchange. Take the first exit, Main St/University. At the stop light, turn right or east onto University. At the next light, turn right or south onto El Paseo. At the first light, turn left or east onto Stewart St. Turn right or south into the first parking lot. The Equine Education Center is the building with the green roof. *Due to construction at the Mesquite Exit, please allow extra travel time.



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Date _____
 To Be updated Yearly

Participant's Medical History and Physician's Statement

Participant _____ DOB: _____ Height: _____ Weight _____

Diagnosis: _____ Date of Onset: _____

Past/ Prospective Surgeries: _____

Seizures: Yes No If Yes Type: _____ Date of last one: _____

Shunt Present: Yes No Date of last revision: _____

Special Precautions/Needs: _____

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 AtlantoAxial Instability: _____

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

	Y	N	Comment
Auditory			
Visual			
Speech			
Cardiac			
Circulator			
Integumentary/skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Breathing			
Digestion			
Elimination			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from the participation in equine assisted activities. I understand that the NMSU Therapeutic Riding Association will weigh the medical information given against the existing precautions and determine eligibility for participation.

Name/Title _____ MD DO NP PA Other Signature _____

Date: _____ Address _____ Phone _____

License/UPIN Number _____



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Therapeutic Riding Service Contract

_____ (participant) has purchased a time slot allowing them to participate for 11 weeks at NMSU Therapeutic Riding Program. Payment in the amount of **\$35** per participant per session is due the first week of lessons to the program manager. **Please make checks payable to: New Mexico State University.** Returned checks will be assessed a \$25.00 fee.

ATTENDANCE POLICY

- Due to the nature of the instruction in which each session is prepared for and taught by the instructor, **no refunds or tuition adjustments will be given with less than 24 hour notice.** If at least 24 hour notice is given, the rider will be credited the lesson for the following semester.
- If a session must be canceled, the instructor will make every effort to contact the rider before the scheduled session. Any paid sessions not used at the end of the semester will flow over to the next semester.
- Any person displaying unsafe behavior during sessions which may cause harm or injury to himself or others, will be dismissed from participating in the program.

By signing this contact, I understand and agree to abide by the policies stated above.

 Signature

 Date

Please let us know of any goals you have for TR: (what you would like to work on and/or accomplish while here)
