



Riding for the Disabled Association (NSW)

Annual Rider Registration Procedure

PLEASE NOTE: The term Rider is generic for rider, driver, vaulter and other roles in equestrian activities of RDA (NSW).

The Annual Rider Registration consists of a fee set by the RDA (NSW) Board (inclusive of personal accident and public liability insurance) and a State Administration fee.

A Centre base rate is also payable annually to the Centre.

The annual registration fee MUST be paid by/for any rider to be an insured participant in any RDA program in New South Wales.

The *Rider Registration Form* (ESR-02) should be completed at the time the Rider completes the Participation Consent Form (if a new rider) or before the first riding session of the year for continuing riders.

New participants who commence riding later in the year (eg term or half year) are also required to complete this registration procedure prior to commencing in a program.

Some Centres charge an extra fee per Rider for administration costs etc, therefore the box on the Rider Registration Form has been left blank for each Centre to complete with their agreed fee.

The completed summary forms (ESR-03) and the Fees due x number of registered participants must be forwarded to State Office monthly - cheques should be made payable to Riding for the Disabled Association NSW. Failure to submit summary forms with your payments will result in your cheque being returned as riders cannot be registered without these details.

The Summary Forms will be stored securely and used as a basis to provide Rider statistics for State surveys, verifying a rider's current registration status for entry to competition and insurance. No personal information will be used for any other purpose.

Please contact the State Office if you require any additional information or explanation.

Riders must not commence participation in any RDA (NSW) program until the Registration fee has been paid to the Centre.

RIDER REGISTRATION FORM

The word Rider is generic for rider, driver, vaulter and other equestrian activities of RDA (NSW).

Centre: _____

Title: Mr / Mrs / Ms / Miss: _____ Name: _____

Address: _____

Postcode: _____

School/organization (if applicable) _____

Date of Birth: _____ What year did rider commence with RDA: _____

Age as at 1 Jan _____ Under 18 ☐ Over 18 ☐

Gender: Male ☐ Female ☐

Continuing Rider: ☐ New Rider this year: ☐

Disability Category:

Circle Only One

A	Rider with Intellectual Disability
B	Rider with Physical Disability
C	Rider with Cerebral Palsy
D	Rider with Vision Impairment/Blindness
E	Rider with Hearing Impairment/Deafness
F	Rider with Autism
G	Rider with Learning/Behavioural difficulties
H	Rider with Psychiatric Conditions
I	Rider with Multiple Disabilities
J	Down Syndrome
K	Other Disability
AB	Able Bodied
Registration fee due: \$	per annum per participant

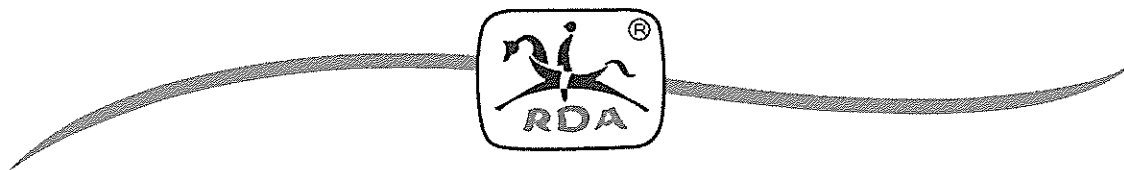
Riders may not commence participation until the Registration fee has been paid to the Centre.

Centre Use

1. Added to Summary Form for State Office. ☐

2. Cheque and Summary Form sent to State Office. ☐

3. Date sent:.....



Riding for the Disabled Association (NSW)

Explanation of the Participant's Consent and Medical Consent and Information Forms

This document comprises the following sections:

EXPLANATION SHEET	About the participant's forms
SECTION 1 – Participation consent	To be completed by Parent, Guardian or participant over 18
SECTION 2 – Medical consent and information (and contraindications)	To be completed by participant's registered medical practitioner
SECTION 3 – Down Syndrome	Applicable to participants with Down Syndrome
SECTION 4 – Spinal Fusion	Applicable to participants with Spinal Fusion

Note: All forms must be completed and submitted before commencing riding.

All sections must be completed before we can consider an applicant.

All potential participants, or their responsible parent, guardian or legal advocate must have read and signed that they have understood all sections of the participation form and ensure it is fully completed.

RDA (NSW) has a duty of care to all participants and as part of that duty, each participant must complete a Participation form during the registration process prior to acceptance for entry into a programme.

The applicant's registered Medical Practitioner must complete Section 2 - the medical consent and information form.

The primary purpose of the Section 2 - medical consent and information form is to have a registered Medical Practitioner verify that the participant does not have any condition which may be aggravated by equestrian activities. The use of the medical practitioner's stamp or sticker is mandatory.

There are essential extra sections for:

- Applicants with Down Syndrome - Section 3, which is also to be completed by a registered Medical Practitioner.
- Applicants with Spinal fusion - Section 4, which is also to be completed by a registered Orthopaedic Specialist.

To set achievable goals for each participant, the RDA (NSW) Coach requires information on the participant's current condition to create appropriate programs.

RDA (NSW) Privacy Statement

RDA (NSW) is committed to protecting the privacy of its clientele and volunteers and adheres to the National Privacy Act (amended) 2012. It only collects information necessary to carry out its work. All information is kept secure and confidential and is not disclosed to third parties. The information obtained on this form will be used solely for the tasks involved with being an RDA (NSW) volunteer, being able to contact the participant, the processing of this application and for no other reason. Individuals may request to view any of their personal information held by RDA (NSW).

RDA (NSW) is aware of and committed to providing services in line with the National Disability Service Standards.

Update this form for any condition that is not stable and may improve or degenerate over time. The medical consent must be renewed at least every three years, or more often as the condition requires, at the request of the coach, including weight updates.

_____ Centre Year Completed _____

SECTION 1 PARTICIPANT'S CONSENT

Page 1 of 2 Please Print

Participant's Information

Name of Participant Date of Birth

Address

..... Postcode Telephone

E-mail

Height (cm)..... Weight (kg).....

Onset of disability (age or date).....

Brief description of disability

.....
.....

Any other relevant information

.....
.....

Member of Ambulance service/Amb Ins cover Yes/No

Name of fund: Membership No.

Parent/Guardian Primary Carer

Name (please print):

Address: Post Code:

Mobile: Work: Home:

Email:

Emergency Contact (if different from above)

Name (please print):

Address: Post Code:

Mobile: Work: Home:

Email:

Relationship to participant

I give permission for (name of participant) to participate in RDA (NSW) programmes.

RDA (NSW) Coaches may need further information about a participant's medical condition, in addition to the information on the form. I agree to the release of information about the participant's medical condition on the understanding that such information will only be used to help the participant to gain more benefits from RDA (NSW) activities.

I provide permission for the use of photos/videos for the following:

Social Media	YES/NO	TV	YES/NO	Print Media	YES/NO	Website	Yes/No
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Signature **Date**

I agree for the above-named participant to be allowed emergency medical treatment, if necessary, whilst taking part in any RDA (NSW) activity.

I understand that no liability can be accepted by RDA (NSW) or the Centre concerned in the event of an injury or accident occurring.

Equestrian activities (including but not limited to recreational and therapeutic riding) can be inherently dangerous. I understand that horses can act in a sudden and unpredictable way, especially if frightened or hurt. Accidents can happen in equestrian activities which may result in injury or death to participants.

I have voluntarily read and understand this warning and acknowledge and assume the risk in equestrian activities (including but not limited to recreational and therapeutic riding).

Note: Agreement to this does not affect a person's rights under common law.

I understand that RDA (NSW) retains the right to refuse any person entry to any RDA (NSW) activity if it is reasonably believed that participation may be detrimental to the potential applicant, the coaches, helpers and/or horses.

Note: Each Centre determines the safe weight bearing capacity of their horses.

I understand it is the participant's responsibility to inform the RDA (NSW) Coach in writing of any new or changes to their medication that may impact on their ability to participate in an RDA (NSW) programme.

I have read and fully understood the contents of this Explanation and Participant consent form including the obligatory conditions for entry to RDA (NSW) programmes and I give my permission for to participate in RDA (NSW) programmes.

Signature **Date**.....
(By self if over 18 and able to sign or Parent/Guardian/Legal advocate)

A COPY of this completed form (ESR-01A Pages 3 & 4) should be sent to State Office for insurance purposes. The Original should be retained at the Centre.

SECTION 2 MEDICAL INFORMATION CONFIDENTIAL

Page 1 of 2 Please Print

_____ Centre Year Completed _____

Name of Participant Date of Birth.....

Name of Medical Practitioner Phone.....

Address (Medical Practitioner).....

.....Post code

Diagnosis

.....

Brief History (if useful)

.....

Does the participant have: (please ensure ALL questions are answered)

1. Medication	Yes	No	19. Heart Problems	Yes	No
2. Epileptic type fits	Yes	No	20. Drainage Devices	Yes	No
3. Fainting Turns	Yes	No	21. Paralysis	Yes	No
4. Postural Hypotension	Yes	No	22. Flaccidity	Yes	No
5. Hypertension	Yes	No	23. Allergies	Yes	No
6. Impaired Hearing	Yes	No	24. Muscle overactivity	Yes	No
7. Impaired Sight	Yes	No	25. Inflammation or pain	Yes	No
8. Impaired Speech	Yes	No	in the joints		
9. Impaired Sensation	Yes	No	26. Impaired Bladder /	Yes	No
10. Impaired Balance	Yes	No	Bowel control		
11. Impaired Circulation	Yes	No	27. Use of any Splints/ Braces	Yes	No
12. Asthma	Yes	No	Corsets/Prostheses		
13. Cranial Shunt	Yes	No	28. Is the participant a carrier	Yes	No
14. Diabetes	Yes	No	of any infectious disease		
15. Skin Problems	Yes	No	29. Scoliosis	Yes	No
16. Chronic Airways Dis.	Yes	No	30. Intellectual Disability	Yes	No
17. Specific Learning Difficulty	Yes	No	31. Autism	Yes	No
18. Developmental Delay	Yes	No			
Level of support required			HIGH MED LOW		

32. Down Syndrome Yes No if YES, Complete SECTION 3
Further medical information is required BEFORE the applicant can be considered for participation in a RDA (NSW) program.

33. Spinal Fusion Yes No if YES, Complete SECTION 4

Further medical information is required BEFORE the applicant can be considered for participation in a RDA (NSW) program.

34. Mental Health Conditions – specify support needed below

Please provide FULL details of any YES answers below or use attachments:

.....
.....
.....
If relevant, please outline any other medical condition, medication or information which may affect the participant's response to exercise and relevant precautions to be taken, or any particular types of leisure activities from which the participant should be excluded for health reasons.
.....
.....
.....

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA (NSW) activities. In this regard, I understand that a RDA (NSW) Coach or other appropriate person(s) associated with RDA (NSW) will assess the suitability of activities based on the medical advice given above.

Signature of registered Medical PractitionerDate

Medical Practitioner's Stamp/Sticker (Mandatory)

Completed Sections 1 & 2 to be returned to the RDA (NSW) Centre
Section 3 Down Syndrome & Section 4 Spinal Fusion to be returned if applicable

CONTRAINDICATIONS FOR RIDING or DRIVING WITH RDA (NSW)

Conditions for which clients MUST NOT ride:

- Severe osteoporosis
- Uncontrolled seizures
- Open pressure sores, open wounds
- Unstable spine, including subluxation of cervical spine
- Atlanto-Axial dislocation (ADC) or significant subluxation in Down Syndrome
- Advanced multiple sclerosis and muscular dystrophy
- Acute herniated disc
- Excessive weight/obesity

Conditions for which horse Riding or Driving MAY NOT be recommended:

- Very poor endurance
- Excessive pain resulting from riding or driving
- Excessive structural scoliosis, until permission is given by an orthopaedic specialist
- Spinal fusion (e.g. Harrington – or CD Rods), until permission is given by an orthopaedic specialist
- Significant allergies to horse hair, dust, grain, grass, hay.
- Recent surgery until permission is given by surgeon
- Serious heart condition
- Dislocation or dysplasia of hip if excessive pain is caused
- Haemophilia
- Disruptive or unreliable behaviour which is unacceptable to the coaches and other participants in the lesson
- Moderate agitation with severe confusion
- Drug dosage resulting in physical states inappropriate to the riding environment
- Paralysis
- High level of spinal cord paralysis or significant asymmetry of muscle paralysis
- Plaster casts

**SECTION 3 ADDITIONAL INFORMATION FOR APPLICANTS with DOWN
SYNDROME CONFIDENTIAL**

Page 1 of 1 **Please Print**

RDA (NSW) Policy requires that participants with Down Syndrome have a Medical Practitioner, who is aware of the possibility of Atlanto Axial Instability in people with Down Syndrome, complete this form, as well as the general Section 2 Medical Form. To minimise risks to our participants, we ask that both the parent, and registered Medical Practitioner complete this section.

Name of Participant **Date of Birth.....**

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA (NSW) activities.

Name: Signature:

Telephone: Date

Specialist's Stamp/Sticker (Mandatory)

Policy for the participation of Down Syndrome children in sport. The question of C1 – 2 instability.

The screening of Down Syndrome children for C1-2 instability is a very contentious question. The Foundation supported a review of experience over 25 years at the two children's hospitals in Sydney during which not one DS child in New South Wales suffered a spinal cord injury from C1-2 instability. An extensive review of the existing literature on the subject was carried out and the following policy was developed.

The Foundation does not support the radiographic screening of the cervical spine for possible Atlanto-axial (C1-2) instability in adolescents with Down syndrome prior to their participation in sport.

The Foundation strongly recommends that any child/adolescent with Down Syndrome who:

- complains of persistent neck pain;
- has a refractory torticollis (wry neck);
- is noticed to have a decreased stamina of recent onset;
- has a recent disturbance of gait; or
- has loss of previously controlled urination

should undergo a thorough physical examination by a qualified medical practitioner prior to participation in sport.

The full paper on this subject is published in the Medical Journal of Australia, Vol 165, p 448-450, 1996.

The adoption of this policy has not been followed by any untoward events in DS children.

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