



3330 Perkinson Lane || Merritt Island, FL 32953 || Phone: (321) 412 - 8057 || Praisedancer.bryan426@gmail.com

Participant Intake Form

Name: _____ Date: _____

Date of Birth: _____ Age at Evaluation: _____

Parent/Caregiver Name: _____ Contact Number: _____

Medical History Medical History/Physician Release reviewed: Yes: _____ Date: _____

Diagnosis: _____

Ambulatory Status: _____

Adapted Equipment Required: _____

Surgeries: _____

Medications: _____

Precautions: _____

Seizures: History: _____ Controlled? _____

Type/Frequency/Aura: _____

Other Therapies: _____

Family Information: _____

Assessment Procedure:

Task	Observation	Comments
Meet & Greet Shake Hands	<ul style="list-style-type: none"> - Walking Gait (even and uneven surfaces) - Functional Posture & Align. - Pelvic Mobility - Gravitational Security - Curiosity - Eye Contact - Interaction with Others - Level of Independence - Language Skills - Hearing - Visual acuity/tracking 	

Task	Observation	Comments
Try on Helmet	<ul style="list-style-type: none"> - Body Awareness - ROM - Gross & Fine Motor Skills - Following Directions - Cooperation - Attention Span - Tactile/Sensory Issues - Cognition - Problem Solving Skills 	
Introduce to Others & Horses	<ul style="list-style-type: none"> - Response with Strangers/in New Situations - Comfort with Horses 	
Practice Mount with Reins & Stirrups	<ul style="list-style-type: none"> - Body Awareness - Following Directions - Grasping Concepts - Coordination - Proprioceptive/Vestibular Functioning Level - ROM - Muscle Tone - Sitting Posture & Alignment - Gross & Fine Motor Skills - Hand Dominance - Grasp & Release - Pelvic/Upper Trunk Stability - Reflex Activity 	
Walk Up Ramp/ Climb Mounting Block	<ul style="list-style-type: none"> - How handle Incline - How handle heights - Stair Climbing - Gravitational Security 	
Interactions. Play Games (If Appropriate)	<ul style="list-style-type: none"> - Numbers - Letters - Colors - Handwriting - Attention Span 	

Helpers Required (indicate gait*/assistance needed: update as needed)

Type of Assistance	Date	Gaits	Date	Gaits	Date	Gaits
Leader and 2 Sidewalkers						
Leader and 1 Sidewalker						
Leader Only						
Sidewalker Only						
Independent						

Riding Position (Describe):

Riding Skills (indicate gait*/task is completed: update as needed)

Task	Date	Gaits	Date	Gaits	Date	Gaits
Hold reins						
Holds handhold						
Able to control horse						
Able to halt from the...						
Able to circle at the...						
Rides without stirrups						
Able to maintain half seat						
Able to post at the...						
Knows diagonal or lead						
Able to steer over cavalletti						
Able to jump across bar						

Rider can walk _____ sitting trot _____ posting trot _____ canter _____

Horse recommendations _____

***Gaits Key: W - walk; ST - sitting trot; PT - posting trot; C - canter**

Discussion Topics

Activities of Daily Living Status:

Dressing:

Feeding:

Grooming:

Self feeding:

Additional comments:

Functional Mobility:

Floor to stand:

Pull to stand:

Single limb stance:

Ambulation on level surface:

Ambulation on uneven surface:

Stair climbing:

Inclines:

Transfers:

Sitting:

Standing:

Gait:

Additional comments:

Behavior:

Impulse control:

Frustrations:

Motivators:

Behavior plan:

Additional comments:

Communication: (Augmentative technology, assistive devices)

Availability: (Schedule info)

Heat/Weather Sensitivities/Allergies:

Precautions & Contraindications:

Risk/Benefit Ratio: (There is always the potential for a fall)

Goals & Expectations:

Rider's Goals:

- 1.
- 2.
- 3.

Family Goals:

- 1.
- 2.
- 3.

Rider's Strengths:

- 1.
- 2.
- 3.

Rider's Weaknesses:

- 1.
- 2.
- 3.

Additional Comments:

Recommendations:

This Participant:

- A. Can benefit from our program's services
- B. Our program cannot benefit this client at this time: (explain)

Activity Type: (circle)

And: (circle)

Riding Skills Hippotherapy Other: _____

Group Individual

Horse Type: _____

Helmet Size: _____ Leader: _____ Number of Sidewalkers: _____

Tack & Equipment: _____

Mount: _____ Dismount: _____

Short Term Goals:

Long Term Goals:

Other Comments:

Evaluator Signature: _____ Date: _____

Evaluator Name: _____

Name: _____



3350 Perkinson Lane
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PatriciaBryan126@gmail.com

In consideration of being allowed to participate in horseback riding with Walk on Water Ministries (referred to as WOW) I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my/our heirs, personal representatives or assigns, hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in horseback riding.

I understand that there is a risk in riding live animals and acknowledge that my/our participation in this activity is purely voluntary. I assume full responsibility for myself and any minor children for whom I am parent, guardian or otherwise responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the horseback ride and WOW. I/we further agree to abide all safety instructions, and to wear any safety equipment provided or brought on the horseback ride while I/we are participating in the activity.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, hereby release, acquit and forgive WOW principals, directors, officers, agents, and volunteers and its owner, Patricia Bryan from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, blindness, paralysis, and/or death) to me or said minor children as the result of my/our participation in horseback riding at WOW.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns, also hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against WOW, its principals, directors, agents, employees and its owner, Patricia Bryan, and for any and all injury or damage, to me or any such minor children and other persons as a result of my/our participation in horseback riding at WOW.

I, for my/our heirs, personal representatives and assigns also hereby expressly agree to indemnify and hold Harmless WOW principals, directors, employees, and its owner, Patricia Bryan, including costs, expenses and counsel fees, from and against all claims, lawsuits, complaints, charges or causes of action arising from the participation in horseback riding at WOW and the activities for which this Release and Waiver Agreement is given.

Name (Print): _____ Age: _____

Signature of Parent: _____ Date: _____

Address: _____

Cell Phone: _____ Email: _____



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AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

Name (Print): _____ Date of Birth: _____

Address: _____ Phone: _____

City/State/Zip: _____ Drug Allergies: _____

Physician: _____ Preferred Facility: _____

Other Allergies: _____ Health Insurance Co.: _____

Diagnosis: _____ IEP: _____

Emergency Contact:

Name (Print): _____ Relationship: _____

Phone: _____ Work Phone: _____

If emergency medical aid/treatment is required due to illness or injury while at the facilities used by WALK ON WATER MINISTRIES Inc., at an event sponsored by WALK ON WATER MINISTRIES Inc., or at an event in which WALK ON WATER MINISTRIES Inc. is a participant. I authorize **WALK ON WATER MINISTRIES, Inc. to secure and retain medical treatment and transportation if needed.**

This authorization includes x-ray, surgery, hospitalization, medication, and treatment deemed "life saving" by the physician if the person listed as Emergency Contact cannot be reached.

PHOTO RELEASE FORM

I grant WALK ON WATER MINISTRIES Inc. the right to take photographs of me and/or my family when on WALK ON WATER MINISTRIES Inc. property or any WALK ON WATER MINISTRIES Inc. sponsored events. I authorize WALK ON WATER MINISTRIES Inc., its assigns, and transferees to copyright, use, and publish these photographs or videos in print and/or other digital media. I agree that WALK ON WATER MINISTRIES Inc. may use these photographs of me with or without my name for any lawful purpose, including, but not limited to such purposes as publicity, illustration, advertising, and webcontent.

I have read and understood both the authorization of emergency medical treatment information, as well as the photo release form information.

CONSENT Signature: _____ Date: _____

(Signature of parent or guardian, if under 18)



Walk on Water Ministries

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Monthly Tuition

Your support is a blessing to our program and helps us to feed and care for our horses, pay for our property and improvements, and help children in our community who are at risk have a place where they can be encouraged. Tuition is due at the **FIRST LESSON OF THE MONTH** for the **ENTIRE MONTH**. Please make checks out to Walk on Water and remember that your tuition is tax deductible, so please keep track of what you contribute for your taxes next year.

Makeup Lessons

Please postpone missed lessons, please let us know **24 HOURS** in advance so that we can fill your spots. Call us to cancel a lesson or arrange a makeup lesson. Makeups can be scheduled as a one-time, and must be scheduled within the month they are missed. We will fill cancelled spots with makeup lessons, if none are available, we will make other arrangements with you within that month. Thank you for helping us grow to serve the Lord and our community. Together we can make a difference!

I have read and understood the above information regarding tuition and makeup lesson policies.

Signature: _____ Date: _____

Print name: _____

“We can do all things through Christ who strengthens us.”

Philippians 4:13





Walk On Water Lesson Plan

Instructor: _____

Date: _____

Gate Person: _____

Objective of Lesson: (riding skill, action, measurement, conditions)

Riding Skill:

Teacher Preparation/Equipment Needed:

Rider	Horse	Tack	Leader	Sidewalker 1	Sidewalker 2
Ring Set Up Diagram			Items Needed for Set Up		
			<ul style="list-style-type: none"> • Cones • Poles • Rings • Batons • Other 		

Lesson Content/Procedure:

(Include lesson sequence. How will you conduct the lesson? What will be included?)

1. **Safety Check**
2. **Mounting** (order and type of mount)
 - a.
 - b.
 - c.
3. **Safety Check**
4. **Warm Up**
5. **Riding Skill Explanation** (as reflected in Objective)

What?

Why?

How?

Where?
6. **Safety Check**
7. **Practice**
8. **Progression** (if time allows)
9. **Wrap up**
10. **Dismount** (order and type of dismount)

***Put teaching summary and evaluations on the back of this paper, as well as progress notes for each student**