
RDA Victoria – INDIVIDUAL
NEW
RIDER / CARRIAGE DRIVER APPLICATION FORM – 2020



BEFORE YOU SUBMIT YOUR APPLICATION:

PLEASE ENSURE THIS APPLICATION FORM IS COMPLETED IN BLOCK LETTERS IN BLUE OR BLACK PEN.

- Section 1-4** is filled out by the applicant or guardian/parent (where the Applicant is under 18 years of age or cannot provide informed consent).
- Rider goals** form is completed.
- Section 5** is filled out by your regular doctor.
(Please note the application **cannot** be accepted if this section is not completed in full by your doctor)
- Payment** is attached or the credit card section is completed
- Sent** to, RDA Victoria, 400 Epsom Road, Flemington, 3031.

Please note: An incomplete application form, or an application form with incorrect or missing payment will be returned. Applicants are not permitted to ride without a completed application form and finalised payment.

Riding for the Disabled Association of Victoria Inc.
400 Epsom Road, Flemington, Victoria, 3031
info@rdav.asn.au 03 9258 4730
ABN 20 130 814 132

RIDER GOALS (to be completed by rider with input from parent/carer/teacher/therapist/coach)

1. What do you wish to achieve with your riding? Short term? Long term?

2. What would you like to improve on?

- Communication skills
- Attention / Concentration to task
- Mobility Sitting / Standing / Walking
- Posture Sitting / Standing / Walking
- Balance Sitting / Standing / Walking
- Independence
- Upper limb skills
- Endurance
- Self-esteem/confidence
- Enjoyment/motivation
- Social skills and interaction
- Riding skills

COMMENTS

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1. APPLICANT'S DETAILS

Given Name **Family name**

(Please circle) **M / F** **Date of Birth**..... / / (DD/MM/YY)
* (Applicant must be between 3 and the age of 85)

Address.....

Suburb **Postcode**.....

Phone (H) **Mobile**

Email

Would you like to subscribe to RDAV E-newsletter? Yes No

School / service provider (if applicable)

Are you NDIS registered and using your funds for this program? Yes No

2. EMERGENCY CONTACT

Given Name **Family Name**

Phone **or Mobile**.....

Relationship to applicant (e.g. grandparent).....

3. PARENT/GUARDIAN/CARER DETAILS

(Applicable for individuals 18 years of age or under and/or those with carers/guardians)

Given name..... **Family name**

Address.....**Postcode**.....

Phone (H) **Mobile**

Email

Relationship to applicant (e.g. parent).....

4. APPLICATION FOR MEMBERSHIP AND APPLICANT'S CONSENT

(Applicable in Victoria only) PLEASE READ BEFORE SIGNING BELOW

I.....[insert name] of
.....[insert address]

(Applicant) hereby apply for membership of Riding for the Disabled Association of Victoria Inc. (RDAV) and provide my written consent to participate in RDA Activities. In so applying and in consideration of my application for membership being accepted **I acknowledge and agree** that:

1 **"RDAV"** for the purposes of this membership application and declaration means and includes the Riding for the Disabled Association of Victoria Inc. and, where the context so permits, includes Riding for the Disabled Association of Australia Limited (**RDAA**), their respective directors, officers, members, servants or agents.

2 **If accepted I agree to become a member** of RDAV and RDAA and I will participate at.....
..... [insert name of Centre] (**Centre**).

3 **No clause of this Application may be amended or deleted by the Applicant.** Any attempt to amend or delete renders the Application void and RDAV and RDAA will not accept it.

4 **Insurance:** Membership of RDAV and RDAA will provide me with limited insurance cover (**Cover**) whilst I am performing or participating in any authorised or recognised RDAV or RDAA activity (**Activity**). (For insurance details contact RDAA National Office.) I can, in my own interests, seek and obtain personal insurance over and above the Cover.

5 **The RDAV and RDAA constitutions** (as amended from time to time) are contracts between me and RDAV and me and RDAA respectively. Each constitution is necessary and reasonable for promoting and providing Riding for the Disabled. I acknowledge and agree to comply with the constitutions and any applicable by-laws (as amended from time to time) of both RDAV and RDAA, if my application is accepted. Where there is any inconsistency between the constitutions of RDAV and RDAA, the constitution of RDAA will prevail.

6 **Warning:** The services provided by RDAV and RDAA, as the case may be, including riding, carriage driving and vaulting, can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. To the extent that each of RDAV and RDAA is

- a supplier of recreational services for the purposes of section 139A of the *Competition and Consumer Act 2010 (Cth)* and the *Australian Consumer Law* or
- a supplier of recreational services for the purposes of section 22 of the *Australian Consumer Law and Fair Trading Act 2012 (Vic)*,

liability for death and personal or mental injury is excluded to the maximum extent permitted by law.

The following warning is drawn to your attention:

AUSTRALIAN CONSUMER LAW AND FAIR TRADING REGULATIONS 2012 - SCHEDULE 3 Regulation 6 **WARNING UNDER THE AUSTRALIAN CONSUMER LAW AND FAIR TRADING ACT 2012** **Sch. 3**

Under the Australian Consumer Law (Victoria), several statutory guarantees apply to the supply of certain goods and services. These guarantees mean that the supplier named on this form is required to ensure that the recreational services it supplies to you—

- are rendered with due care and skill; and
- are reasonably fit for any purpose which you, either expressly or by implication, make known to the supplier; and
- might reasonably be expected to achieve any result you have made known to the supplier.

Under section 22 of the **Australian Consumer Law and Fair Trading Act 2012**, the supplier is entitled to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the **Australian Consumer Law and Fair Trading Act 2012** if you are killed or injured because the services provided were not in accordance with these guarantees, are excluded, restricted or modified in the way set out in this form.

NOTE : The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. "Gross" **negligence** , in relation to an act or omission, means doing the act or omitting to do an act with reckless disregard, with or without consciousness, for the consequences of the act or omission. See regulation 5 of the Australian Consumer Law and Fair Trading Regulations 2012 and section 22(3)(b) of the **Australian Consumer Law and Fair Trading Act 2012** .

7 Release and Indemnity: In respect of all other rights of action which I may have against RDAV and RDAA and in consideration of RDAV and RDAA accepting my application for membership, I:

(a) release and forever discharge RDAV and RDAA from each and every Claim that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any Activity; and

(b) indemnify and hold harmless RDAV and RDAA to the maximum extent legally permissible in respect of any Claim by any person including but not only another member of RDAV or RDAA arising as a result of or in connection with my membership and or participation in any Activity.

In this **clause 7, "Claim"** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense (**Action**) however arising but does not include a claim in respect of any Action made by any person entitled to make a claim in respect of the Cover or any personal insurance held by the member.

8 Fitness to Participate: I declare that I am and must continue to be medically and physically fit and able to participate in any Activity within my range of abilities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify the Centre in writing of any change to my fitness and ability to participate. I understand and accept that RDAV and RDAA will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that if I have or have had any medical condition or disability (e.g. physical, intellectual, psychiatric or behavioural) I am required to submit with this application a medical consent form completed by a medical practitioner. Further, I acknowledge that RDAV or RDAA may in their reasonable discretion require me to provide a medical consent form completed by a medical practitioner even if I have declared that I do not have or have not had a medical condition or disability.

9 Medical Treatment: I consent to receiving any medical treatment that RDAV considers necessary or desirable during an Activity. I also agree to reimburse RDAV for any costs or expenses incurred in providing me with medical treatment.

10 Privacy: I understand that the information I have provided is necessary for the objects of RDAV and RDAA. I acknowledge and agree that the information will be disclosed by my Centre to RDAV and RDAA and will only be used for the objects of RDAV and RDAA and to provide me with membership services. I understand that I will be able to access my information through my Centre and/or RDAV. If I do not provide sufficient or satisfactory information, my membership application may be rejected.

I warrant that all information provided is true and correct.

I have read, understood, acknowledge and agree to all of the above. If my application for membership is successful I will be entitled to applicable benefits, advantages, privileges and services of RDAV and RDAA membership.

I consent to the use of my/Applicant's photograph to be used for RDAV and RDAA purposes including Social Media. Yes No

Signed:.....Date:.....

Where Applicant is under 18 - Where the Applicant is under 18 years of age or cannot provide informed consent, this form must also be signed by the Applicant's parent or legal guardian.

I,..... am **the parent or guardian** of the

Applicant named:.....I warrant that all information provided in this application is true and correct and I expressly agree to be responsible for the Applicant's behavior and I agree to personally accept all of the terms and conditions set out in this application as if I were the Applicant.

Parent's or guardian's signature:Date:.....

5. MEDICAL CONSENT (To be completed by your usual doctor)

Dear Medical Practitioner,

RDA has a duty of care to all participants and as part of that duty each participant must complete a Medical Consent Form as part of the registration process. The form supplies the necessary information for RDA qualified coaches to prepare a safe, effective and progressive program based on the individual needs of the participant.

This form is to be completed by a Medical Practitioner who has knowledge of the participant and their disability. Parents/participants should advise the RDA coach if a person's medical condition changes in the future. This includes surgery or a change in their diagnosis. The RDA Centre may request a review of the Medical Consent Form every three years UNLESS the Doctor specifies that the medical condition is stable and unlikely to deteriorate or change.

PRINT IN BLOCK LETTERS

Given name: **Family name:**

Date of birth / / **Height** **Weight**

Full Nature of Diagnosis/ Disability:.....

Contraindications

The following medical conditions are identified as high risk for people involved in horse riding and horse related activities. RDA Victoria is committed to providing the safest possible service to our participants and we are unable to do this for people with the following diagnosed conditions. Please ✓ tick as applicable.

- Extremely poor head control.
- Excessive, chronic and/or recurring pain, especially as a result of physical activity.
- Pathological fractures - i.e. osteogenesis imperfecta, severe osteoporosis, brittle bones.
- Uncontrolled seizures - categorised by tonic/clonic type occurring more than once a week.
- Acute stage rheumatoid arthritis or juvenile rheumatoid arthritis.
- Open pressure sores, or wounds.
- Unstable spine - including recent spinal injury and/or surgery, atlanto-axial dislocation, spondylolysis, acute disc herniation.
- Severe behavioural disorders e.g. aggressive episodes resulting in safety concerns.
- Severe fatigue related conditions i.e. multiple sclerosis, muscular dystrophy, ABI.
- Severe clotting related blood disorders i.e. hemophilia and/or medication/treatments which cause clotting related disorders such as heart conditions/chemotherapy.
- Degeneration/dislocation of the hip joint.
- Excessive weight (90 kgs and above - VCAT Exemption A296/2008).

Precautions

The following conditions **MAY** preclude an applicant from riding. Please ✓ tick as applicable. A qualified RDAV coach will provide an assessment at the centre and advise whether it is safe or appropriate for the applicant to ride.

- Poor endurance/fatigue related conditions (e.g. MS, MD, ABI).
- Muscle tone abnormalities - high tone (spasticity) or low tone.
- Osteoporosis (permission required by orthopaedic specialist).
- Scoliosis - especially severe and/or fixed (permission required by orthopaedic specialist).
- Spinal fusion with rod type internal fixation, e.g. Harrington or CD rods (permission required by orthopaedic specialist).
- Allergies - especially severe anaphylactic reactions.
- Recent surgery (permission required by surgeon)
- Acquired Brain Injury in past 2 years (permission required by neurologist).
- Heart conditions i.e. postural hypotension, hypertension, coronary artery disease.
- Dysplasia of the hip (permission required by orthopaedic specialist).
- High level spinal cord paralysis.
- Medication - drug dosage negatively affecting physical/cognitive function.
- Thermoregulatory problems e.g. ABI.
- Hydrocephalus/cranial shunt.
- Respiratory conditions - e.g. asthma, chronic airways disease.
- Seizures - type/frequency.
- Gastric feeding tube.
- Skin disorders - especially circulatory and/or impaired sensation.
- Dizziness/fainting.

Managing Specific Conditions in the RDA Program

Atlanto Axial Instability (AAI) / Down Syndrome

AAI is the instability, subluxation or dislocation of the joint between the first and second cervical vertebrae. This is a potentially life-threatening condition common to Down Syndrome. Specific X-rays may be needed to rule out this instability before riding is permitted. Groups or physicians should not rely on X-rays taken before the age of 3 years (even up to 5 years) as the area involved has not ossified at this early age. Films obtained just prior to riding are advisable. RDA Australia recommends that all riders with Down Syndrome be examined by a physician who is briefed on the nature of AAI before completing the RDA Medical Consent Form.

Pre-cautions for participants with Down Syndrome

Excessive head and neck movement during riding could cause repeated small injuries to the cervical spine. This in turn could lead to increased instability of the head and neck and pressure symptoms could occur. If a rider were to fall from a horse, which can occur even though all precautions are taken, and AAI is present, severe damage to the spinal cord or death could occur. All riders with Down Syndrome are strongly recommended to have a full assessment before commencing riding. If riding is approved by a physician, parents/riders must report any neurological symptoms if they occur e.g. headaches, dizziness, nausea in motion, blurry eyes, loss of head control, loss of hand control, change of gait, bladder or bowel function and these should be investigated by your doctor before riding continues. RDA Coaches will monitor the amount of head movement and neck stability during riding and will adapt activities until muscles develop to appropriately support the head and neck.

Pre-cautions for participants with Scoliosis

Scoliosis is a lateral curvature of the spine with a rotatory component. An Orthopaedic Surgeon should provide information about the degree and location of the scoliosis. When the mobility of the spine is an issue, the physician needs to evaluate the spine to determine if there is enough functional mobility to ride a horse. If there is insufficient flexibility in the spine to accommodate the movement of the horse, the physician should indicate that RIDING IS NOT RECOMMENDED. If riding is approved by a physician, RDA Coaches will attempt to provide as centred, and balanced position on the horse as is possible to assist with the improvement of core strength and muscle development to support the spine.

Pre-cautions for participants with Epilepsy

RDA can cater programs for participants with Absence and/or Partial Seizures by providing additional support structures. Participants with a history of Tonic Clonic Seizures should have their condition controlled by medication before participating in RDA programs. In the unexpected event that a participant experiences a seizure during the RDA program, RDA coaches and volunteers are trained in emergency dismount procedures and seizure management. Participants should not participate in horse related activities if they have suffered a Tonic Clonic seizure within the past 24 hours.

This Information Sheet will also be made available on the RDAA website www.rda.org.au.

Please provide details pertaining to any the conditions you have ticked.

.....
.....

MEDICAL CONDITIONS AND IMPLICATIONS

Condition	Comments
Please list any medications that may affect physical/cognitive or psychological function.	
Use of splints/braces/prosthesis - please list.	
Physical support required - please note high/medium/low requirement.	
Communication support - please note high/medium/low requirement.	
Behavioural support - please note high/medium/low requirement.	
Sensory processing difficulties such as vision/visual, hearing/auditory or tactile/movement. Please list.	
Heart conditions - please note high/medium/low requirement.	
Respiratory conditions - please note high/medium/low requirement.	
Drainage devices (shunt, gastronomy, colostomy, feeding button etc.) - please list.	
Scoliosis - please note high/medium/low requirement.	

Asthma/Allergies – YES / NO

If yes, please provide a copy of the participant's Asthma/Allergy Management Plan (*if information is not provided the participant will only receive standard first aid*). Attached.

Any other allergies? (*dust, pollen, bee sting, animal hair*):

Epilepsy – YES / NO

Please classify the seizures (focal, generalized, absence etc):

Are seizures controlled? YES / NO Please describe:

Are there precipitating factors? YES / NO Please describe:

“Aura” warning sign present at onset? YES / NO Please describe:

Down Syndrome – YES / NO

RDA Policy requires that riders 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. Parents and Doctors should also read the Information accompanying the form (available at www.rda.org.au).

Medical Practitioner Declaration

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 activities.

YES / NO

Spinal Fusion/External Braces – YES / NO

This Section is to be completed by an Orthopedic Specialist / Medical Practitioner

RDA Policy requires that riders with a Spinal Fusion (e.g. Harrington or CD Rods) and/or those wearing external spinal braces/orthotics must be examined by an Orthopedic Specialist **prior** to the commencement of a riding program.

Medical Practitioner Declaration

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 activities

YES / NO

NAME of ORTHOPAEDIC SPECIALIST:

SIGNATURE:

PHONE:

DATE:

Please outline any other relevant medical condition or information which may affect the participant’s response to exercise or any conditions or behaviour that may affect the participant’s safety whilst participating in RDA programs.

.....
.....
.....

In my opinion, having read the contraindications, precautions and provided other medical information it seems reasonable for the applicant to be assessed for participation in RDAV activities. In this regard, I understand that based on the medical advice given above, an RDAV coach will make the final assessment as to whether riding is a suitable activity for this applicant.

Medical Practitioner details

Name

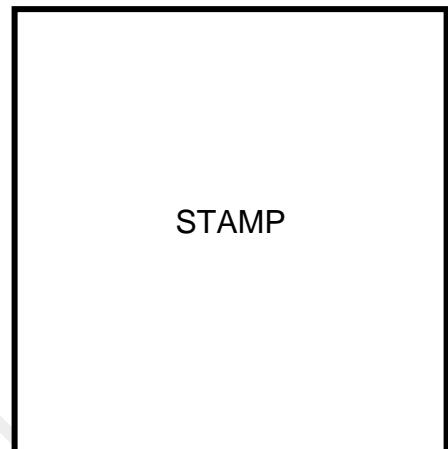
Address

Telephone

Provider No

Signature

Date / /



RDA coaches receive training in specific and general medical conditions, horse management, and how to cater for a participants needs through adaptive coaching methods and use of modified equipment including hoists and mobility ramps. Many also have additional qualifications in special education, physiotherapy and other para-medical fields. They also rely on the doctor’s opinion and disclosure of any medical conditions that should be considered for involvement with horse riding and/or horse related activities.

The disability information contained in this form is forwarded to State & National Offices for annual survey purposes, but is not used for any other purpose. The Medical Consent Form is a confidential document which is held in secure conditions by the RDA Centre and is accessible only to the RDA Coaches and authorised officers for the purpose of developing suitable RDA programs and activities. The form may be accessed by the participant, parent/guardian at their request.

Form may be returned if compulsory questions are missed or insufficient information is completed. This may delay the commencement of the participant in an RDA program.

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2020 RIDER REGISTRATION FEE IS \$155.00.

The fee is non-refundable and is not pro rata.

Please return **ORIGINAL** signed form with **ALL** sections completed and your Rider Registration fee of **\$155.00** by mail or e-mail to the following address:

RDA Victoria
400 Epsom Road
Flemington, VIC, 3031
info@rdav.asn.au

Payment by credit card or cheque payable to:
Riding for the Disabled Association of Victoria Inc
ABN 20 130 814 132

INVOICE: If you require an invoice for payment, please contact the State Office on (03) 9258 4730 or info@rdav.asn.au

I REQUIRE A RECEIPT **EMAILED TO** _____

PAYMENT METHOD:

CHEQUE **CASH** **CREDIT CARD**

Credit Card Visa / MasterCard

Card holder's name: _____

Card number: _____/_____/_____/_____ Expiry date: _____/_____

Signature

Please note: Credit card details will be destroyed after payment verified.
