

# Welcome New Student

Please **complete** this paperwork and return to the office as soon as possible in order for us to schedule your evaluation. Please keep pages 1-3 for your files on the lesson agreement and policies. Note that page 6 must be completed by a *Health Care Provider*. If forms are not completed and signed they will be returned and may delay your participation in the program.

\*Any additional information you would like to provide would be much appreciated—the more knowledge we have about a student the better we can facilitate them.



**Therapy for Handicapable Equestrians Center, Inc.**

Mailing Address: PO Box 5337, Hemet, CA 92544

27260 Girard St. Hemet, CA 92544

951-658-7790 ● Fax: 951-765-6001

[www.TheCenterRanch.org](http://www.TheCenterRanch.org) ● [info@TheCenterRanch.org](mailto:info@TheCenterRanch.org)

## THERAPEUTIC LESSON PROGRAM & POLICY AGREEMENT

*Please keep this Agreement (pages 2-3) for your own files*

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Welcome to Therapy for Handicapable Equestrians Center, Inc. (T.H.E. Center, Inc.) Our lesson program is based on providing a safe and enjoyable learning environment with horses for children and adults with a variety of disabilities. Therapeutic horsemanship is an equine-assisted activity for the purpose of contributing positively to the cognitive, physical, emotional and social well-being of individuals with special needs. The programs goals will develop and strengthen skills in the areas of (including but not limited to) awareness, balance, flexibility, muscle tone, patience, strength, coordination, focus, leadership, team playing, confidence, courage, friendships, spatial awareness, and fun.

T.H.E. Center, Inc. is a PATH Intl. Premiere Accredited Center. All of our therapeutic instructors are certified or in training through PATH Intl. (Professional Association of Therapeutic Horsemanship International). PATH Intl. promotes safety and optimal outcomes in equine-assisted activities and therapies for individuals with special needs. This organization provides industry standards, procedures, and policies which T.H.E. Center, Inc. adheres to strictly. We seek to maximize the abilities of each student and tailor a lesson program that is just for them whether they ride in a private or group lesson. We work with people with a variety of special needs, cognitive, emotional and physical, including but not limited to Traumatic Brain Injury, Autism, Down Syndrome, Cerebral Palsy, Stroke, Sensory Integration, Multiple Sclerosis, Learning Disabilities and many others. Please feel free to visit [www.pathintl.org](http://www.pathintl.org).

Please read the following agreement carefully. It contains not only expectations of the students but requirements that must be adhered to in order to participate in the therapeutic riding here at T.H.E. Center, Inc. If you have any questions about the lesson agreement, please feel free to contact our Program Director at (951) 658-7790.

### **RULES & RESPONSIBILITIES OF STUDENT**

- Students are responsible for arriving at each lesson on time unless you have previously notified your instructor. Lesson students may arrive 5 minutes before lesson time or earlier if approved by your instructor.
- Lesson times include getting the horse tacked up, cooled down and un-tacked as well as riding time in the arena.
- We try to schedule appropriate students together. Sometimes it requires students to change their time and the day of week they come for lessons. If it is not convenient for your schedule, we will work to accommodate you. Thank you in advance for being understanding.
- Parents are required to stay during their student's lessons.
- Students are not allowed to have their cell phones interrupting lessons: ***NO phone calls or texts.***
- Parents watching lessons are not allowed in the rings unless otherwise advised by the instructor and no coaching from the sideline. Except for emergencies, parents should avoid interacting, disrupting, or distracting riders.
- Please do not converse with your child until after the lesson.
- An adult must supervise all children not riding in the lesson.
- For safety reasons, please no throwing rocks, running, screaming or spooking horses, etc.
- No dogs or baby carriages are allowed in the barns.

### **LATE TO LESSON**

If a student is late, and the other students in the group are already in the arena, the late student may not be able to ride.

## CANCELLATIONS

There is a **24-hour cancellation policy**. If students cancel with less than 24-hours' notice or inadvertently miss their lesson, the lesson is subject to full charge. If cancelled with more than 24-hours' notice for emergency reasons, students will not be charged for that lesson. Make up lessons are not available at this time.

The hallmark of T.H.E. Center, Inc. is a commitment to excellence in serving a wide variety of participants, from our youngest Therapeutic student to our advanced competitive rider. You are joining students of all ages and abilities who call T.H.E. Center, Inc. "home." The Ranch has obvious limited resources, i.e. horses, volunteers and ring space available for its students and therefore can only schedule a limited number of lesson students.

- Instructors may cancel the lesson due to weather, sickness, or other extenuating circumstances.
- **WEATHER-** When the weather does not allow mounted lessons (thundering/lightening, severe cold or heat or for any other reason) we will have un-mounted classroom lessons, if the student is capable. If students that are capable do not wish to take a classroom lesson, you will still be billed for that lesson. Our belief is that there is much more to being a rider than sitting on a horse. Therefore, refusal to participate will be treated as a no-show. (We understand that many of our therapeutic students are incapable or would not fully benefit from a classroom lesson therefore we will use our best professional judgment.)
- Riding a minimum of one time per week is required to guarantee student's riding day and time. Our schedules are organized very carefully, we do not have the flexibility to change days or times with frequency.

## WITHDRAWING FROM THE PROGRAM

We request a 30-day notice by the 25<sup>th</sup> of the month in order to not be charged for the upcoming month. This will allow us to contact a student on the waiting list and place them in your time slot. Otherwise, you will be billed for the next month of lessons, regardless of whether or not you attend the lessons.

There will be no credits or refunds given in the program. We require our students to strictly adhere to this policy.

## WHO TO CALL WITH QUESTIONS

If you have any questions, in doubt about weather or holidays please contact your instructor at our office via telephone: 951-658-7790 or email: [info@thecenterranch.org](mailto:info@thecenterranch.org). Our Executive Director is always available to answer any questions you may have, his number is 951-208-5205

## CURRENT HOURS OF OPERATION

Tuesday- 8-5pm

Thursday- 8-5pm

Friday- 8-5pm

Saturday 8-5pm

## TUITION:

- Tuition is based on the once per week lesson rate (see below).
- Payments for tuition will be automatically withdrawn from your credit card on the first business day of the month for that month's tuition. T.H.E. Center, Inc. accepts MasterCard, Visa, and American Express, but no corporate or world cards. Group lessons include two to five students, while a private lesson is one student only.
- If your credit card is rejected, you are required to pay a **\$25.00 late fee**.
- **No refunds** are given.

Lesson Type	*Rate	*Monthly Rate
Group 1 hour	\$ 40.00	\$ 160.00
Private 30 minute	\$ 50.00	\$ 200.00

## Scholarships Available

T.H.E. Center, Inc. is dedicated to offering our services to all those who qualify, regardless of their financial circumstances. We strive to provide financial assistance to therapeutic riding students who are in need, in a fair and responsible manner.

Prospective participants and their families/guardians are expected to explore and utilize other options of financial support prior to submitting a Scholarship Application. The Scholarship Application and T.H.E. Center, Inc. Therapeutic Riding Paperwork must be completed or it will not be accepted. **Scholarship Applications are available in the office or online.**

CREDIT CARD INFO

**Information below must be completed in full by cardholder:**

(Circle one) MasterCard    Visa    American Express

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I authorize T.H.E. Center, Inc. to withdraw monthly tuition due from my above account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**LESSON POLICY, CONTRACT, & PAYMENT AGREEMENT**

I \_\_\_\_\_ (*name of student (parent or guardian if under 18)*) have read and acknowledge the Lesson & Payment Policy Contract Agreement and will abide by the stated policies. I understand that these policies are designed to help keep all involved parties safe, a predictable schedule, riders success, proper care for equines, and operations of the T.H.E. Center, Inc. regular.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(PLEASE PRINT CLEARLY)**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Parent/Legal Guardian Name: \_\_\_\_\_

Address: (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you come to know about our program: \_\_\_\_\_

**In Case of Emergency:**

Contact Name & Number: \_\_\_\_\_

Contact Name & Number: \_\_\_\_\_

Contact Name & Number: \_\_\_\_\_

**MEDICAL RELEASE:**

In case of an emergency, I give permission to T.H.E. Center, Inc. to secure medical treatment including: transportation, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

**PHOTO RELEASE:**

I consent  I do not consent to and authorize the use and reproduction by Chastain Horse Park of any and all photographs and any other audio visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**LIABILITY RELEASE:**

As a volunteer, staff member, student, board member of T.H.E. Center, Inc. I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against T.H.E. Center, Inc., its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of T.H.E. Center, Inc. property, equipment, or facilities.

**I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

(if student is a minor)

**IF YOU ARE UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN THIS FORM**

<b>For Office Use Only:</b>		
Date Revd.: _____	Evaluation Date & Time: _____	Photo Consent: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Liability Release: <input type="checkbox"/>	Medical Release: <input type="checkbox"/>	Lesson Type: <input type="checkbox"/> Group <input type="checkbox"/> Individual
Instructor: _____	PG Director Signature: _____	
Billing Info: _____		

**PARTICIPANTS MEDICAL HISTORY & PHYSICIANS STATEMENT**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Issue(s) \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 (If needed, please attach additional information)

Diagnosis, if applicable \_\_\_\_\_ Date of Onset: \_\_\_\_\_

**\* FOR STUDENTS WITH DOWN SYNDROME: Cervical x-ray for Atlanto-axial instability: Date: \_\_\_\_\_ Positive  Negative**

Tetanus Immunization: Date \_\_\_\_\_ Seizures:  Yes  NO Type/Describe: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Past surgery: \_\_\_\_\_

Mobility: Independent Ambulation Crutches Braces Wheelchair Other\_\_

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

	Yes	No	Comments
<b>Auditory</b>			
<b>Visual</b>			
<b>Tactile Sensation</b>			
<b>Speech</b>			
<b>Cardiac</b>			
<b>Circulatory</b>			
<b>Integumentary/Skin</b>			
<b>Immunity</b>			
<b>Pulmonary</b>			
<b>Neurologic</b>			
<b>Muscular</b>			
<b>Balance</b>			
<b>Orthopedic</b>			
<b>Allergies</b>			
<b>Learning Disability</b>			
<b>Cognitive</b>			
<b>Emotional/Psychological</b>			
<b>Pain</b>			
<b>Behavioral/Social</b>			
<b>Other</b>			

**Those with disabilities/current health issues are required to have a Health Care Provider complete the following:**

**Given the above information, this person is not medically precluded from participating in supervised equestrian activities at T.H.E. Center, Inc.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_ MD PA DO NP Other: \_\_\_\_\_

(Please attach prescription for Physical, Occupational or Speech Therapy if applying for Hippo-Therapy Services)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

Comments: \_\_\_\_\_

**PLEASE RETURN TO:**  
 T.H.E. Center, Inc PO Box 5337, Hemet, CA 92544 - Fax: 951-765-6001 - Info@TheCenterRanch.org







