



# THERAPEUTIC HORSEMANSHIP EQUESTRIAN CENTER INC.

## Welcome New Student 2017

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.

**T.H.E. Center, Inc.**  
**THERAPEUTIC LESSON PROGRAM & POLICY AGREEMENT**

Welcome to Therapeutic Horsemanship Equestrian 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, Michelle Kerlin, 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 after fifteen minutes (15) of lesson time, student will not be allowed 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 25th 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, Miguel Sarasa, is always available to answer any questions you may have, his number is 951-208-5205

### CURRENT HOURS OF OPERATION

Tuesday- Saturday 8-5pm

### TUITION:

- 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.

### 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.*

### NO CALL/NO SHOW

Students who have more than one No Call No Show to a lesson, will be removed from the current session and invited to re-register for the next session. Not Calling in advance a missed lesson really causes a burden as staff and volunteers prepare for the lesson, tack up horses and wait. Riders who are receiving scholarships and have more than one (1) No Call/No Show will be subject to forfeiting their scholarship opportunity and becoming ineligible for future scholarships.

### EXCESSIVE ABSENTEEISM

Any student having three (3) absences in one session will be removed from the schedule for that session and their time slot will be replaced with another qualifying participant. A student arriving more than fifteen minutes after class is scheduled to begin, will not be able to participate in the lesson as this causes a disruption to other participants and flow of lesson.

**CREDIT CARD INFO**

Information below must be completed in full by cardholder:

(Circle One) Mastercard   Visa   American Express
Card Number: _____ Expiration Date: _____ CVC Code: _____
Name as it appears on Card: _____
Cardholder's Signature: _____
Billing Address: _____
City: _____ + _____ State: _____ Zip: _____
I authorize T.H.E. Center, Inc. to withdraw monthly tuition due from the above account on the 1 <sup>st</sup> of every month.
Signature: _____ Date: _____
Printed Name: _____

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

I \_\_\_\_\_ have read and acknowledge the Lesson & Payment Policy Contract Agreement  
*(name of student or parent/guardian if under 18)*  
and will abide by the stated policies. I understand that these policies are designed to help keep all involved parties safe, a predictable schedule, rider's success, proper care for equines and operations of T.H.E. Center, Inc. regular.

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

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

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male / Female Tshirt Size: \_\_\_\_\_  
Parent/Legal Guardian Name: \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How did you hear about T.H.E. Center, Inc. programs: \_\_\_\_\_

**In Case of Emergency:**

Emergency Contact Name: \_\_\_\_\_  
Number: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Number: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**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 T.H.E. Center, Inc. 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 under 18): \_\_\_\_\_

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

***For Office Use Only:***  
Date Revd.: \_\_\_\_\_ Evaluation Date & Time: \_\_\_\_\_ **Photo Consent:**  Yes  NO  
**Liability Release:**  **Medical Release:**  **Lesson Type:**  Group  Individual  
Instructor: \_\_\_\_\_ PG Director Signature: \_\_\_\_\_  
Billing Info: \_\_\_\_\_

**PARTICIPANTS MEDICAL HISTORY & PHYSICIANS STATEMENT**

**Participants Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Primary Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**I authorize** \_\_\_\_\_ **(healthcare provider)** **to disclose the protected health information described below to T.H.E. Center, Inc.**

**Student/Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Health Concerns/Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Tetanus Immunization Date: \_\_\_\_\_ Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_ Past Surgery: \_\_\_\_\_

Seizures:  Yes  No Type: Describe: \_\_\_\_\_

Mobility:  Independent Ambulation  Crutches  Braces  Wheelchair  Other

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

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

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.

Physician's Name/Title: \_\_\_\_\_ MD PA DO NP Other: \_\_\_\_\_

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

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

Physician's Comments: \_\_\_\_\_

**Please Return To:**  
 T.H.E. Center, Inc. PO Box 5337 Hemet, Ca. 92544 - Fax: 951-765-6001 - INFO@THECenterRanch.org