

THERAPEUTIC HORSEMANSHIP EQUESTRIAN CENTER INC.

Welcome New Student 2018

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.

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. 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 Exp Card Number:	ress 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 monthl	y tuition due from the above account on the 1 st of every month.
Signature:	Date:
LESSON POLICY, CONTRACT, & PAYMENT AGREEME	<u>NT</u>
(name of student or parent/guardian if under 18)	ad and acknowledge the Lesson & Payment Policy Contract Agreemer
, ·	that these policies are designed to help keep all involved parties safe, or 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:		
			Work Phone:		
Email Address:					
			e / Female Tshirt Size:		
Parent/Legal Guardian Name	:				
Address (if different than above):		Ctato:	7in:		
			Zip:		
In Case of Emergency:	, . .				
Fmergency Contact Name:					
Number:		Relationship to	Participant:		
			·		
Number		Relationship to	Participant:		
MEDICAL RELEASE:					
anesthetic, medical or surgical d any physician or hospital. The ur other medical expenses reasona PHOTO RELEASE: ☐ I consent ☐ I do not all photographs and any other as	ndersigned hereby agrees to pay all bly and necessarily incurred. Ot consent to and authorize to udio visual materials taken of me for the source of the so	service rendered under I fees and expenses of d the use and reproduction	the general or specific instructions of loctors, hospitals, ambulances and		
other use for the benefit of the	orogram.				
LIABILITY RELEASE:					
riding program, including risk of dragged by a foot caught in the sobjects. However, I feel the poss be legally bound for myself, my l T.H.E. Center, Inc., its board of d	bodily injury or death resulting fro stirrups, being thrown by horse, eq sible benefits to my family or the ch heirs and assigns, executors or adm	m kicks and bites, falling quipment failure or collis nild I care for are greate ninistrators, waive and r lunteers and/or Employ	the risks and potential risks of a horseback g off horses or horse falling on rider, being sion with horses or vehicles or other inanimate r than the risk assumed. I hereby, intending to release forever all claims for damages against sees for any and all injuries and/or losses I may		
I HAVE READ THE ABOVE RELE	ASES AND GIVE EMERGENCY M	EDICAL, PHOTO, and L	IABILITY CONSENT AS INDICATED ABOVE:		
Student Signature:			Date:		
	OF AGE, PARENT OR GUARDIAN				
For Office Use Only:	JF AGE, FAILENT ON GOANDININ		VI		
	Evaluation Date & Time:		Photo Consent: Yes NO		
=	Medical Release: Less				
Billing Info:					

PARTICIPANTS MEDICAL HISTORY & PHYSICIANS STATEMENT

'articipants Name:			<mark>Date</mark>	of Birth:	Weight:	<mark>Height:</mark>		
rimary Physician's Name:				Phone Number: _				
authorize (healthcare	e provid	der)	to disclose the protected health information described below to T.H.E. Center, In					
tudent/Parent/Guardian's	s Signat	<mark>:ure:</mark> _						
			Medications:					
Seizures: □ Yes □ No Type								
Mobility: □ Indepe				s □ Braces	□ Wheelch	nair 🗆 Other		
·			needs in the following system			u		
lease maicate can	Yes	_		——————————————————————————————————————				
	162	No	Comment					
Auditory	-	 						
Visual								
Tactile Sensation		 						
Speech		 						
Cardiac		 						
Circulatory		<u> </u>						
Integumentary/Skin		<u> </u>						
Immunity		<u> </u>						
Pulmonary								
Neurologic								
Muscular								
Balance								
Allergies	T	T						
Learning Disability	Τ	Τ						
Cognitive	<u> </u>							
Emotional/Psychological								
Pain								
Behavioral/Social								
Other								
-			nealth issues are required to					
				· · · · ·	·			
Physician's Mame, mue				_ MD PA DO	NP Other:			
Physician's Signature:				Date:				
(Pleas	√e attach r	prescript	otion for Physical, Occupational or Spee	ech Therapy, if applying for H	lippo-Therapy Services	;)		
Physician's Address:								
City:			State:	·	Zip:			
Physician's Phone Numb	ງer:			License/UPIN Nun	nber:			
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Please Return To:								

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