



THERAPEUTIC HORSEMANSHIP EQUESTRIAN CENTER INC.

Welcome New Student 2019

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 records on 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.) 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 Executive Director, Miguel Sarasa, at (951) 658-7790.

RULES & RESPONSIBILITIES OF STUDENT

- Students are responsible for on time for their lesson. Please notify the office if you will be tardy.
- Students may arrive 5 minutes before lesson time or earlier if approved by your instructor.
- Lesson times include getting the horse tacked up, riding time, and cool downs.
- We try to schedule appropriate students together. Sometimes a change in lesson times and/or day may be requested. If it is not convenient for your schedule, we will do our best to accommodate you. Thank you in advance for understanding.
- Parents are required to stay on property during their student's lessons.
- Riders **MUST** wear close-toed shoes to every lesson. Students will not be permitted to ride if they show up with open toed shoes.
- Students must have their cellphones on silent during lessons: **NO phone calls or texts**.
- Parents watching lessons are not allowed in the arena unless otherwise advised by the instructor. Please no coaching from the sideline. Except for emergencies, parents should avoid interacting, disrupting, or distracting riders.
- An adult must supervise all other children not riding in the lesson.
- Please no throwing rocks, running, screaming or spooking horses, etc.
- No dogs allowed on property
- Baby carriages are not allowed outside of our patio.

LATE TO LESSON

If a student arrives fifteen minutes (15) or later past lesson time, student will not be allowed to ride.

CANCELLATIONS

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 limited resources (i.e. horses, volunteers and ring space) available for its students and therefore can only schedule a limited number of lesson students. Please be respectful of your scheduled lesson time.

We have a **24-hour cancellation policy**. If a student cancels 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, student will not be charged for that lesson. Make up lessons are not available at this time. Our schedules are organized very carefully, we do not have the flexibility to change days or times with frequency.

If you would like to withdraw from the program, please notify our office staff or our Executive Director.

WEATHER

T.H.E. Center is an outdoor ranch; therefore, instructors may cancel the lesson due to weather, sickness, or other extenuating circumstances. When the weather does not allow mounted lessons (thundering/lightening, severe cold or heat or for any other reason). Un-mounted lessons may be offered, depending on circumstances. You will be contacted by the office to notify of any cancellations due to weather. Students will not be billed for any lessons canceled by the office or instructors.

NO CALL/NO SHOW

Students who have more than three (3) No Call No Show to a lesson, will be removed from the current session and their time slot will be offered to another student on our waiting list. and invited to re-register for the next session. A missed lesson, without notice, 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 three No Call/No Show will be subject to forfeiting their scholarship opportunity and becoming ineligible for future scholarships.

QUESTIONS?

If you have any questions, the best way to contact us is by messaging our Facebook page Facebook.com/THecenterinc. All instructors and office personnel will receive your message, and thus be able to respond almost 24/7. You can also contact our office during business hours via telephone: 951-658-7790 or email: info@ thecenterranch.org.

CURRENT HOURS OF OPERATION

Tuesday- Saturday 9-5pm

TUITION & FEES:

- T.H.E. Center charges on monthly basis. Bills will be handed out at the beginning of the month for the previous month’s billing.
- Payments for tuition can be made with cash, check or via credit card.
 - Credit card payments can be made via our website, using our “Tuition Payment” PayPal button.
 - Or you can provide your credit card information and tuition will be automatically withdrawn from your credit card on the first business day of the session, or month, or week depending on payment plan.
 - T.H.E. Center, Inc. accepts MasterCard, Visa, and American Express, but no corporate or world cards.
- If your credit card is rejected or if you check bounces, you are required to pay a **\$25.00 late fee**.
- **No refunds** are given.

SCHOLARSHIPS & FINANCIAL ASSISTANCE

T.H.E. Center prides in never turning away a student, regardless of their financial circumstances. If you or your child is in need of a scholarship or financial assistance to help cover the cost of tuition, please fill out our **2019 T.H.E. Center Scholarship Application**. T.H.E. Center works in partnership with donors and foundations to provide scholarship assistance for students who have a proven need. Thus, scholarship assistance and application processing time differ per individual based on need, available funds, and diagnosis. Submission of scholarship application does not guarantee financial assistance. Scholarship assistance is not guaranteed to cover complete tuition costs. Due to the high volume of scholarships requested, average processing time for a scholarship can be between 1 month to 6 months. For more information, *please contact Anakaren Bradshaw at (951) 658-7790*

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 st 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.

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: <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

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: _____

Physician's Signature: _____ Date: _____

(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