



Welcome to Victory Reins! We are so excited that you have expressed an interest in our horsemanship program. Enclosed you will find an application as well as important medical forms that must be filled out and returned in order to participate in our program.

Our horsemanship program is available to children beginning at the age of three through adult. We specialize in serving persons with disabilities, including individuals who use wheel chairs. Our program is a member of PATH Int(Professional Association of Therapeutic Horsmen International).Lessons are available for individuals who do not have disabilities as space allows.

The following forms are required prior to beginning riding lessons:

- **Registration** ___
- **Media Release** ___
- **Support Needs Survey** ___
- **Emergency Treatment Release** ___
- **Consent Form** ___
- **Medical Release** ___
- **Safety & Cancellation Procedures** ___

***Please note:
Payment in full
will be required
prior to the
beginning of each
session. Checks
may be made
payable to Victory
Reins Reins NFP.***

If you have any questions or require additional information regarding our program, please do not hesitate to contact us @ 815-478-4879, 815-382-8694 or sandy@victoryreins.org. We also encourage you to call and set up an appointment to come tour our facility and observe what we have to offer.

Sincerely,

**Sandy Michalewicz. PATH INT. CRI
Executive Director**



Horsemanship Registration

Name of Rider _____ Date of Birth ____/____/____

Parents name _____

Address _____ City _____ Zip _____

Phone # _____ Alt. Phone _____

Email Address _____

Horsemanship Riding Program

Fees For Horsemanship Sessions:

\$210.00 for one six week session of semi-private half hour lesson _____

\$270.00 for one six week session of private half- hour lessons _____

A full 6-week session is required for the Horsemanship Riding Program. Each session must be paid for prior to the start of the first lesson and completed within the program period allotted of 6 consecutive weeks. There are no make-up lessons.

Day Trips for schools and other groups

We also offer day trips to the farm for school groups. Day trips are customized for each group. Can include riding a horse, grooming, meeting the animals up close and personal (great time for photos) Guest will learn about horse care, kinds of equipment we use, kinds of horse, names of the equipment, how to saddle a horse, and general horse safety.

\$20.00 per guest includes tour, meet and greet with critters, grooming and informational class.

\$30.00 per guest includes all of the above and a short riding session.

GROUPS ARE LIMITED TO 12 to allow us more quality time with our guests.

Please make all checks payable to Victory Reins NFP.

Please note that we will not be holding lessons on standard holidays and adjustments will be made accordingly.

Check us out on our Face Book Group : Victory Reins, Therapeutic Riding Center

MEDICAL RELEASE FORMS MUST BE FILLED OUT BY A DOCTOR

Victory Reins Horsemanship Program Consent Form

I hereby give my permission for (participant) _____ to participate in the Horsemanship Program. This may include any of the following activities: receiving horseback riding instruction, feeding/grooming animals, riding the horses, and maintaining the barn at Victory Reins.

In consideration for Victory Reins allowing (participant) _____ to participate in the riding program the Participant and his/her successors and representatives do hereby agree to release and discharge Victory Reins' officers, staff, administrators, employees and agents from any and all causes of action damages, claims, costs, expenses (including attorney's fees) and liability in any way arising from or incidental to this authorization.

X _____ Date _____
(Participant Signature)

X _____ Date _____
(Participant signature required of all individuals ages 12 and over unless a guardian has been legally appointed.)

X _____ Date _____
(Parent/Guardian signature required of all individuals under age 21 and those who have a guardian appointed.)

X _____ Date _____
(Staff witness required in all instances when only a participant signature is required.)

Video Tape /Photo Release/Media Release

I give permission for the Victory Reins Horsemanship program its advertising agencies or news media to publish or reproduce the print/slide photographs, moving pictures or video tape for publicity purposes. Publicity may include but is not limited to newspaper, television, brochures, pamphlets, instructional materials and books.

I understand that no inducements or promises have been made to secure my signature to this release other than the intention of the Horsemanship Program to use or cause to be used for the purpose of promoting the Horsemanship program and its work.

Specific limitations to the above _____

This release is valid for as long as Victory Reins is operating as a non for profit organization. It is signed and may be revoked by me in writing at any point in time.

Signed _____ Date _____

Victory Reins Horsemanship Program Medical Release

Date_____

Name_____ DOB_____ Age_____

Sex_____ Height_____ Weight_____ Pulse_____ B/P_____

Diagnosis_____ Cause_____

Medications (Type, purpose, dose)

If Downs Syndrome, Atlanta-Axial Subluxation? YES_____ NO_____

Cervical X-Ray for Atlanta-Axial Subluxation Positive_____ Negative_____

Date of X-Ray_____

Tetanus Shot YES_____ NO_____ Date_____/_____/_____

Please indicate if the client had or has a history of the following secondary problems by checking yes or no below. If YES, please include COMPLETE information to this problem.

PROBLEM	YES	NO	HISTORY or DESCRIBE
Auditory impairment	_____	_____	_____
Learning disability	_____	_____	_____
Mental Impairment	_____	_____	_____
Psychological Impairment	_____	_____	_____
Speech Impairment	_____	_____	_____
Visual Impairment	_____	_____	_____
Allergies	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
PVD	_____	_____	_____
Postural Hypotension	_____	_____	_____
Hemophilia	_____	_____	_____
Pulmonary	_____	_____	_____
Asthma/ COPD	_____	_____	_____
Neurological	_____	_____	_____
Seizures	_____	_____	_____
How are seizures controlled	_____	_____	_____
Date of last seizure	_____	_____	_____
Hydrocephalus	_____	_____	_____
Shunt	_____	_____	_____
Pain	_____	_____	_____

Muscular Contractures _____

SKELETAL PROBLEM YES NO HISTORY or DESCRIBE

Spinal Column Injury _____

Subluxing Joints _____

Dislocating Joints _____

Laminectomy/ Fusion _____

Scoliosis/Degree/Type _____

Brace/ Last X-Ray _____

Kyphosis/ Lordosis _____

Degree/Type _____

Spondylolisthesis _____

Spinal Abnormality _____

Osteoporosis _____

Heterotrophis _____

Ossification _____

Joint Disease _____

Cranial Defects _____

Fractures _____

OTHER _____

Location _____

Healed _____

MEDICAL HISTORY

Please indicate any medical problem not indicated above: _____

Please indicate special precautions: _____

MOBILITY STATUS

Ambulatory? YES ____ NO ____ Can the student ambulate independently? YES ____ No ____

If no describe: _____

Prosthetics/ Orthotics:

Type: _____ Purpose: _____

Type: _____ Purpose: _____

Please describe any other information that might help us to work with this student.

Physician's Signature _____ Date ____/____/____

Physician's name (Please print) _____

Physicians Address _____ Phone # _____

Victory Reins Horsemanship Program Safety and Cancellation Procedures

Safety

Our insurance requires that we institute the following procedures to help ensure the safety of our students, parents, staff and volunteers.

- **ABSOLUTELY NO SMOKING IN THE BARN OR ANIMAL AREAS**
- **Students, parents and visitors are not allowed in the riding arena or isles where the horses are stabled without the permission of a senior staff member.**
- **Students must wear the appropriate clothing. This includes long pants, hard leather shoes or boots with a small heel, and a properly fitted riding helmet. Shorts and sandals are not permitted for riding. Leather shoes or boots are preferred over gym shoes.**
- **Students must follow the instructor's directions at all times both in the barn and while riding in the arena or out on the trail.**
- **The horses would love to eat any apples or carrots you might bring to them, but some horses have special diets and are not allowed treats so please ask a staff member before you put treats into a horse's feed bin.**

Arrival times

- **Because our lessons are run on a back to back schedule, it is imperative that the students arrive on time. If a student is late, their lesson will end at the scheduled time. If an instructor is running late but the students are present and ready on time, the lesson will run the full 30 minutes.**
- **If your student needs to change clothes or requires extra time to find a suitable helmet, please arrive a few minutes early to do so. Helmets should fit snugly, but not uncomfortably tight. If the rider shakes his/her head from side to side, a correctly fitting helmet will not slip into their eyes.**

Cancellation Policy

- **If you are unable to make a scheduled lesson plan, please call us at 815-382-8694 to let us know. If no one answers the phone please leave a message for the instructor.**
- **Extremely cold weather (20 degrees or below) or extremely hot and humid weather (90 degrees or above) pose a risk for our riders as well as our horses and staff. On these days we may conduct a horsemanship lesson in place of the actual riding lesson.**
- **Should a rider cancel a lesson due to illness or vacation, we regret that we cannot offer a refund or a make up lesson.**
- **Should Victory Reins cancel lessons for any reason, the student will have the option of receiving a refund for the missed lesson at the end of the session, or applying a credit to the next session.**
- **Please be prompt in returning the registration forms. Should you choose not to register for a particular session due to extended vacation or other circumstances, please understand that we can not guarantee there will be a space open for the following session. If you will not be continuing into another session, please let us know so that we may offer that space to another rider on our waiting list. We will try to pair up like riders so as to be able to get the most out of the lessons.**

Authorization for Emergency Medical Treatment

I authorize Victory Reins to (1) Secure and retain professional emergency medical treatment and transportation if needed and (2) Release rider and records upon request to the authorized individual or agency involved in the medical emergency treatment. In the event emergency medical treatment is needed, due to illness or injury during the process of receiving services, or while being on the property of this agency,

Rider Name _____
Address _____ City _____
Zip Code _____ Phone _____

In the even that I cannot be reached contact:

Contact _____ Relationship _____
Phone _____

Contact _____ Relationship _____
Phone _____ Physician's Name _____
Medical Facility _____

Health Insurance Co _____
Policy # _____

Date ____/____/_____
Signature _____

Date ____/____/_____
Signature _____

Non-Consent Signature _____

Print Name _____
Phone _____

Address _____ City _____ State _____
Zip _____

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "Life saving" by the physician. This provision will only be invoked if the person listed is unable to be reached.

For Persons with Disabilities

The following information will help us provide quality services for each child/adult with a disability who participates in the Victory Reins Horsemanship Program. This information is confidential. It will be used exclusively by the staff at Victory Reins.

How would you characterize your disability?

- Cognitive(mental retardation, learning ability, etc)
- Physical
- Psychological(mental illness, behavior disability, personality disorder, etc
- Health (serious health condition)
- Sensory/Hearing
- Sensory/Visual

Please provide additional information in detail: _____

Do you use a wheelchair or other aids for mobility? (Check all that apply)

- Manual
- Electric
- Amigo or other
- Other supports, canes crutches, walker etc

What type of communication do you use? (Check all that apply)

- Verbal
- Sign Language
- Braille
- Communication board
- Talking computer
- Facilitated communication
- Other

What type of assistance do you need? (Check all that apply)

- NONE (independent)
 - Push Wheelchair
 - Need help transferring from wheel chair
 - Other(Describe) _____
-

What are your support needs in the following daily living activities? (Please be specific)

Eating: _____

Toileting: _____

Dressing: _____

Other: _____

Please share any other information which would help us support your participation in our Program:

Physician's Name (Please Print) _____

Physician's Address _____

Telephone Number () - _____

Physician's Signature _____ Date _____