



REINS Therapeutic Horsemanship Program

WELCOME NEW STUDENT

We look forward to meeting you and your participation in our riding program. Please fill out the rider enrollment packet and return to us (mail, fax or e-mail) at your earliest convenience to get started. At this time we do have a **waiting list** so please fill out the availability form as well as you can. Once all paperwork is completed, you will be contacted and can begin as soon as an appropriate lesson time is available.

Please feel free to contact Shauna Jopes, Program Director at 760-731-9168 or e-mail shauna@reinsprogram.org to discuss scheduling availability and first time evaluations.



*Please contact us with any questions you may have about the program.
We operate Monday through Saturday and welcome visitors to see the
program first hand.*



Rider Enrollment Packet

ENROLLMENT & ATTENDANCE: Please fill out and sign the enclosed forms completely and return them to REINS. A lesson time will be scheduled as soon as all forms are completed and an appropriate time slot is available.

CANCELLATION/MAKE UP POLICY: Please notify us if you will not be coming to your regularly scheduled lesson. If you give us at least 24 hours advanced notice, we may be able to reschedule your lesson for a different day/time. However, rescheduled lessons are not guaranteed and no refunds are given for lessons missed.

PROGRAM FEE POLICY: **The current fee per session is \$375.00.** Fees are due in advance of the session start date. If you need a payment plan please discuss with the Program Director on an individual basis. Please deposit your payment in the black fee box outside the office door. If you would prefer to have payments automatically charged to your credit card, automatic payment forms are available in the office by request. The program fee you are asked to pay only covers about 25% of the actual cost of the lessons. Therefore, two to three times each year you may be asked to help with a fundraising project. Funds raised through these projects are used only to ensure that the program will continue to operate and improve.

CALENDAR OF RIDING: Please see attached calendar of riding. REINS holds classes on a daily basis (Monday – Saturday). We do close for all major holidays and take a Spring Break, Winter Break and Summer Break between sessions. Please pay attention to the white board, web site, newsletter, and our yearly calendar for upcoming closed dates. Also, during times of rainy and stormy weather or extreme heat, classes will be cancelled at the discretion of the staff and for your safety. Please call if you are unsure whether or not to attend.

APPAREL: Riding helmets are provided at the facility or you may provide your own. Riders should dress appropriately for the current weather conditions. Please wear long pants and boots or sneakers (no sandals) for horseback riding.

DIRECTIONS TO FACILITY:

REINS is located in Fallbrook at 4461 S. Mission Road.

From Interstate 5: Exit Hwy 76 and go east approximately 15 miles, turn left at Mission Rd. We are located one mile north on the left side.

From Interstate 15: Exit Hwy 76 and go west for approximately 4 miles, turn right at Mission Rd. We are located one mile north on the left side.



RIDER/CONTACT INFORMATION SHEET

Rider's Information

Student's Name _____

Date of Birth _____ Gender: M F Weight _____

Current Diagnosis _____

Current Treatment/Services _____

Street address _____

City _____ State _____ Zip Code _____

E-mail _____

Rider is a (circle one): minor adult w/a legal guardian independent adult

Parent/Guardian Name _____ Cell Number _____

Occupation _____ Work Number _____

Other Parent/Guardian Name _____ Cell Number _____

Occupation _____ Work Number _____

Is either parent or guardian an active member of the military? Y N

Contact Information (used for scheduling, billing, newsletters etc.)

Person in charge of rider's schedule/billing _____

Relationship to rider _____ Preferred phone number _____

Billing Address (if different from above) _____

City _____ State _____ Zip Code _____

Primary email _____

As a non-profit organization, we strive to keep our lesson fees reasonable. They cover 25% of the cost of the lessons. We rely heavily on a volunteer base to keep our program running. Is there any way you would be willing to help REINS?



Questionnaire & Health History

Has the student had previous experience with therapeutic riding? YES NO

If yes, please explain...

Goals: What are you hoping to accomplish by participating at REINS?

Comments: please give any info that you feel will be helpful in lesson planning

Please answer the following to help us best prepare for your arrival and evaluation

Does the student...	<u>YES</u>	<u>NO</u>	<u>Comments</u>
Walk independently?			
Have poor balance sitting/standing balance?			
Have speech/language difficulties?			
Have problems with fine motor skills?			
Have problems with gross motor skills?			
Have allergies or breathing problems?			
Have pain?			
Have emotional/behavioral problems?			
Have heart/circulation problems?			
Have short term/long term memory loss?			
Have a fear of heights?			
Have a fear of horses or animals?			



SEIZURE INFORMATION FORM

Does the rider have seizures? Y N

If yes, please fill out the following form.

What may cause the seizures?

On average, how often do they occur?

Are there any warning signs before a seizure starts?

What is the average duration of a seizure?

How does the participant feel and behave after a seizure? How long does this last?

What should we do should a seizure occur while riding?

Is there anything else that we need to know about the seizures?



PHYSICIAN'S REFERRAL FORM

To be signed and dated by current Doctor

Patient's Name: _____

Parent Name and Contact # _____

Patient's date of birth: _____ Height: _____ Weight: _____

Medical History

Diagnosis: _____ Date of onset: _____

Primary Disability: _____

Other Concerns: _____

Hospitalizations: _____

Shunts/Assistive Devices: _____

Seizures/Allergies: _____

Present Medications: _____

Physical Evaluation

Skin/Circulation _____ Neuro/Sensation _____

Heart/Lungs _____ Balance/Coordination _____

Bowel _____ Bladder _____

Vision _____ Hearing _____

Speech _____ Spasticity/Rigidity _____

FOR DOWN SYNDROME PARTICIPANTS:

Neurological exam for Atlantoaxial Instability: present /not present

Other Precautions/Contraindications to Therapeutic Horseback Riding: _____

In my opinion, this patient is able to receive therapeutic horseback riding instruction under appropriate supervision at R.E.I.N.S.

Physician's Signature

Date

Physician's Name Phone _____

Office Address _____

Parent/Guardian Signature

Date



THERAPIST REFERRAL FORM

If student is currently seeing a physical, occupational or speech therapist, please have them fill out this form and/or attach a recent evaluation.

Name of Student _____ Birthdate _____

Diagnosis: _____

Current Therapy: _____

Evaluations Used: _____

SHORT TERM GOALS: _____

LONG TERM GOALS: _____

OBJECTIVES: _____

AREAS OF WEAKNESS: _____

AREAS OF STRENGTH: _____

PRECAUTIONS: _____

CUES: _____

OTHER: _____

Therapist Signature

Date

Parent Signature

Date



RELEASE OF LIABILITY AGREEMENT

Name of Rider _____
Name of Parent _____
Address _____ City & Zip _____
Telephone Number _____
Emergency Contact _____

REINS Therapeutic Horsemanship Program is a professionally orientated and controlled. All staff, volunteers, and horses have been carefully selected. Safety equipment is used for all riders because horseback riding is a risk exercise.

No student can be accepted in to the REINS program until a parent or guardian has signed this form or, if the rider is of legal age he or she may sign. Therapeutic riding instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by the organization or any persons connected with the organization.

The undersigned as self or parent/guardian of said minor _____, hereby agrees to hold harmless and indemnify REINS, its officers, trustees, agents, employees, volunteers, representatives, and successors from all manner of liability, loss, costs, claims, demands and damages of any kind and nature whatsoever, which the undersigned may now or in the future have against the said facility.

Date _____

Signed _____



AUTHORIZATION FOR MEDICAL TREATMENT

Name of Rider _____
Name of Parent _____
Rider's Date of Birth _____
Current Diagnosis _____
Current Medications _____
Allergies to Food/Medications _____
Date of Last Tetanus Shot _____
Any special Instructions _____

In the event that emergency medical treatment is required due to an illness or injury during a therapeutic riding session, I authorize REINS to:

1. Call emergency medical help and consent to any necessary treatment that may include transportation, x-ray examination, surgery, medication, or hospitalization.
2. Release student records upon request of authorized emergency medical personnel if needed.

It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Consent Signature Date

Print Name and Relationship

Telephone numbers where parents can be reached:

Mother _____ Father _____



PHOTO RELEASE FORM

The undersigned hereby grants REINS Therapeutic Horsemanship Program (and PATH International) permission to take or have taken still or moving photographs of myself/ daughter/ son _____. The undersigned also authorizes REINS to use such photographs in its advertising, grants, news & social media, brochures, pamphlets, and instructional material.

Date _____

Signed _____

RESEARCH DATA RELEASE FORM

The undersigned hereby grants permission to use all test results and scores obtained from evaluations, both formal and informal of while said person is in attendance at REINS Therapeutic Horsemanship Program. Aforesaid material will be used for the purpose of research and conducted by REINS and or PATH International.

Date _____

Signed _____

STUDENT AVAILABILITY

There is currently a waiting list for a lesson time. The following is a list of our current lessons times. Please check the boxes of the times you are available. Please call our office if you have any questions.

Day	AM	PM
Monday	9:00	1:30
	9:45	2:15
	10:30	3:00
	11:15	3:45
		4:30

Day	AM	PM
Thursday	9:00	1:30
	9:45	2:30
	10:30	3:30
	11:15	4:30

Day	AM	PM
Tuesday	9:00	1:30
	9:45	2:15
	10:30	3:00
	11:15	3:45
		4:30

Day	AM	PM
Friday	9:00	1:30
	9:45	2:15
	10:30	3:00
	11:15	3:45
		4:30

Day	AM	PM
Wednesday	9:00	1:30
	9:45	2:15
	10:30	3:00
	11:15	3:45
		4:30

Day	AM	PM
Saturday	9:00	1:00
	9:45	1:45
	10:30	2:30
	11:15	3:15