



*Dear Future REINS Family,*

*We look forward to meeting you and your future participant. Please fill out the Rider Enrollment Packet and return to us via email or mail at your earliest convenience. Although there is a current waiting list, we will attempt to fit you in as soon as possible. Once all paperwork is completed, and submitted, you will be contacted for further scheduling information.*

*We are very excited to meet you and get to know your family, as you are now part of ours!*

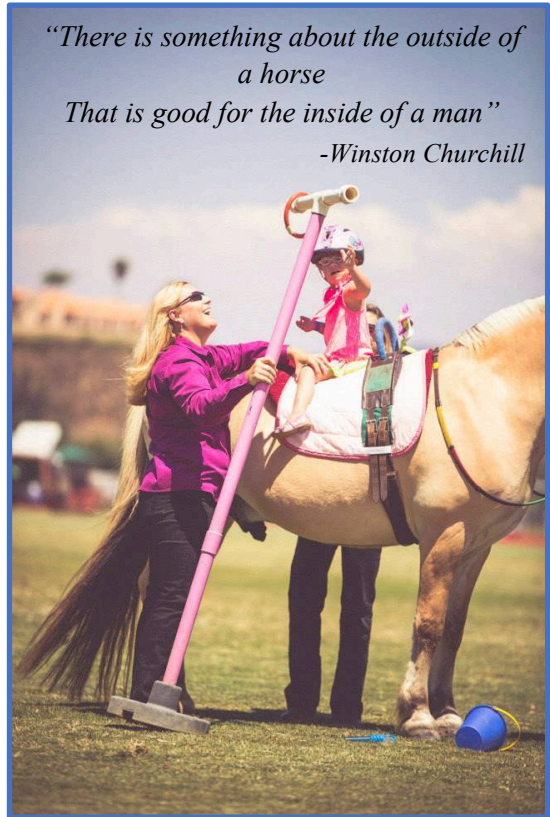
*Feel free to call and schedule an in-person tour at our facility if you have not already done so. Our facility is our happy place, and we cannot wait to share it with you!*

*Please submit paperwork to:*

*Kaitlyn Siewert, Program Director*  
[kaitlyn@reinsprogram.org](mailto:kaitlyn@reinsprogram.org)

*Sincerely,  
The REINS Team*

*“There is something about the outside of  
a horse  
That is good for the inside of a man”  
-Winston Churchill*



# **RIDER ENROLLMENT PACKET**

## **ENROLLMENT & ATTENDANCE:**

- 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 at least 24 hours prior if you need to cancel your regularly scheduled lesson.
- We may be able to reschedule your lesson for a different day/time. However, makeup lessons are not guaranteed
- No refunds are given for lessons missed.

## **PROGRAM FEE POLICY:**

*The current fee per session is \$375.00 (Sessions are 13-15 weeks)*

- Fees are due in advance of the session start date.
- Payment plans are available, please see the Program Director on an individual basis.
- To make payments:
  - Cash/Check in the black fee box outside the office door.
  - Auto-pay with Credit card on file (forms are available in the office)
  - PayPal Online: <https://reinsprogram.org/about-us/rider-information/lesson-payment/>

*The program fee you are asked to pay only covers about 25% of the actual cost of the lessons.  
REINS appreciates any help from families during fundraisers*

## **CALENDAR:**

- REINS holds classes Monday – Saturday, Closed Sunday
- Closed for all major holidays, Spring Break, Winter Break and Summer Break (dates fluctuate each year)
- Closure reminders will be posted via social media, web site, newsletter, and our yearly calendar.
- Extreme Weather Closures: At staff discretion, based on safety for participants, volunteers, and staff.
- Rainy weather, extreme heat, high winds classes will be cancelled for your safety. Please call for any questions.

*Makeup lessons for weather related closures are not typically available.*

## **APPAREL:**

- Riding helmets (SEI Equine approved only)
- Dress appropriate for weather conditions. Boots or sneakers (no sandals)



## **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?      Yes      No

### **Contact Information** (used for scheduling, billing)

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: \_\_\_\_\_

Is there any way you would be willing to help REINS with donations or volunteer hours?

---

---

---

---

---



## 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

<b>Does the student...</b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>Comments</u></b>
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?

---

---

---

How would you like us to handle the situation, 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 PARTICIPANTS WITH DOWN SYNDROME:**

Neurological exam for Atlantoaxial Instability:  Present  Not present

Other Precautions/Contraindications to Therapeutic Horseback Riding: \_\_\_\_\_

*In my professional opinion, this patient is able to receive therapeutic horseback riding instruction under appropriate supervision at REINS Therapeutic Horsemanship Program*

\_\_\_\_\_  
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 for Improvement: \_\_\_\_\_

Areas of Strength: \_\_\_\_\_

Precautions/Contraindications: \_\_\_\_\_

Cue Style (verbal/physical prompts): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





## **RELEASE OF LIABILITY AGREEMENT**

Name of Rider: \_\_\_\_\_ Name of Guardian: \_\_\_\_\_  
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 into 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 emergency contacts can be reached: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation to rider: \_\_\_\_\_



## **PHOTO RELEASE FORM**

The undersigned hereby grants REINS Therapeutic Horsemanship Program (and/or 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 release & social media, brochures, pamphlets, and instructional material.

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

Signed: \_\_\_\_\_

## **RESEARCH DATA RELEASE FORM**

The undersigned hereby grants permission to use all results and scores obtained from evaluations, both formal and informal while said person attends REINS Therapeutic Horsemanship Program.

Aforesaid material will be used for the purpose of research and grant reporting, conducted by REINS Therapeutic Horsemanship Program and/or PATH International.

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

Signed: \_\_\_\_\_



**STUDENT AVAILABILITY**

*There may be a waiting list for certain ride times.*

*The following is a list of our current lesson times.*

Please ( X ) the boxes of the times you are available.

Greater availability increases your opportunity to be scheduled.

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

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

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

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

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

Day	AM	PM
<b>Saturday</b>	9:00	1:00
	9:45	2:15
	10:30	3:00
	11:15	3:45