



STUDENT REGISTRATION 2019

Thank you for registering to ride with TRI!

We are again offering a discounted rate for those students who pay in full prior to February 1 (fee schedule is available on the registration form). Payment in advance does not guarantee a specific day or time of lesson.

Please be sure to retain this page, as the dates it includes are important!

Form submission deadlines:

Session 3: May 31 Session 4: July 15

Students who have not previously ridden with TRI must attend an evaluation to be eligible to participate. All required paperwork must be received by the program director before an evaluation may be scheduled. Evaluations are by appointment only, and will take place on the following date:

August 24

Scholarships are available! The scholarship application may be downloaded from our website (www.TRIOhio.org). A separate application is required for every session funding is being applied for. Applications must be received in the office by the first day of the month prior to the month the session being applied for starts (ie, applications for session 1 are due in the office by February 1; applications for session 4 are due in the office by September 1).

Eligibility Policies:

Riders must be at 5 years of age; able to sit independently; able to ambulate with assistance; able to control head/neck; maximum weight of 200 pounds, additional restrictions based upon height/weight ratio, range of motion and safety considerations. All eligibility policies are in place to ensure the safety and well-being of riders, horses, volunteers and staff, and based are upon PATH Int'l Standards. Every rider is evaluated to ensure that TRI is a suitable provider for the rider. Eligibility policies are subject to change as PATH standards and TRI facilities require/allow.

Determining Which Lesson Format to Pick:

TRI is again offering multiple lesson formats to better serve our students. Most riders are appropriate for our 45 minute group classes, which do not include grooming & tacking. Riders who have limited stamina, are very young, or have limited attention spans may do best in a 30 minute group class. These classes also do not include grooming and tacking. Those interested in learning to groom & tack their horses should consider our 60 minute horsemanship group classes. Some riders need to be in private lessons. Please note that because offering a private class prevents 2 additional riders from participating, we offer a very limited number of these classes, and must schedule them as either the first or last class of the day. Private lessons are appropriate for those students who need constant physical support, whose behavior may be disruptive to a group, or those who are riding at a more advanced level than any other students. Please be aware that while we ask riders to select their preferred lesson format, TRI staff



STUDENT REGISTRATION 2019

will determine which format is most appropriate. In cases in which the preferred and most appropriate format are not the same, TRI staff will contact the rider for discussion.

Mail all forms to:

BEFORE June 1: TRI Registration, 7542 McEwen Rd, Centerville, OH 45459

AFTER June 1: TRI Registration, 3960 Middle Run Rd, Sugar Creek Township, OH 45370

Please contact me if you have any questions or concerns!

Michele Green

Michele Green, Program Director

PATH Int'l Certified Therapeutic Riding Instructor (Advanced), Mentor & ESMHL

Mgreen@TRIOhio.org

[937/619-7577 office](tel:9376197577)

[214/422-1878 cell](tel:2144221878)

Potential Funding Sources

Inclusion on this list does not guarantee that funds for riding will be granted; the list (which is by no means exhaustive) is merely intended as a starting point for families looking for assistance. Some of these organizations are included because they may be a good resource for services outside of riding.

Paige Alessandro Memorial Fund, paigealessandrofund@gmail.com

Spina Bifida Coalition of Cincinnati, www.sbcccincy.org

Your county board of developmental disability services (master list available at www.dodd.ohio.gov)

South Community, www.southcommunity.com

Miami Valley Down Syndrome Association, www.mvdsa.org

[Resources](#)

Please visit the Resources page at www.TRIOhio.org for local and national resources of all types



STUDENT REGISTRATION 2019

STUDENT NAME _____ AGE _____

PARENT/GUARDIAN _____

ADDRESS _____

CITY/STATE _____ ZIP _____

EMAIL _____

HOME PHONE _____ CELL PHONE _____

BEST PHONE NUMBER IN CASE OF EMERGENCY OR CANCELLATION _____

PLEASE INDICATE ALL EVENTS IN WHICH STUDENT WISHES TO PARTICIPATE

_____ Session 1 (March 16 – May 16, make up lessons May 18 – 23, no lessons April 19 – April 26)

_____ Session 2 (June 1 – June 29, no make up lessons)

_____ Session 3 (July 22 – Sept 21, make up lessons Sept 22 – 28, no lessons Aug 30 – Sept 6)

_____ Session 4 (Oct 10 – Dec 12, no lessons Oct 31, no lessons Nov 27 – 30, make up lessons Dec 14 – 19)

_____ Fall Show/Festival/Open House October 5

Make up lessons are offered only when TRI cancels lessons – make up lesson dates are included on this form only so everyone know the dates make up classes are offered in the event TRI cancels lessons

Pease indicate what lesson format student is requesting (TRI makes final decisions regarding class placement):

_____ Private _____ 30 Minute Group _____ 45 Minute Group

_____ Horsemanship(60 minute group class, includes grooming/tacking)

TRI does not directly bill third parties. All county boards of DDS now require families to submit voucher requests directly and have eliminated all copays. Please contact your case manager with questions. TRI will assist with any required third party paperwork at the request of the student, however, any fees incurred are ultimately the responsibility of the student.

Completed student registrations are processed in the order in which they are received, with priority scheduling given to those who pay in advance.



STUDENT REGISTRATION 2019

Therapeutic Riding Institute program policies:

***Fees:** Payment is required prior to the start of each session. Fee reduced if paid prior to 2/1/2019. Alternative payment schedules are available through application with the Program Director.

8 week Session Cost (Sessions 1, 3 & 4)

- Private \$400
- Horsemanship \$360
- 45 Minute Group \$320
- 30 Minute Group \$280

4 week Session Cost (Session 2)

- Private \$200
- Horsemanship \$180
- 45 Minute Group \$160
- 30 Minute Group \$140

Payment in full by 2/1/18

- Private \$360
- Horsemanship \$324
- 45 Minute Group \$288
- 30 Minute Group \$252

Payment in full by 2/1/18

- Private \$180
- Horsemanship \$162
- 45 Minute Group \$144
- 30 Minute Group \$126

***Cancellations:** If TRI cancels a lesson, notification will be posted on Facebook. If a make-up lesson is offered, no refunds/credits will be offered. If no make-up lesson is offered, a credit or refund will be issued. Credits must be used within 1 calendar year (credits for 2019 must be used by the end of 2020). Credits may be donated to the scholarship fund at the student's request.

Refunds:** Payment will be refunded if student is unable to participate in appropriate class/activity and TRI is notified prior to the start of the session. ***No refunds/credits will be offered for vacations, temporary illness or unanticipated circumstances. Refunds, less any fees, will be given if a student withdraws for the entire session due to medical necessity with written notification from the student's medical provider. Refunds in the amount of less than \$10 will not be issued unless a written request is received by TRI

***Attire & Timeliness:** Students with inappropriate clothing and shoes (including crocs, sandals, open-toed or open-heeled shoes), or students arriving more than 10 minutes late for activities will not be able to join their class. Fees will not be refunded or credited.

***Dogs:** Service dogs only are permitted; those that are disruptive to the lesson will be asked to wait in the lounge

I have read, understand and agree to TRI's lesson policies.

Signed _____ Date _____
Student (over 18), Parent or Guardian

ANNUAL PHYSICIAN'S STATEMENT MUST BE COMPLETED, SIGNED AND DATED ONLY BY THE STUDENT'S PHYSICIAN.

Please send completed forms and payment to: Therapeutic Riding Institute, Attn: Registration, 7542 McEwen Rd, Centerville, OH 45459 R2



STUDENT REGISTRATION 2019

RIDER HEALTH HISTORY (updated annually)

GENERAL INFORMATION

Participant _____

Parent/Guardian _____

Address _____

County _____ Participant Occupation/School and level _____

Phone _____ Cell Phone _____

Email _____

DOB _____ height _____ weight* _____ Gender M F

**200 lb. Weight limit variable dependent upon ambulatory status, ROM and discretion of TRI*

Nationality/Race _____

How did you hear about TRI? _____

Does student receive care at Dayton Children's Hospital _____yes _____no

Does student receive care at Cincinnati Children's Hospital _____yes _____no

What school does the student attend _____

HEALTH HISTORY (attach additional sheet if necessary)

Diagnosis/Disability _____

Date of Onset _____

Current therapies _____

Current Medications _____

Psycho-social function (interests, family structure, support system, etc) _____

Past Health History _____

Recent Changes in Health History _____



STUDENT REGISTRATION 2019

(Health History page 2)

Precautions/Restrictions _____

Special assistance required (TRI may not be able to provide these, but it helps us plan classes)

YES NO

- _____ Sign Interpretation
- _____ Service dog assistance
- _____ Wheelchair assist/transfer
- _____ Visual assistance/ aids
- _____ Emotional/ mental support

Has the student had prior experience with therapeutic riding? _____ YES _____ NO

If yes, when and where? _____

Does the student...	Yes	No	Comments
Have a history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have communication difficulties?			
Walk independently?			
Have limited range of motion?			
Have decreased strength/ endurance?			
Have poor balance (sitting/standing)?			
Have problems with gross motor skills?			
Have problems with fine motor skills?			
Have heart/circulation problems?			
Have digestion/elimination problems?			
Have bone/joint problems?			
Have allergies or breathing problems?			
Have emotional/behavioral problems?			
Have a fear of animals/horses?			
Have altered sensation? (specify)			



STUDENT REGISTRATION 2019

(Health History Page 3)

IEP's

Does the student have an IEP? _____ No _____ Yes *If yes, please submit a copy of the IEP to assist TRI in creating appropriate goals

GOALS

What would you like to accomplish in our program? (current goals at school, home, or other therapies)

ADDITIONAL COMMENTS

Please provide any additional information that you feel would be helpful in class selection and lesson planning for this participant _____

Please email any questions to MGreen@TRIOhio.org

Participant Signature

Date

Signature of Parent/Guardian

Date



STUDENT REGISTRATION 2019

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STUDENT REGISTRATION 2019

Rider's Medical History and Physicians Statement

must be fully completed annually by the student's physician

Name: _____ Date of Birth: _____

Address _____

Name of Parent/Guardian: _____

Diagnosis: _____ Date of Onset: _____

Neurological symptoms of Atlantoaxial Instability: Present _____ Absent _____

Tetanus Shot: Yes No Date _____

Height _____ Weight _____

Seizure Type _____ Controlled _____ Date of Last Seizure _____

Medications: _____

Please indicate if patient has a problem and /or has had surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disabilities			
Mental Impairment			
Psychological Impairment			
Other			



STUDENT REGISTRATION 2019

Information for Physician: *The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. When completing this form, please note whether these conditions are present, and to what degree.*

Orthopedic
 Spinal Fusion
 Spinal Instabilities/ Abnormalities
 Atlantoaxial Instabilities
 Scoliosis
 Kyphosis
 Lordosis
 Hip Subluxation and dislocation
 Osteoporosis
 Pathologic Fractures
 Coxas Arthrosis
 Heterotopic Ossification
 Osteogenesis Imperfecta
 Cranial Deficits
 Spinal Orthoses
 Internal Spinal Stabilization Devices

Medical/Surgical
 Allergies
 Cancer
 Poor Endurance
 Recent Surgery
 Diabetes
 Peripheral Vascular Disease
 Varicose Veins
 Hemophilia
 Hypertension
 Serious Heart Condition
 Stroke (Cerebrovascular Accident)

Neurologic
 Hydrocephalus/Shunt
 Spina Bifida
 Tethered cord
 Chiari II Malformation
 Hydromyelia
 Paralysis due to Spinal Cord Injury
 Seizure Disorders

Secondary Concerns
 Behavior Problems
 Age under two years
 Age two – four years
 Acute exacerbation of chronic disorder
 Indwelling catheter

Mobility:

Independent Ambulation Yes No *Crutches* Yes No *Braces* Yes No *Wheelchair* Yes No

Please indicate any special precautions: _____

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementation of an effective equestrian program.

Physician name (please print)

 Physician Signature

 Address

City _____ State _____ Zip _____

Phone(____) _____ **DATE** _____



STUDENT REGISTRATION 2019

Emergency Medical Consent/Non-consent

Student Name: _____
Last First Middle

Parent/Guardian/Caregiver: _____
(if under 18) Last First Middle

Address: _____ City _____ Zip: _____

Phone: Home _____ Cell _____ Work: _____

Emergency Contact

In case of emergency notify: _____ Phone _____
Name/Relationship

_____ Phone _____
Name/Relationship

Physician: _____ Phone: _____

Preferred Medical

Facility: _____

Describe any medical condition requiring special precautions or treatment, any medications & dosage: _____

Please list all known allergies:

Insurance Carrier: _____ Policy Number: _____

Consent for Emergency Medical Treatment

In case of medical emergency or necessity, Participant/Parent/Guardian authorizes TRI to seek or provide for Participant such medical assistance as may be necessary or advisable and further authorizes TRI to seek the assistance of any physician to medical facility to provide any medical/surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of Participant.

Participant/ Parent/ Guardian understands that NO LIABILITY can be accepted by any of the organizations concerned, including TRI, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provisions shall remain in full force and effect.

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the center, I authorize The Therapeutic Riding Institute, Inc. to:

- 1. Secure and retain medical treatment and transportation if needed
- 2. Release student records upon request to the authorized individual or agency involved in the medical emergency treatment.

Signature: _____ Date: _____

Parent/Guardian/Caregiver: _____ Date: _____

Non- Consent for Emergency Medical Treatment

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the center. In the event emergency treatment/aid is required, I wish the following procedures to take place.

Non- Consent Signature _____ Date: _____



STUDENT REGISTRATION 2019

Photo Release

- I DO
- I DO NOT

consent to and authorize the use and reproduction by TRI of any and all photographs and any audio-visual materials taken of _____me/my son/my daughter/my ward for promotional material, educational activities, exhibitions and digital displays or for any other use for the benefit of the program. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of TRI to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting TRI and its work. TRI will strive to keep individuals identities secure while using photos in newspapers, informational materials, website, Facebook, and other media materials.

Adult Participant Signature: _____ Date: _____

Signature of Parent/Guardian/Caregiver: _____ Date: _____

I represent to TRI that I am the parent/guardian/caregiver of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Photo Release. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Social Media Policy

In the area of social media (print, broadcast, digital and online), the following guidelines apply in the use of social media for our participants:

1. Should you decide to create a personal blog or website, be sure to provide a clear disclaimer that the views expressed in the blog are the author's alone and do not represent the views of Therapeutic Riding Institute, Inc.
2. All information published on any participant's blog should comply with TRI's confidentiality policy. This also applies to comments posted on other social networking sites, blogs and forums.
3. Your online presence can reflect on TRI. Be aware that your comments, posts or actions captured via digital or film images can affect the image of TRI.
4. Do not use any TRI logos or trademarks without written consent.

I hereby confirm that I have read and understand the Social Media policy of the Therapeutic Riding Institute, Inc.

Adult Participant Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

I represent to TRI that I am the parent/guardian/caregiver of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Confidentiality Contract. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.



STUDENT REGISTRATION 2019

Statement of Understanding, Authorization Release and Indemnity

_____ (Participant's Name) would like to participate at The Therapeutic Riding Institute Inc. Center. I acknowledge the risks and potential for risks of Equine Assisted Activities and Therapies. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward 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 any potential claims for damages against the Therapeutic Riding Institute, Inc. In return for the opportunity to participate in the TRI program, I hereby forever release, acquit and discharge TRI and its officers, directors, trustees, agents, employees, representatives, volunteers, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with TRI. I also understand and agree that TRI assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a unenforceable, all other provisions shall remain in full force and effect.

Adult Participant Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Ohio Statement of Inherent Risks:

Inherent risk of an "equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

- A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. Hazards, including, but not limited to, surface or subsurface conditions;
- D. Collision with another equine, another animal, a person, or an object;
- E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Adult Participant Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

I represent to TRI that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.