



STUDENT REGISTRATION 2020
3960 Middle Run Road
Spring Valley, OH 45370

Thank you for your interest in participating in TRI programs in 2020.

We are excited about beginning our first full year in our new home. To bring Equine Assisted Activities to more people we are developing some new programs, so be on the lookout for those throughout the year. In order to do this, we will be offering some lessons earlier in the day. We hope that this will allow more flexibility for some students and their families. If there is a day or time not listed, please contact Kathy to discuss the possibility.

TRI will make every effort to place students in a class with peers who have similar abilities and are at a similar level of riding skills. Therefore, we ask you for a range of available times. Our hope is to keep students at the same time for every session that they are riding, but this may not always be possible.

SESSION	# WEEKS	DATES	REGISTRATION DUE*	PAYMENT DUE in FULL	SESSION COSTS
Spring	8	March 21 – May 16 (no lessons April 25)	February 21 *10% Discount	March 13	Private \$400 Group 45 min \$320 Group 30 min \$280 Horsemanship \$360
Summer Camp	1	June 1 – June 5	May 1 *10% Discount	May 22	\$250
Summer	6	June 6 – July 18 (no lessons July 4)	May 6 *10% Discount	May 22	Private \$300 Group 45 min \$240 Group 30 min \$210 Horsemanship \$270
Sibling Summer Camp#	1	August 3-7	July 3 *10% Discount	July 24	TRI student +1 sibling \$400 TRI Student +2 sibling \$550
Fall M-F	8	M-F, Sept 12 – Nov 5	August 12 *10% Discount	Sept 4	Private \$400 Group 45 min \$320 Group 30 min \$280 Horsemanship \$360
Fall Sat	7	Sat, Sept 12, 19 Oct 3, 17, 24, 31, Nov 7	August 12 *10% Discount	Sept 4	Horsemanship \$315
Winter	2	Nov 30 - Dec 10 Program TBD			TBD

2020 Sessions

*A 10% Discount is Offered if Session is Paid in Full with submission of Registration

** Session Must be Paid in Full Prior to the Start of the Session unless Other Arrangements have been made with the Program Director

***Registration: If registration is received, but no payment or arrangements have been made by the deadline, it will be assumed that student no longer wishes to attend that session. Please communicate with our Program Staff.

****Sibling Summer Camp will require a separate registration form. Please indicate interest.

All Participants Must Adhere to TRI's Participant Policies. See Attached.

STUDENT EVALUATIONS

RETURNING STUDENTS: If it has been more than 12 months since participating or there has been a change in diagnosis, a returning student may be asked to participate in an in-person evaluation. These students will be contacted directly by the Program Director to set up an appointment.

NEW STUDENTS: All new students, whether participating in Mounted or Unmounted Lessons, are required to complete an in-person evaluation. This evaluation will be scheduled once all paperwork has been received by the Program Director. This evaluation helps us to ascertain what class is best for this individual and if a student is eligible for Mounted Lessons based on TRI's Eligibility Policies.

ELIGIBILITY POLICIES:

Students must be at least 5 years of age; For mounted lessons, a person must be able to sit independently; able to control head/neck; maximum weight of 200 pounds; additional restrictions based upon height/weight ratio, range of motion, behavior and safety considerations. All eligibility policies are in place to ensure the safety and well-being of students, horses, volunteers and staff, and are based upon PATH Int'l Standards. Every student is evaluated to ensure that TRI is a suitable provider for the student. TRI reserves the right to dismiss a student at any time if we feel it has become unsafe or detrimental in any way. Eligibility policies are subject to change as PATH standards and TRI facilities require/allow.

LESSON FORMAT

TRI offers multiple lesson formats to better serve our students.

Mounted only lessons focus primarily on riding skills, with limited horse care.

Horsemanship lessons are both mounted and unmounted. Riders are responsible for grooming, tacking and caring for horse before and after riding. This is a 60-minute lesson.

Unmounted lessons focus on the daily care of our horses and stable management.

Summer Camp will include horsemanship and other farm centered activities.

Family Summer Camp is for a TRI student and their siblings. Siblings must follow eligibility policies.

Group: 2-4 Students (30-45 minute)

Private: 1 student. 30 Minutes. These are reserved for those who require extra physical or emotional support. A limited number of private lessons will be offered after 5 pm. If you would like a Private Lesson during the day, please contact Program Director.

Family: A special program offered to TRI students and family members. These are scheduled directly with the Program Director as space allows. Please let us know if you are interested. These lessons are designed for a TRI student and their parents or siblings to do together.

Please be aware that while we ask students to select their preferred lesson format, TRI staff will determine which format is most appropriate based on students' abilities, needs, and stamina. In cases in which the preferred and most appropriate format are not the same, TRI staff will contact the student for discussion.

SCHOLARSHIPS

TRI has a limited number of scholarships made available by our generous donors. The scholarship application may be downloaded from our website (www.TRIOhio.org). A separate application is required for every session for which funding is requested. 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 21).

TRI also accepts outside scholarships on behalf of our students. We will be happy to complete any forms on your behalf. You will be responsible for submission and follow up. Payment can be sent directly to TRI.

We are registered with the Wounded Warriors Scholarship Fund. Participant must be approved prior to session.

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

BILLING

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 scheduling priority given to those who pay in advance.

PROGRAM POLICIES

***Cancellations:** If TRI cancels a lesson, notification will be posted on Facebook and students will be called; messages will be left at the telephone number given to us. Make Up lessons will be offered when possible; if TRI is unable to schedule, a credit or refund will be issued. Credits must be used within 1 calendar year. Credits may be donated to the scholarship fund at the student's request.

***Absences:** Students are responsible for notifying instructor 24 hours prior to absence unless emergent. No refunds or make up lessons are offered for student absences.

Refunds:** Payment will be refunded if student is unable to participate in appropriate class/activity and TRI is notified 2 weeks prior to the start of the session. ***No refunds/credits are 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.

***Attire & Timeliness:** All participants MUST wear ATSMI approved helmet anytime they are working near horses. A helmet will be provided. All students should wear long pants and either gym shoes or boots. Students with inappropriate clothing or shoes (including crocs, sandals, open-toed or open-heeled shoes), or arriving more than 10 minutes late for activities will not be able to join their class. Fees will not be refunded or credited.

***Dogs:** Only Certified Service dogs are permitted; dogs disruptive to activities will be asked to wait elsewhere.

***Guests:** Students and their guests/families are to stay in designated areas while on site. No one is to go into the stables unless accompanied by a TRI Staff Member or Representative. The Clubhouse, Welcome Center and Garden Patio are available for you to enjoy. Please be aware of cars and horses. While lessons are going on in Arena, please keep noise down and stay away from doorway as not to spook horses or distract riders.

***Lesson Viewing:** Lessons are to be viewed from The Clubhouse. It is heated and air conditioned. No one is to enter the Arena while a lesson is in progress. Lessons may not be viewed from doorway.

PLEASE KEEP COPY OF POLICIES AND CALENDAR FOR YOUR REFERENCE

2020 CALENDAR OF EVENTS

APRIL 25	MANE AFFAIR at THE GOLF CLUB at YANKEE TRACE
MAY 1-29 MAY 29	TRI TRIPLE CROWN WINE & CHEESE PARTY at the FARM – TRIPLE CROWN WINNER ANNOUNCED
SEPTEMBER 26	PARTY at the FARM
OCTOBER 3 – 24 OCTOBER 10 OCTOBER 23	PENNY RACE ANNUAL HORSE SHOW TRI TRICK or TREAT
DECEMBER 11	COOKIES & COCOA (STUDENTS & VOLUNTEERS)

STUDENT REGISTRATION FORM 2020

3960 Middle Run Road, Spring Valley, OH 45370

(937) 317-4545 Program Director

KCorbett@TRIOhio.org

Return Completed Paperwork by Specified Registration Date

STUDENT NAME _____

DOB _____ AGE _____ NEW STUDENT _____ or RETURNING _____

PRIMARY CONTACT (If under 18 or Guardian) NAME _____

PHONE # _____ EMAIL _____

MAILING ADDRESS: _____

SECONDARY CONTACT (If Applicable) NAME _____

PHONE # _____ EMAIL _____

**PLEASE INDICATE ALL SESSIONS IN WHICH STUDENT
WISHES TO PARTICIPATE**

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

_____ 30 Minute Private _____ 30 Minute Group _____ 45 Minute Group _____ Unmounted Only

_____ Horsemanship (60 minute group class) _____ Summer Camp (full registration to follow)

CIRCLE CHOICE DAY	MARK CHOICE*	SESSION	# WEEKS	DATES
Monday Tuesday Wednesday Thursday Sat (9:30 – 1:30 pm)	10 am-1 pm 3-5 pm 5-8 pm	Spring	8	March 21 – May 16 (no lessons April 25)
All Days	9 am – 12 noon	Summer Camp	1	June 1 – June 5
Monday Tuesday Wednesday Thursday Sat (9:30 – 1:30 pm)	10 am-1 pm 3-5 pm 5-8 pm	Summer	6	June 6 – July 18 (no lessons July 4)
All Days	9 am – 12 noon	Sibling Summer Camp	1	August 3-7
Monday Tuesday Wednesday Thursday	10 am-1 pm 3-5 pm 5-8 pm	Fall	8	Sept 12 – Nov 5
Saturday	9:30 – 1:30 pm	Fall Sat	7	Sat, Sept 12, 19 Oct 3, 17, 24, 31, Nov 7

*Write in best time if needed

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

Signed _____ Date _____

Student (over 18), Parent or Guardian

TRI PARTICIPANT INFORMATION (Must be completed annually)

Participant _____ DOB _____ Age _____

Primary Diagnosis _____

Secondary Diagnosis _____

DOB _____ Height _____ Weight _____ Gender _____

Participant is a (circle one) Minor Adult w/ a Legal Guardian Independent Adult

Does the Participant Reside somewhere other than with the Parent/Legal Guardian? If yes, list address and phone:

How did you hear about TRI? _____

Is the Participant in School? Yes No What Grade Level? _____ Special Needs Typical Class

School System _____

For Grant Purposes:

Caucasian Asian Hispanic/Latino African American Native American Other

Receives care at Dayton Children’s Hospital? Yes No Cincinnati Children’s Hospital? Yes No

Veteran Dependent of Veteran

Has the student had prior experience with therapeutic riding? Yes No

If yes, when and where? _____

HEALTH HISTORY

Current Therapies and How Often (PT, OT, Speech, Respiratory) _____

Please Circle All Applicable to Participant

Asthma	Inhaler	EpiPen	Allergies – Type	
Independent Ambulation	Walker	Wheelchair	Brace - Type=	Shunt*
ALS Interpreter	Service Dog	Visual Assistance	Emotional Support	Catheter*

For Participants who use a Wheelchair, Please Complete

Wheelchair Only Aids Ambulation Sometimes	Sits Up Unassisted
Support Through Trunk Required	Full Support of Head and Neck Required

Yes	Participant with or is Treated For:	Date(s)	Comments
	Down Syndrome		
	Brain Condition i.e. Cerebral Palsy, stroke		
	Spinal Condition i.e. Spina Bifida, Scoliosis, Fusion, Injury		
	Medical Device Implanted (insulin pump, catheter, colostomy)		
	Seizure Disorder		
	Diabetes		
	Joint complications i.e. dysplasia		
	Bleeding or clotting disorders		
	Heart Condition		
	Neurological condition		
	Muscular Disorder		
	Medical Shunt or Feeding Tube		
	Epilepsy		
	Mental Health Crisis		
	Pulmonary condition		
	Violent Outbursts		
	Have altered sensation? (specify)		

IN THE PAST 12 MONTHS, HAS THE PARTICIPANT EXPERIENCED ANY OF THE FOLLOWING

YES	ISSUE	DATE	EXPLANATION
	Loss of consciousness, including seizures		
	Hospitalized for mental health crisis		
	Hospitalized (injury, surgery, etc)		
	Activities been restricted due to medical reasons		

Returning participants, if you answered NO to all the above, no Physician Release is required unless a medical change occurs. If you answered YES to any of the above, a Physician Release MUST be completed before participating.

NEW PARTICIPANTS MUST HAVE A PHYSICIAN'S RELEASE COMPLETED. SEE PAGES 11&12

I confirm that the information provided is accurate and true as it pertains to the listed participant,

Name of Person Completing Form

Signature

Date

TRI PARTICIPANT CONSENTS/RELEASES

Student Name: _____

Parent/Guardian/Caregiver: _____

Address: _____ City _____ Zip: _____

Phone: Home _____ Cell _____ Work: _____

Emergency Contact

If the above cannot be reached, I authorize these people be contacted and participant can be placed in their care.

Name _____ Relationship _____ Phone _____

Physician: _____ Phone: _____

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

Please list all known medication allergies: _____

Insurance Carrier: _____ Policy Number: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, TRI will provide basic first aid and/or call 911. Personal Health Information will be disclosed as necessary to medical personnel.

I Give Consent for Emergency Medical Care as Stated Above

I Do NOT Give Consent for Emergency Medical Care. I will not hold TRI responsible my decision to withhold consent. In the event emergency care is required, I wish the following procedures take place:

Signature: _____ Date: _____

Parent/Guardian/Caregiver: _____ Date: _____

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. Likewise, NO photos or images shall be taken of TRI participants, staff or volunteers and used for personal social media (print, broadcast, digital and online) by a participant or their guests without express permission by all parties involved.

Adult Participant Signature: _____ Date: _____

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

Statement of Understanding, Authorization Release and Indemnity

_____ (Participant's Name) would like to participate at The Therapeutic Riding Institute, Inc. 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.

BLANK PAGE HERE
(For Double Sided Printing)

PHYSICIAN RELEASE

(must be completed before participating if Yes was answered to health questions)

TO PHYSICIAN COMPLETING RELEASE,

This person is registering to participate in Equine Assisted Activities and Therapies. Horseback riding has inherent risks; however, some medical conditions are contraindicated due to the balance and trunk control required. Please consider this when completing this form.

Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____

Primary Diagnosis: _____ Date of Onset: _____

Secondary Diagnosis: _____

Height ___ft ___in Weight _____ lbs Date of Last Tetanus Shot: _____

Down Syndrome: Neurological Symptoms of Atlantoaxial Instability: Present _____ Absent _____

Date of AI testing: _____ Result: _____

Please Mark All That Apply To this Patient

Asthma	Inhaler	EpiPen	Allergies - Type	
Independent Ambulation	Walker	Wheelchair	Brace - Type=	Catheter Type=

For Patients Who Use a Wheelchair, Please Circle

Wheelchair Only Aids Ambulation Sometimes	Sits Up Unassisted
Support Through Trunk Required	Full Support of Head and Neck Required

Please Indicate All Areas Involved

	Description
Cardiovascular	
Spinal Condition i.e. Spina Bifida, Scoliosis, Fusion, Injury	
Medical Device Implanted (insulin pump, catheter, colostomy)	
Diabetes	
Musculoskeletal – Body Part	
Bleeding or clotting disorders	
Neurological condition	

Mental Health Crisis	
Pulmonary condition	
Have altered sensation? (specify)	

For Patient's with a History of Seizures

Date of Last Seizures _____ Frequency of Seizures _____

Type of Seizures _____

Typical Causes of Seizure Activity _____

How does Seizure Present _____

TO BE COMPLETED BY PHYSICIAN ONLY

I have examined the above-named participant and, given the participant's diagnosis and health history, this person does not present apparent clinical contraindications for equine sports. I understand The Therapeutic Riding Institute will weigh the medical information provided against the existing precautions and contraindications; therefore, I refer this person to The Therapeutic Riding Institute for ongoing evaluation to determine eligibility for participation.

- I Agree There Are No Contraindications to Mounted Riding Lessons
- Mounted Riding Lessons is NOT Recommended, but Unmounted Lessons are Not Limited
- Restrictions include _____

Physician name (please print) _____

Physician Signature _____ Date _____

Medical Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

*Please Return Completed Form to Participant or
TRI
3960 Middle Run Road, Spring Valley, OH 45370
Email to: KCorbett@TRIOhio.org*