



## 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 in person) 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](mailto: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 monthly fee is \$90.00. Fees should be paid by the end of the month. Please deposit your payment in the black fee box outside the office door. The monthly 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:** 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 (month of August). 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/PARENT INFORMATION SHEET

Student's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Current Diagnosis \_\_\_\_\_  
Current Treatment/Services \_\_\_\_\_

Primary Caregiver \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City & Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

As a non-profit organization, REINS relies on the local community for support. Please let us know if you can help the program in any of the following ways:

Program Volunteer

Leader (horse experience desirable)  
Sidewalker  
Facility Repairs

Fundraising Volunteer

See's Candies Sales  
Golf Tournament Committee  
Country Hoedown Committee

Other ways I can 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

<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 a history of seizures?			
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?			



## **PHYSICIAN'S REFERRAL FORM**

*To be signed and dated by current Doctor*

Patient's Name: \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

City & Zip \_\_\_\_\_

\_\_\_\_\_  
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 permission to take or have taken still or moving photographs of my self/ daughter/ son \_\_\_\_\_. The undersigned also authorizes REINS to use such photographs in its advertising, news 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 REINS staff or consultants. No use of this data will be included in published material.

Date \_\_\_\_\_

Signed \_\_\_\_\_



## **DOWN SYNDROME RIDERS**

A REIN, a member of the North American Riding for the Handicapped Association (NARHA), supports the position taken by NARHA regarding the necessity for X-rays of all Down Syndrome riders.

It is recommended that all Down Syndrome riders have X-rays to determine if Atlantoaxial Instability is present. AI, simply explained, is an instability or dislocation of the joints between the first and second cervical vertebrae that could result in serious injury or paralysis.

Please ensure your child's safety by having an X-ray taken and read by a qualified physician.

By signing below you agree that you have read and understand this precaution.

Name of Rider \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date of Exam \_\_\_\_\_

Results of Exam \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## STUDENT AVAILABILITY

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
<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	1:45
	10:30	2:30
	11:15	3:15