



Rider Enrollment Packet

Welcome to REINS!!!

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. Please let us know if you are unable to attend your regular lesson time- we greatly appreciate advance notice.

PROGRAM FEE POLICY: The monthly fee is \$80.00. 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 40% 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. We hope you will help with these projects when the opportunities present themselves.

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. However, make-ups are not guaranteed and no refund will be given for lessons missed.

CALENDAR OF RIDING: REINS holds classes on a daily basis (Monday – Saturday). During times of rainy and stormy weather or extreme heat, classes will be cancelled. Please call if you are unsure whether or not to attend. Also, REINS closes for all major holidays and takes a Spring Break, Winter Break and Summer Break (month of August). Please pay attention to the white board, newsletter, and our yearly calendar for upcoming closed dates.

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 Road. 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 Road. We are located one mile north on the left side.

APPAREL: Riding helmets are provided at the facility. Riders should dress appropriately for the current weather conditions. Please wear long pants and boots or sneakers (no sandals) for horseback riding. Don't forget your jackets in the winter months and your sun block in the summer months.

*Please contact us with any questions or concerns.
We look forward to your participation in the program.*

P.O. Box 1283, Bonsall, CA 92003 • Phone (760) 731-9168 • Fax (760) 731-3949

REINS Therapeutic Horsemanship Program • Non-Profit Corp.



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 Telephone _____

Father's Name _____ Cell Number _____

Occupation _____ Work Telephone _____

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. However, make-ups are not guaranteed and no refund will be given for lessons missed.

I have read and understand the cancellation/make up policy.

Parent/Caretaker Date

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: _____

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PHYSICIAN'S REFERRAL FORM

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 _____

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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

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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

REINS, 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