



partners for progress

## **2009 Registration – Important Changes for the New Year**

Dear Program Participant:

Included is PFP registration paperwork for the 2009 year. To enroll for your current time, please mail your check to the address shown below or bring it to the barn before the first day of the session. Contact the office if other arrangements must be made. Paperwork for new clients is due the first day of riding or for our returning clients new forms are needed the first week of the new year. The attached 5 forms must be completed & returned to PFP. You may also obtain registration paperwork from our website, [www.partnersforprogressnfp.org](http://www.partnersforprogressnfp.org).

**Session Fees:** There are 5 sessions during a calendar year. The session fee for our programs is considerably less than the cost to Partners For Progress NFP to provide these services. The generosity and hard work of many volunteers and others in donations and fundraising are what keep rider costs low. Participation in organized events or independent fundraising approved by the Board is **required** of all participants. The fundraising requirements are outlined in the registration paperwork.

**Scholarships:** Due to continued fundraising challenges, scholarships are very limited. If you are in need of assistance, please ask and we will try to help. Parents/Guardians of scholarship recipients are required to volunteer a minimum of 10 hours per session. Our fundraising committee welcomes all who want to help.

**Registration Fee:** A \$50 annual fee is required.

**Billing Office:** The phone number is 312.401.1157.

**Scheduling:** Those who do not return their paperwork and session check cannot be guaranteed their current day and time to ride. Upon acceptance into the program you will be given a permanent time. You are guaranteed this time and day until you choose not to keep your permanent scheduled time.

**Pay as you go:** You can pay for riding lessons (Power Hour & Sports Riding) and Hippotherapy (HPOT) on a pay as you go plan at \$50 and \$175 per time respectively. The prepaid session rate for Power Hour & Sports Riding is \$45 per ride. This gives you a \$5 per ride discount if paid by the first ride of the session. All HPOT payments are due on or before the time of service unless insurance billing for HPOT clients has been arranged.

**Evaluation and Assessment:** For HPOT clients, an evaluation will be done the first day of the session unless otherwise scheduled. The fee for this will be \$200 payable the day of the evaluation. For all other riding sessions (Power Hour & Sports Riding) an assessment will be done the first day of the session unless otherwise scheduled. The fee for this will be \$50 payable the day of the assessment.

**Missed Lessons:** It is very difficult to schedule make up classes for riders because volunteers have other time commitments and instructors have other classes and duties. We cannot schedule make up times for riders who do not show up and do not call at least 24 hours in advance. If Partners For Progress NFP/Pediatrics In Motion cancels, make up times will be available. **Credit for services is not available** as riders already ride at a reduced price. Please contact Amanda at 262.206.1567 to schedule a make up lesson.

**Barn Management:** Learning to groom, saddle and care for a horse falls under the term “barn management”. We believe that a hands on experience is just as important as riding, if not more important. This is part of our program. Please note that whenever possible we will be doing stable management in the barn when the weather is bad.

*location: Fields and Fences • Hunt Club and Stearns School Roads • Gurnee, Illinois*

*mailing address: PO Box 306 • Wadsworth, Illinois 60083 • phone 847.226.1300*

*[www.partnersforprogressnfp.org](http://www.partnersforprogressnfp.org)*







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## 2009 Rider's Medical History and Physician's Statement

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

\*\* For Persons with Down Syndrome

Cervical X-ray for Atlantoaxial Instability: Positive\_\_\_ Negative\_\_\_ X-Ray Date: \_\_\_\_\_

Tetanus Shot: Yes\_\_\_ No\_\_\_ Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

Medications: \_\_\_\_\_

**Please indicate if patient has a problem and/or 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 Disability			
Mental Impairment			
Psychological Impairment			
Other			

### 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 Partners For Progress NFP and Pediatrics In Motion will weigh the above medical information against the existing precautions and contradictions. 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 implementing of an effective equestrian program.

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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## 2009 Participants Release and Hold Harmless Agreement

### THIS RELEASE LIMITS OUR LIABILITY. READ IT!

By signing this form, I acknowledge that therapeutic and pleasure horse riding is a dangerous activity, which may result in injury to my horse, or me or result in damage to my equipment. With this knowledge, in consideration for the services of Partners For Progress NFP and Pediatrics In Motion and as inducement for the services of Partners For Progress NFP and Pediatrics In Motion to provide therapeutic pleasure horse riding and/or physical therapy on horseback to me, I hereby waive, release, discharge and hold harmless Partners For Progress NFP and Pediatrics In Motion, its officers, directors, employees and volunteer assistants, their heirs, executives, administrators, successors or assigns, from any and all liability for damages sustained by me, any animal owned or controlled by me, or for any item or personally under my dominion and control. Without limiting the generality of the above, I hereby waive and release Partners For Progress NFP and Pediatrics in Motion, its officers and directors and all volunteer assistants for liability based on the active or passive negligence of said persons and entities.

I hereby agree to indemnify and hold harmless Partners For Progress NFP and Pediatrics In Motion, its officers, directors, and all volunteer assistants associated therewith for any claims which may be made against them, including attorney's fees and cost of suit in any action based upon or arising from my acts or omissions, or the actions of any animal with my control.

**WARNING:** Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

I acknowledge that I have read the foregoing and understand that contents thereof.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Minors** must have the following signed by their parents or legal guardian:

I, the undersigned parent or guardian \_\_\_\_\_ of \_\_\_\_\_ for and in consideration of our child's participation at Partners For Progress NFP and Pediatrics In Motion state that I have read the waiver, release and hold harmless written above and I expressly agree that the terms and conditions of said waiver, release and hold harmless shall apply to and be binding upon my and my minor child or his or her horse may sustain or cause as a result of said participation. I further warrant I have health and accident insurance for said minor.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State

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## 2009 Rider's Authorization for Emergency Medical Treatment

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 agency, I authorize Partners For Progress NFP and Pediatrics In Motion to:

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

Clients Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

In the event I cannot be reached: Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent or Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Non-Consent to Emergency Medical Treatment

I do not give consent for emergency medical treatment/aid in the case of illness or injury.

In the event of an emergency I wish the following to take place:

\_\_\_\_\_

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

**Photo Release**  I consent to and authorize /  I do not consent to and do not authorize the use and reproduction by Partners For Progress NFP and Pediatrics in Motion of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

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## 2009 Facility Rules and Regulations

For your information and safety, below are our facility guidelines and rules.  
Thank you for your cooperation.

1. Entering and leaving from barn: For the safety of the riders and horses at Fields and Fences, we ask that you enter and leave from the barn by driving around the front of the barn and keeping your **speed limit at 5 mph**.
2. Scheduling: All clients must have completed registration paperwork and a scheduled time before services can be rendered. Registration paperwork can be found on our website, [www.partnersforprogressnfp.org](http://www.partnersforprogressnfp.org).
3. Payment Procedures: Payment is due for services as per Rider Information Sheet.
4. Observation of Therapy: We are happy to have family and friends of clients observe riders as long as it does not distract the rider. In order to keep the integrity of the session, we ask that you do not interrupt. Viewing areas are provided; please remain in these areas during each session.
5. Supervision of Children: Children are welcome to come to the therapy sessions, but please keep them with you at all times. Due to safety factors they must be with an adult and remain reasonably quiet at all times.
6. Touring Facility: Feel free to tour our facility. Please do not put anything (including arms and hands) into the animal's stalls or turnout areas. This could be dangerous for you and our animals. All outer buildings, office areas, and homes on the property are off limits.
7. Pets: Due to our commitment to the safety of our clients and horses, no pets are allowed on the premises.
8. Parking: Park in areas designated only for parking. Drop off by the barn is reserved for non-ambulatory clients only.
9. Alcohol/Smoking: Absolutely no smoking or drinking is allowed on this facility.
10. All riders should wear:  
Long pants with comfortable fit to cover legs  
Shoes or boots  
No loose or hanging clothing, rings, necklaces or dangle earrings  
Independent riders must have their own riding shoes with heels. (See your instructor for more information)
11. This year all Partners For Progress NFP/Pediatrics In Motion clients will have 3 options to choose from to satisfy their fundraising requirements. Information is included with annual registration paperwork.

\_\_\_\_\_  
Signature of Consenting Adult

\_\_\_\_\_  
Date

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