



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

## Rider Registration Packet and Schedule

Reinbow Riding Center serves as many riders as we can safely and effectively accommodate. Those that we cannot accommodate will be placed on our wait list and will be scheduled as soon as there is an appropriate opening. Staff are happy to discuss options with the riders and/or their families, but reserve the right to make the final decision regarding scheduling and placement.

Reinbow Riding Center is offering the following sessions for Spring, Summer and Fall for the 2020 Season. We operate at 2579 Eastham Road in Shrewsbury, Vermont with a wonderful staff of instructors, volunteers and a heard of kind, gentle horses. Therapeutic horsemanship is taught by our staff of certified instructors and focuses on horsemanship skills that incorporate educational, recreational, and behavioral skills. Lessons may be private or group sessions and run for 30 minutes to an hour depending on the participants. Prior to the first lesson an Orientation meeting may be scheduled with an instructor at the Center for an evaluation in preparation for setting up a lesson schedule.

Check below for the dates of these events and mark your calendars.

Session	Spring (7 Weeks)	Summer (8 Weeks)	Fall (7 Weeks)
Applications Due	April 18, 2020	June 6, 2020	July 31, 2020
Orientation	May 9 at 1:30 <sup>PM</sup>	Please call to schedule a 1 hour meeting prior to start of lessons	Please call to schedule a 1 hour meeting prior to start of lessons
First Session	May 11 – June 29	July 6 – Aug 31	Sept 14 – Oct 31

(Please call the Reinbow Riding Center if you can't fit into our scheduled sessions. We try to accommodate everyone and would like to hear from you.)

### Our Scheduling/Wait list Guidelines:

Reinbow Riding Center requires:

- All riders submit a fully completed application packet before being considered for scheduling.
- Where appropriate, all riders meet with an instructor at a rider orientation session before the lesson schedule is confirmed.

Depending on a participant's needs and with respect to their safety and for the safety of our staff, volunteers and horses, participants may be scheduled for either private or group lessons, or may be offered a spot in our un-mounted program. An appropriate opening is defined as one where the needs of the rider will be safely and effectively met. Variables include the availability of staff, appropriate horse, volunteer assistants, and the rider's individual time constraints.



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

## Participant Payment

### Session Fees

Spring	Summer	Fall
(7 Weeks)	(8 Weeks)	(7 Weeks)
5/11 - 6/29	7/6 - 8-31	9/14 - 10/31
\$385	\$440	\$385

**Payment is expected prior to the start of the first lesson.**

Name of Participant: \_\_\_\_\_

Name of Parent/Guardian (if applicable): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

This session will be paid by (check all that apply):

Direct Pay (Full payment is enclosed)

Financial Assistance (Application must be enclosed)

Third Party (Agency must have been contacted by you and you must have received approval)

So that Reinbow Riding can verify and arrange for payment from a Third Party, please provide the following contact information.

Agency/School: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

To pay Reinbow Riding directly mail to:

Reinbow Riding Center

PO Box 395

Shrewsbury, VT 05738



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

## Participant Application

Participant: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Medications (include prescription, over-the-counter, name, dose and frequency)

\_\_\_\_\_  
\_\_\_\_\_

Physical Function (i.e. mobility skills such as transfers, walking, wheelchair use)

\_\_\_\_\_  
\_\_\_\_\_

Psycho/Social Function (i.e. work/school including grade completed, hobbies, relationships, family structure, support systems, companion animals, fears, etc)

\_\_\_\_\_  
\_\_\_\_\_

Goals (i.e. Why are you applying? What would you like to accomplish?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



PO Box 395  
 Shrewsbury, VT 05738  
 Phone:(802) 236-2483

## Program Physician's Statement

(This form must be signed by the participant's physician)

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_  
 Past/prospective surgeries: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Seizure type: \_\_\_\_\_ Controlled: Yes No Date of last seizure: \_\_\_\_\_  
 Shunt present: Yes No Date of last revision: \_\_\_\_\_  
 Special precautions/needs: \_\_\_\_\_

Independent ambulation Yes No

Assisted ambulation Yes No

Wheelchair Yes No

Braces/assistive devices: \_\_\_\_\_

For those with Down Syndrome: neurologic symptoms of atlantoaxial instability:

AtlantoDens Interval X-rays Date: \_\_\_\_\_ Result: Positive Negative

Neurological symptoms of Atlantoaxial Instability: \_\_\_\_\_

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

	Yes	No	Comments
Auditory			
Vision			
Tactile/sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Orthopedic			
Allergies			
Learning disability			
Cognitive			
Emotional/psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that Rainbow Riding Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Rainbow Riding Center for ongoing evaluation to determine eligibility for participation.

Name/title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

License/UPIN Number: \_\_\_\_\_



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

Dear Health Care Provider:

Your patient: \_\_\_\_\_ is interested in participating in supervised equine activities. (Participant's Name)

In order to safely provide this service, we request that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**Orthopedic**

Atlantoaxial instability (include neurologic symptoms)  
Coxarthrosis  
Cranial defects  
Heterotopic ossification/myositis ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic fractures  
Spinal joint fusion/fixation  
Spinal joint instability/abnormalities

**Neurologic**

Hydrocephalus/shunt PVD  
Spina bifida/Chiari II malformation/tethered coed/hydromyeli  
Seizure

**Other**

Age – under 4 years  
Indwelling catheters/medical equipment  
Medications – e.g. photosensitivity

Poor endurance  
Skin breakdown

**Medical/Psychological**

Allergies  
Animal abuse  
Cardiac condition  
Physical/sexual/emotional abuse  
Blood pressure control  
Dangerous to self or others  
Exacerbations of medical conditions (e.g., RA, MS)  
Fire settings  
Hemophilia  
Medical instability  
Migraines  
Respiratory compromise  
Recent surgeries  
Substance abuse  
Thought control disorders  
Weight control disorders

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact us at the address/phone indicated above.

Sincerely, Rainbow Riding Center



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

### Provider Input form:

The following student, \_\_\_\_\_, will be participating in the Therapeutic Riding program at Rainbow Riding Center. In order for us to provide a more individualized program for this student, could you please take a few moments to complete this provider input form. Thank you! This will be very helpful to us.

**Students strengths:** (cognitive, social/ emotional, motor, etc.)

**Students challenges:** (cognitive, social/ emotional, motor, etc.)

What current developmental goals (cognitive, social/emotional, motor etc.) do you feel would best be supported through the Therapeutic Riding program?

Providers Name: \_\_\_\_\_

Providers Position: \_\_\_\_\_

: \_\_\_\_\_



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

## Parent Input form:

**Your child will be participating in the Therapeutic Riding program at Rainbow Riding Center. In order for us to provide an individualized program for your child, could you please take a few moments to complete this parent input form. Thank you! This will be very helpful to us.**

**Child's Name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**My child's greatest strengths:**

**My child's current challenges:**

**My child's current interests / motivators (activities, music, toys, etc)**

**What would you like to see your child accomplish through his/her participation in our riding program?**



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

## Authorization for Emergency Medical Treatment

\_\_\_\_ Participant \_\_\_\_ Staff \_\_\_\_ Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Preferred medical facility: \_\_\_\_\_

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

Current allergies, medications and health concerns: \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency:

Emergency contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ email: \_\_\_\_\_

Emergency contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ email: \_\_\_\_\_

In the event that 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 Rainbow Riding Center 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.

**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(s) listed cannot be reached.

Consent signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Client, Parent, or Legal Guardian)

**NON-CONSENT PLAN** I do not give consent for emergency medical aid/treatment in the case of illness or injury and agree to be present with the participant during the process of receiving services or while being at Rainbow Riding Center.

Consent signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Client, Parent, or Legal Guardian)





PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

## Consent for Release of Information

I hereby authorize: \_\_\_\_\_ to release information (person or facility) from the records of: \_\_\_\_\_

DOB: \_\_\_\_\_ (participant's name)

The information is to be released to Rainbow Riding Center for the purpose of developing an equine activity program for the above-named participant. The information to be released is indicated below:

- |   |   |
|---|---|
| <input type="checkbox"/> Medical history  | <input type="checkbox"/> Classroom Individual Education Plan (I.E.P.)         |
| <input type="checkbox"/> Physical therapy evaluation, assessment and program plan | <input type="checkbox"/> Psychosocial evaluation, assessment and program plan |
| <input type="checkbox"/> Speech therapy evaluation, assessment and program plan   | <input type="checkbox"/> Cognitive-behavioral management plan                 |
| <input type="checkbox"/> Mental health diagnosis and treatment plan               | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Individual Habilitation Plan (I.H.P.)                    | _____   |

This release is valid for one year and can be revoked, in writing, at my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print  
name: \_\_\_\_\_ Relation to  
participant: \_\_\_\_\_



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

### Liability Release

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LIABILITY RELEASE** (Required): \_\_\_\_\_(Name) would like to participate in the Rainbow Riding Center's Therapeutic Equine Program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against RRC, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to negligence of these released parties.

**Warning: Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in the equine activities resulting from the inherent risks of equine activities that are obvious and necessary, Pursuant to 12 V.S.A. 1039 – added 1995, No. 136 (ADJ. Sess.), 2. The term "Equine Activity Sponsors" includes Rainbow Riding Center, Ltd, its Board of Directors, Instructors, Therapists, Aids, Volunteers, and/or all Employees.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client, Parent or Legal Guardian

### RELEASES

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** consent to and/or authorize the use and reproduction by Rainbow Riding Center of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for the promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** consent to and/or authorize photos to be posted on a Social Media page such as Facebook, Twitter, etc.

I \_\_\_\_\_ **do** \_\_\_\_\_ **do not** consent to and/or authorize the use of a quote to be used in promotional material and/or posted on a social media page.

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



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483

### Site Rules:

- Once all riders have been mounted and class has started, latecomers will not be admitted
- If riding lessons cannot be held due to rain or extreme heat, barn lessons may be offered instead
- Please drive slowly near the facility and park appropriately.
- No smoking is allowed on site
- No dogs are allowed on site
- Please walk, use appropriate voices and avoid sudden movements particularly near the horses
- Refrain from using umbrellas near the horses and riding arena
- Do not approach or feed any animals without permission and accompanied by Rainbow Riding Center staff.
- Parents must closely supervise participants except when under the supervision of Rainbow Riding Center personnel. Siblings of riders, and visitors must be closely supervised at all times, while on the premises.
- Remain outside the riding area at all times
- Ask permission from the instructor to take photos or use a flash camera

#### Dress requirements:

- Closed toe shoes with a heel.
- Approved helmet (provided on site)
- Shirt and jacket if weather is cool
- Pants or leggings NO shorts

#### Directions to Our Site Located at 2579 Eastham Road, Shrewsbury, Vermont:

From the Rutland Area take Rte 103 south through Cuttingsville. TURN LEFT onto Freeman Brook Road. At Stop sign at the four corners proceed straight across onto Russellville Road. Continue on this road and TURN LEFT onto Eastham Road. We are at the small gray barn on your right.

#### **Watch for Rainbow Riding Center Signs along the way.**

From the Ludlow Area take Rte 103 north towards Cuttingsville. Just beyond the railroad trestle TURN RIGHT onto Freeman Brook Road. At Stop sign at the four corners proceed straight across onto Russellville Road. Continue on this road and TURN LEFT onto Eastham Road. We are at the small gray barn on your right.



PO Box 395  
Shrewsbury, VT 05738  
Phone:(802) 236-2483