



Reinbow Riding Center

Located at 892 Tarbellville Road
 Belmont, VT 05730
 802-236-2483

email: programs@reinbowridingcenter.org
 website: reinbowridingcenter.org

Mail to: P.O. Box 395, Shrewsbury, VT 05738

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 2021 Season. We operate at 892 Tarbellville Road in Belmont, Vermont with a wonderful staff of instructors, volunteers and a herd 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 17, 2021	June 7, 2021	August 9, 2021
Orientation	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	Please call to schedule a 1 hour meeting prior to start of lessons
Sessions start	May 15	Week of July 5	Week of Sept 6

(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.

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: _____

Cell Phone: _____ Email: _____

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

Direct Pay (Full payment is enclosed)

Financial Assistance (Application must be enclosed) Call or email for information about this program.

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

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

Agency/School: _____

Contact Name: _____ Phone # _____

Mailing Address: _____

To pay Rainbow Riding directly mail to:

Rainbow Riding Center
PO Box 395
Shrewsbury, VT 05738

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: _____

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: _____

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

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: _____

: _____

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?

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 Reinbow 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 Reinbow Riding Center.

Consent signature: _____ Date: _____

(Client, Parent, or Legal Guardian)

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:

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: _____

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 892 Tarbellville Road, Belmont, Vermont:

From the Rutland Area take Route 103 south to Mac's Citgo in East Wallingford. Just beyond Mac's TURN RIGHT and follow signs for Route 155. Stay on 155 to Belmont (3.8 miles). At the Belmont sign turn left onto Tarbellville Road. Then turn left at sign for Rainbow Riding/Stone Wall Farm (.2 miles) across from a grey house on the right.

From the Ludlow Area take Route 103 to the blinking light in Mt. Holly. Turn left to go to Belmont. At the Belmont Store turn right onto Tarbellville Road. In .9 miles turn right at the Rainbow Riding/Stonewall Farm sign across from a grey house.

Watch for Rainbow Riding Center Signs along the way.

Reinbow Riding Center

Covid-19 Acknowledgement of Risk and Acceptance of Services

I, _____ (Participant Name/or Parent/Guardian)), am aware of the risks of contracting Covid-19 while receiving face to face services from Reinbow Riding Center at this time of the on-going Covid -19 pandemic.

I am aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Reinbow Riding Center, it's employees and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Reinbow Riding Center and their staff. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the property in person ; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves. I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of Reinbow Riding Center once I have notified them of these risks in regards to my future services during this pandemic.

Reinbow Riding Center will engage in regular cleaning and sanitizing of horse tack, grooming supplies and "office", doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC and state regulations for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Reinbow Riding Center.

Client Name: _____ Date: _____

Client Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____