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 is 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 program session for Spring, and Summer 2024 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.

This year our scheduled programs will run Monday, Tuesday and Wednesday, from May 28 to July 19. We have limited availability this year please contact us as soon as possible for scheduling.

**Please call or email Reinbow Riding Center if you would like more information about the scheduled session times before you fill out the paperwork. We try to accommodate everyone and would like to hear from you.*

Our Scheduling/Wait list Guidelines:

Reinbow Riding Center requires:

- All riders must submit a fully **completed** application packet at least **2 weeks 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.

Name of Participant: _____

Name of Parents/Guardians (if applicable): _____

Preferred Phone: _____

Secondary Phone: _____

Preferred Email: _____Name: _____

Secondary Email: _____Name: _____

Please indicate number of lessons signing up for: _____ at $55 per lesson.

(Lessons will be scheduled at the discretion of Reinbow Riding.)

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

Lessons will be paid by (check all that apply):

____ Direct Pay (Full payment is enclosed)

____ Financial Assistance (Application must be enclosed). Please review our website and call or email for information about this program.

____ Third Party (Agency must have been contacted by you and you must have received approval and provide the following information.)

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

Agency/School: _____

Contact Name: _____Phone # _____

Email: _____

Mailing Address: _____

Also please have the Agency/School fill out the form on Page 13 of this packet and return it to Reinbow Riding. You can return the form with this registration packet or have the Agency return by email to: programs@reinbowridingcenter.org

To pay Reinbow Riding directly mail to:

Reinbow Riding Center, P.O. Box 395, Shrewsbury, VT 05738

Participant Application

Participant: _____

Diagnosis: _____

DOB: _____Age: ___ Height*: ____ Weight*: _____

*Please include this information to ensure we can accommodate all riders with a proper horse. Size does matter to the horse!

Gender(circle one): Female Male Non-binary Prefer not to say

Address: _____

Phone: _____ E-mail: _____

Employer/School: _____

Parents/Legal Guardians: _____

Address (if different from above): _____

Phone (if different from above): _____

How did you hear about the program? _____

Are there any medical concerns we need to be aware of and corresponding medications (for example: allergies requiring an epi-pen, prescriptions, 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.)

_____

_____

Why do you want to come to Reinbow Riding Center?

_____

_____

_____

Signature: _____ **Date:** _____

Required

Health and Medical Information

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, Reinbow Riding Center

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: _____

Mobility:

Independent ambulation: Yes No
Assisted ambulation: Yes No
Wheelchair: Yes No

Braces/assistive devices:
_____

For those with Down Syndrome: neurologic symptoms of atlantoaxial instability:
AltlantoDens 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 Reinbow Riding Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Reinbow Riding Center for ongoing evaluation to determine eligibility for participation.

Name/title: _____ MD DO NP PA Other_____

Signature:_____ Date: _____

Address:_____ Phone: (___)_____

License/UPIN Number: _____

Provider Input Form

(If this applicant has been referred for participation by a physician, counselor, mental health professional, teacher, etc., please have the referring party fill out this page.)

The following individual, _____, will be participating in the Therapeutic Riding program at Reinbow 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.

Strengths: (cognitive, social/ emotional, motor, etc.)

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 (if applicable)

Your child will be participating in the Therapeutic Riding program at Reinbow 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 Name: _____ Relationship: _____

Preferred Phone : _____Secondary Phone: _____

Emergency contact 2: _____ Relationship: _____

Preferred Phone: _____ Secondary Phone: _____

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

☐Medical history

☐Physical therapy evaluation, assessment and program plan

☐Speech therapy evaluation, assessment and program plan

☐Mental health diagnosis and treatment plan

☐Individual Habilitation Plan (I.H.P.)

☐Classroom Individual Education Plan (I.E.P.)

☐Psychosocial evaluation, assessment and program plan

☐Cognitive-behavioral management plan

☐Other:_____
_____

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 Reinbow 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 Reinbow 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 Reinbow 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.

I _____do _____do not wish to receive program information via email.

Signature:_____

Date:_____

Site Rules:

- Once all riders have been mounted and class has started, latecomers will not be admitted
- Lessons may be canceled due to weather.
- 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 Reinbow Riding Center staff.
- Parents must closely supervise participants except when under the supervision of Reinbow Riding Center personnel. While on the premises siblings of riders, and visitors must be closely supervised and remain outside the riding area and paddock area at all times.
- Participants must remain outside the riding area except during lessons.
- Ask permission from the instructor to take photos or use a flash.

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

Because we are an outdoor facility we encourage sunscreen and bug spray be applied before coming.

Reinbow Riding Center Health and Safety Guidelines

802-236-2483

Reinbow Riding Center takes precautions to keep all participants healthy and safe. In that respect we would appreciate everyone, riders and accompanying adults, to also take normal precautions to help us accomplish this. Please make note of and call the above number to cancel your rider's lesson if they exhibit any of the following symptoms or symptoms of any other illnesses.

- Complaints of not feeling well
- Has a fever
- Persistent cough or wheezing
- Recent nausea or vomiting
- **Or has been exposed to someone with Covid or has tested positive for Covid within the past week.**

Please follow these guidelines to help us create and maintain a healthy and safe environment for everyone.

Directions to Our Facility Located at 892 Tarbellville Road, Belmont, Vermont:

From the Rutland Area take Route 103 south to the right hand turn onto Rte. 140/155 in East Wallingford. Follow signs for Route 155 to Belmont, a left turn. Stay on 155 to Belmont (3.8 miles). At the Belmont sign turn left onto Tarbellville Road. Then turn left at sign for Reinbow 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 Reinbow Riding/Stonewall Farm sign across from a grey house.

Watch for Reinbow Riding Center Signs along the way.

Interagency Payment Agreement for Therapeutic Horsemanship Services With Reinbow Riding Center

The following Agency (third party) _____ agrees to pay Reinbow Riding Center (check the line below that applies)

(Please indicate if you are paying for the complete 8-week session or contributing a partial amount for the session.)

_____$440 per 8-week session for _____ sessions totaling $_____
($55 per lesson)

_____ contributing $_____ per session totaling $_____

For _____
(participant)

Method of Payment: (please check one)

_____ prepay at the beginning of the session

_____ provide payment after receipt of invoice indicating services have been provided

_____ Date: _____
(Agency Representative signature)

_____ _____
Print Email

Please make payments to Reinbow Riding Center.

Reinbow Riding Center
P.O. Box 395
Shrewsbury, VT 05738
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programs@reinbowridingcenter.org