

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

February 3, 2017

Dear Client,

Welcome to WindReach Farm's 2017 Therapeutic Lesson programming! Last year was an exciting year for the riding programs at WindReach Farm. With the construction of our insulated and heated indoor riding arena we are now able to provide our clients with programming year-round. Thank you for all the support and feedback that you have given us as we continue to strive to improve our programs and services to better meet the needs of our riders.

In a continued effort to improve communications and facilitate our registration processes we are sending you this information/registration package. It provides you with all the forms and information that you should require for the coming year. Please make note of the following points:

- Please be sure to take note of the registration deadlines. It is your responsibility to get your forms and payments in to us on time. We encourage you to pre-register if you have intentions to ride in multiple sessions. This allows us to forecast our numbers more accurately and determine if/when we can accommodate new riders into the program. All lessons are group lessons. If you would prefer private lessons, please contact Kendra to discuss time and price.
- You are not obligated to submit the entire sessions' payment with the registration form. There is an option to submit a \$50 deposit with your registration form (only if paying by cash or cheque, if paying by credit card the amount will be charged in full by the registration deadline). The balance of the fees will be due by your first lesson of the session. This way we can confirm your riding day and you'll know exactly how much is owing. All riders are charged a \$5.00 CanTRA fee for insurance purposes.
- Please be sure to refer to the Rider Policy Manual. This manual will answer all your questions about registration, lesson policies, and safety matters. If you need a new copy of the manual it can be found on our website under Stables, Forms and Calendars...
<http://www.windreachfarm.org/programs/therapeutic-riding/forms-and-calendars/>
- Included in this package are your registration forms and the 2017 Lesson Program Calendar. It lists all the lesson dates, program breaks, special events, volunteer trainings and end of session horse shows. If there are changes to the calendar as the year progresses, we will post the new calendar on our website AND email you a new copy.
- Need more registration forms? Need an updated calendar? No problem! All of the documents in this package will also be posted on our website at
<http://www.windreachfarm.org/programs/therapeutic-riding/forms-and-calendars/>
Please don't confuse the 2017 Lesson Program Calendar (PDF file) with the websites general calendar.

Please note that all new riders have additional forms to complete and some returning riders are due to complete Physician Referral Update forms. All of the required forms can be found on the website (at the link listed above). If you are unclear about what documentation is required please feel free to contact us in the office and we'll be happy to clarify for you.

Sincerely,

Pat

Pat Bullock, CanTRA CTRI, OEF-IOB
Coordinator of Equine Services

Tel: 905-655-5827 Fax: 905-655-0890

Kendra

Kendra Abbey, CanTRA CTRBI
Stable Coordinator

312 Townline Rd., Ashburn, ON, L0B 1A0 kendra.abbey@windreachfarm.org

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

2017 Therapeutic Riding Program Registration Form
Spring Session: Monday, March 20th – Wednesday, June 21st
Registration Deadline is February 26, 2017

Riders' Name: _____ Home Phone: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Age: _____ Current Height: _____ Current Weight: _____

Mother's Name: _____ Cell Phone #: _____ Work #: _____

Father's Name: _____ Cell Phone #: _____ Work #: _____

Health Card #: _____ Allergies: _____

Health/Behavioural Changes: _____

Recent Surgical Procedures: _____

Please Indicate Preferred Riding Days and Times:

Monday Morning Afternoon Evening

Tuesday Morning Afternoon

Wednesday Afternoon Evening

Thursday Morning Afternoon

Saturday Morning Afternoon

Other, please specify: _____

All lessons are group lessons. If you prefer a private lesson, please contact Kendra to discuss time and price.

FEE SCHEDULE

Lessons are \$40.00 each and sessions must be paid for in full. If one of your riding days falls on a statutory holiday or a special event day where lessons have been cancelled you will not be charged for that lesson day.

Please refer to the 2017 Riding Lesson Program Calendar for these dates.

Registration forms or payments submitted after session due dates will be charged a \$20.00 late fee.

Payments can be made to WindReach Farm by cash, cheque, Visa or MasterCard.

When paying by credit card deposits are not accepted, the full fee must be paid in one transaction.

LESSON FEES

Mondays, 13 lessons for \$520

Thursdays, 12 lessons for \$480

Tuesdays, 14 lessons for \$560

Saturdays, 12 lessons for \$480

Wednesdays, 14 lessons for \$560

There is an extra \$5.00 fee for each rider once a year that is paid to CanTRA for insurance purposes.

PAYMENT OPTIONS

\$50 Deposit required to secure a spot and must be submitted with this form (balance due by your first lesson of the session).

Full payment now (no deposit required)

Payment enclosed: Cash Cheque Credit Card, Card #: _____ Exp ___/___

Name on Card: _____ Type of Card Visa MC

Signature: _____ →

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

2017 Therapeutic Riding Program Registration Form
Summer Session: Monday, July 4th – Saturday, August 26th
Registration Deadline is June 17, 2017

Riders' Name: _____ Home Phone: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Age: _____ Current Height: _____ Current Weight: _____

Mother's Name: _____ Cell Phone #: _____ Work #: _____

Father's Name: _____ Cell Phone #: _____ Work #: _____

Health Card #: _____ Allergies: _____

Health/Behavioural Changes: _____

Recent Surgical Procedures: _____

Please Indicate Preferred Riding Days and Times:

Monday Morning Afternoon Evening

Tuesday Morning Afternoon

Wednesday Morning Afternoon Evening

Thursday Morning Afternoon

Saturday Morning Afternoon

Other, please specify: _____

All lessons are group lessons. If you prefer a private lesson, please contact Kendra to discuss price and times.

FEE SCHEDULE

Group lessons are \$40.00 each. Sessions must be paid for in full. If one of your riding days falls on a statutory holiday or a special event day where lessons have been cancelled you will not be charged for that lesson day.

Please refer to the 2017 Riding Lesson Program Calendar for these dates. Registration forms or payments submitted after session due dates will **be charged a \$20.00 late fee.**

Payments can be made to WindReach Farm by cash, cheque, Visa or MasterCard.

When paying by credit card deposits are not accepted, the full fee must be paid in one transaction.

LESSON FEES

Mondays, 6 lessons for \$240

Wednesdays, 8 lessons for \$320

Tuesday, 8 lessons for \$320

Thursdays, 8 lessons \$320

Saturdays, 8 lessons for \$320

PAYMENT OPTIONS

\$50 Deposit required to secure a spot and must be submitted with this form (balance due by your first lesson of the session).

Full payment now (no deposit required)

Payment enclosed: Cash Cheque Credit Card, Card #: _____ Exp ___/___

Name on Card: _____ Type of Card Visa MC

Signature: _____ →

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

2017 Therapeutic Riding Program Registration Form
Fall Session: Tuesday, September 5th – Friday, December 8th
Registration Deadline is August 19, 2017

Riders' Name: _____ Home Phone: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Age: _____ Current Height: _____ Current Weight: _____

Mother's Name: _____ Cell Phone #: _____ Work #: _____

Father's Name: _____ Cell Phone #: _____ Work #: _____

Health Card #: _____ Allergies: _____

Health/Behavioural Changes: _____

Recent Surgical Procedures: _____

Please Indicate Preferred Riding Days and Times:

Monday Morning Afternoon Evening

↑ Tuesday Morning Afternoon

↑ Wednesday Morning Afternoon Evening

Thursday Morning Afternoon

Saturday Morning Afternoon

Other, please specify: _____

All lessons are group lessons. If you prefer a private lesson, please contact Kendra to discuss time and price.

FEE SCHEDULE

Lessons are \$40.00 each and sessions must be paid for in full. If one of your riding days falls on a statutory holiday or a special event day where lessons have been cancelled you will not be charged for that lesson day.

Please refer to the 2017 Riding Lesson Program Calendar for these dates.

Registration forms or payments submitted after session due dates will be charged a \$20.00 late fee.

Payments can be made to WindReach Farm by cash, cheque, Visa or MasterCard.

When paying by credit card deposits are not accepted, the full fee must be paid in one transaction.

LESSON FEES

Mondays, 12 lessons for \$480

Wednesdays, 14 lessons for \$560

Tuesdays, 14 lessons for \$560

Thursdays, 13 lessons for \$520

Saturdays, 11 lessons for \$440

PAYMENT OPTIONS

\$50 Deposit required to secure a spot and must be submitted with this form (balance due by the first lesson of the session).

Full payment now (no deposit required).

Payment enclosed: Cash Cheque Credit Card, Card #: _____ Exp ___/___

Name on Card: _____ Type of Card Visa MC

Signature: _____ →

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.
www.windreachfarm.org

2017 Therapeutic Riding Program

Liability Release

(Rider) _____ would like to participate in Horseback Riding Lessons. I acknowledge the risks, and potential for risk, involved in this sport. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs as assigns, executors or administrators, waive and release forever, all claims for damages against WindReach Farm, its Board of Directors, Instructors, Therapists, Aids, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Horseback Riding Lessons.

Signature: _____ Date: _____
(Rider, Parent or Guardian)

Witness: _____

Photo Release

Please check off **ONE** of the boxes below:

- I hereby consent to and authorize I do not consent to and authorize

the use and reproduction by WindReach Farm of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the programs run by WindReach Farm.

Signature: _____ Date: _____
(Rider, Parent or Guardian)

Authorization to Contact

- Please check here if you **do not** wish to receive WindReach Farm's regular communications.
If you do not check this box you will be put on our mailing list.
WindReach Farm does not sell its' mailing lists and you may unsubscribe at any time.

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

Physician Referral Update Form 2017

To be completed and signed by the rider's physician.

Rider: _____ Health card#: _____

Have there been any changes in the past year in the following:

CHANGES OBSERVED IN THE PAST YEAR	YES	NO
GENERAL HEALTH		
MEDICATIONS		
NEUROLOGICAL STATUS		
PHYSICAL STATUS		
SURGICAL PROCEDURES		
RADIOGRAPHY OR SYMPTOMS OF ATLANTO-AXIAL INSTABILITY		

If YES to any of the above, please elaborate: _____

Allergies: Yes No If yes, do you carry an Epipen? _____

Does the rider experience seizures? Yes No

If yes, are they controlled by medication? Yes No

Date of last Tetanus Immunization: _____

Height: _____ Weight: _____ **The maximum weight of any rider must not exceed 180 lbs OR 81 kg.**

Is there any reason why this person should be precluded from a therapeutic riding program?

Physician's signature: _____ Date: _____

Physician's name (please print clearly): _____

Address: _____

Telephone: _____ Fax: _____

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

Rider General Information Form

Name of Rider: _____ Date of Birth: ___/___/___ Sex: M F

Some general information is vital for our Instructors and volunteers (only as needed) to be informed of in order to provide a safe, productive and enjoyable lesson environment. Please answer the following questions to the best of your ability.

Briefly describe intellectual, emotional or behavioral problems which may affect participation in this program. Please be specific: _____

Does the Rider have any physical issues that might affect their participation in the program?

Are there particular situations which the Rider might find upsetting? i.e. loud noises, proximity to animals

If the Rider becomes angry or upset what is the most effective way to calm them?

Is the Rider verbal? YES NO If no, how do they communicate? Sign language Cards/Boards Other? _____

Can the Rider understand simple verbal directions and follow them? _____

Is there ANY other information that you feel we should know? _____

I hereby give permission for the individual listed above to participate in therapeutic/recreational riding lessons at The Stables at WindReach Farm.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian's Name (print): _____

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

Participant Agreement – 2017

Rider: _____ Date of Birth: _____

Please initial beside each item to verify that you have read and agree to abide by each statement.

_____ I will review WindReach Farm's Rider Policy Manual prior to my first lesson and agree to abide by the information therein.

_____ I understand that if I bring sibling(s) or other children, I am responsible for them and will not leave them unattended. I will ensure that their presence and activities do not distract or upset the participants or horses in the lessons.

_____ I will not allow any individuals, including myself, to approach horses or equipment without WR staff or representatives present.

_____ I understand that it is my responsibility to ensure timely arrival for class and that riders arriving after the start time of their class, for whatever reason, cannot be guaranteed to be mounted, due to the facility's daily schedule. No make-up lessons or refunds will be provided.

_____ I understand that all riders are required to wear long pants and fully enclosed footwear, and that I may not be able to ride if I am not dressed appropriately for class.

_____ I understand that the Rider Registration and Liability Release forms must be completed and signed by the rider (or parent/guardian), the photo release is optional. These releases are in effect until explicitly revoked.

_____ I understand that the Physician Update form must be fully completed and signed by the rider's physician on regular basis (as indicated by the physician on the form).

_____ I understand that the WindReach Farm riding programs are volunteer based and that each rider is asked to be accompanied to the lesson by an individual who is prepared to assist in the lesson should the need arise (please refer to the Safety section of the Rider Policy Manual).

_____ I will review and abide by the general stables regulations as listed in the Rider Policy Manual and the EAP Policies and Procedures Manuals which are posted at the stables.

_____ I understand that I, and any others who accompany me, are to remain within the stables boundaries and are not to wander over to the farm unless I have called and booked a visit in advance with the Visitor Coordinator.

I have read and agree to comply with all requirements outlined by the above Participant Agreement. This agreement shall remain in effect unless expressly revoked by me, at which time I am ineligible to continue with the WindReach Farm riding programs.

Signature of Parent/Guardian/Rider

Date

WindReach Farm

A centre for inclusion and personal achievement for people of all abilities.

www.windreachfarm.org

Release Form for Riders Prone to Seizures

(This form is to be completed for any rider who is prone to or has had seizures)

Rider: _____

Guardian: _____

Address: _____

Phone #: _____ Cell #: _____

Email: _____

The undersigned hereby gives consent for the rider to participate in the therapeutic horseback riding program offered by WindReach Farm. It is understood that there is an increased risk of injury because the rider is prone to seizures (or has experienced seizure in the past). The undersigned hereby releases and discharges WindReach Farm, its staff, instructors, agents, volunteers, and board members from any and all claims, demands or actions inclusive of costs that may arise out of the clients participation in the program, including any claims or actions for the injuries sustained by the client while participating in the program, regardless of how such injuries may be caused.

Rider/Guardian signature: _____

Witness: _____

Date: _____