



## **2017 Registration Information**

You may also obtain this registration paperwork from our website, [www.partnersforprogressnfp.org](http://www.partnersforprogressnfp.org).

**Scholarships:** Limited scholarships are available based on financial need. 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 committees welcome all who want to help.

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

**Billing Office:** Partners For Progress: Mary @ 847-438-5400.  
Pediatrics In Motion: Candy @ 815-482-7670.

**Session Fees:** Session Fees for Power Hour & Sports Riding are due in full during the first week of each session. The prepaid session rate for Power Hour & Sports Riding is \$48 per ride. See Form 3 for further details.

**Payment Terms:** Partners For Progress accept checks and credit card payments by VISA and MasterCard. **A credit card number is required for each client account.** If payment is *not received* by the first week of the session, the ***unpaid session balance will be charged on the 8th day*** to the credit card number provided. This will eliminate a \$50 late charge; ***however, a 0.025% processing fee will be added to all credit card transactions.*** See Forms 3 & 4.

**Late Charges:** **If payment for the session is not made within the first week of the session, a \$50 late charge will be applied to the account. Also, any balance 30 days past due will be assessed a \$50 late charge each month until the balance has been paid.**

**Addresses:** PFP has gone green and will no longer mail session invoices. All invoicing will be sent electronically so an email address is required. Payments may be mailed to the facility, 23525 W. Milton Road, Wauconda, IL 60084 or dropped off there. See Form 4.

**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 or 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.

**Fundraising:** Options for meeting the fundraising requirement may be found on Form 3.

**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.





## 2017 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

### **If client is a Minor:**

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 warrant I have health and accident insurance for said minor.

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

\_\_\_\_\_  
Date





**2017 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/or 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/or 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: \_\_\_\_\_





## 2017 Fundraising Requirements and Payment Options

### FUNDRAISING OVERVIEW:

PFPP has two major fundraisers to help with the annual costs of the program. The session fees charged for our programs are considerably less than the costs Partners For Progress NFP incurs to provide these services. The generosity and hard work of many volunteers and others for 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.**

Our first raffle fundraiser, Plop O'Gold, is scheduled for March 5, 2017. Participation in this fundraiser is required if you begin the program between January 1 thru March 1. The second fundraiser of the year is the Hoe Down Barn Dance which is held in the fall. If you begin the program after March 1, you are required to participate in this fundraiser. Of course, we hope you will still participate in all our fundraising endeavors throughout the year.

Each family, staff member and adult volunteer is required to participate in fundraising activities.

### FUNDRAISING AND PAYMENT OPTIONS:

**Please select the best option below to satisfy your fundraising requirements for the 2017 year. Sign and return with your registration paperwork.**

**FULFILLMENT OF THIS ANNUAL REQUIREMENT IS BY FAMILY AND NOT BY THE NUMBER OF INDIVIDUALS IN THE PROGRAM. RETURN ONE FORM PER FAMILY.**

#### ... Option 1:

I started the program between January 1 and March 1. I agree to sell at least the minimum requirement as shown below. Payment of session fees at \$48 per ride will be paid in full during the first week of the session. Plop O'Gold Raffle - Sell "deed" raffle tickets which will raise \$400.00 for this fundraiser.

#### ... Option 2:

I started the program after March 1 and agree to participate in the second major fundraising program of the year, the Hoe Down Barn Dance. Payment of session fees at \$48 per ride will be paid in full during the first week of the session.

#### ... Option 3:

I choose not to sell any raffle tickets. I prefer to be billed for Power Hour & Sports Riding at a rate of \$60 per ride instead of the current \$48 rate. Payment of session fees will be paid in full during the first week of the session.

#### ... Option 4:

I choose to pay weekly. I will be billed for Power Hour & Sports Riding at a rate of \$60 per ride and will participate in one annual fundraiser for the program depending on my start date in the program. I am also obligated to pay for the weeks I do not attend during the session. These paid rides will be considered make-ups and can be rescheduled at a later date in the year.

I have selected one of the above options to satisfy my 2017 fundraising requirements and agree to the terms.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Mailing Address & Location: 23525 W. Milton Road - Wauconda, IL 60084

Phone: 847.438.5400 • Website: [www.partnersforprogressnfp.org](http://www.partnersforprogressnfp.org) • Tax ID # 20-2375514



Challenging & effective therapy that's changing lives



**Rider Payment Information Sheet**  
**Email Address For Billing, Session Payment Due Dates & Credit Card Information**

**BILLING EMAIL ADDRESS (REQUIRED):**

Session fees are invoiced 5 times during the year and will be emailed prior to the start of the new session. An email address is **required** to send all program invoices.

Email address: \_\_\_\_\_

(Please Print)

**SESSION PAYMENTS ARE DUE BY THE FOLLOWING DATES:**

Session 1	January 7, 2017
Session 2	March 18, 2017
Session 3	May 27, 2017
Session 4	August 12, 2017
Session 5	October 21, 2017

**CREDIT CARD INFORMATION (REQUIRED):**

Credit Card # \_\_\_\_\_ VISA \_\_\_\_ MC \_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address:

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

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

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

Home Telephone: \_\_\_\_\_

**A 0.025% credit card transaction fee will be added to all credit card payments.**

\_\_\_\_ I prefer to have my session fees charged to the above credit card when due.

By providing your credit card information, you also agree that Partners For Progress NFP and/or Pediatrics In Motion may charge your credit card for session fees if they are not paid by the above due dates.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Form 5**

**2017 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			
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/or 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

*Mailing Address & Location: 23525 W. Milton Road - Wauconda, IL 60084*

*Phone: 847.438.5400 • Website: www.partnersforprogressnfp.org • Tax ID # 20-2375514*





## 2017 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 all, we ask that you enter and leave 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 the Rider Payment Information Sheet, Form 4.
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. Pets: Due to our commitment to the safety of our clients and horses, no pets are allowed on the premises.
7. Parking: Park in areas designated only for parking. Drop off by the barn is reserved for non-ambulatory clients only.
8. Alcohol/Smoking: Absolutely no smoking or drinking is allowed on the grounds of, or within, this facility.
9. 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. All Partners For Progress NFP and Pediatrics In Motion clients have 2 options to choose from, depending on their start date, to satisfy their fundraising requirements. Information is included with the annual registration paperwork, which is the 2017 Fundraising Requirements and Payment Options page, Form 3 (in this packet).

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Name (Please Print)

Signature

Date

