



2019 Partners For Progress Registration Information

Organization Info: Partners For Progress NFP Therapeutic Riding Center
23525 W. Milton Road, Wauconda, IL 60084
FON: 847-438-5400 FAX: 847-438-5401
Email: partnersforprogressnfp.org
Web: www.partnersforprogressnfp.org

Fees: \$50 evaluation fee is payable at time of the initial evaluation by therapist/instructor
\$50 annual fee is required for each rider at time of first ride and annually on January 1st
\$60 an hour riding fees (\$48 an hour riding fees if parent contributes to fund raising)

Financial Aid: Limited opportunities exist for financial aid. Applications can be requested at the PFP office and can be submitted to the PFP office once it is completed.

Invoicing Fees: There are 5 riding sessions during the year with each session having approximately 10 weeks. Invoices are emailed (email address must be on file) prior to each session.

Payments for the entire session are due prior to the session start.

2019 Session Start Dates: January 1st, March 18th, May 28th, August 5th, October 14th

Payments: Partners For Progress accepts cash, check or credit card for payments. **A credit card processing fee of 2.5% (this equals \$12.00 for a typical \$480 invoice) will be added to any invoice paid by credit card.**

If payment is not received by the first week of the session, a \$50 late charge can be assessed. Unpaid balances can be charged to credit card on file if account is not paid by 14 days after session start.

Payments may be mailed to the facility, 23525 W. Milton Road, Wauconda, IL 60084 or dropped off at the PFP office. (Checks made out to Partners for Progress)

Fundraising: PFP 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 fundraising is required of all families riding with reduced rate.**

Our first raffle fundraiser, Plop O'Gold, is scheduled for March 10, 2019. The second fundraiser of the year is the Hoe Down Barn Dance which is scheduled for September 7, 2019. Of course, we hope you will still participate in all our fundraising endeavors throughout the year.





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. If we receive notice at least 24 hours in advance, we will work with you to schedule a make-up time. If Partners For Progress NFP or Pediatrics in Motion cancels a ride, make-up times will be available. **Credit for services is not available as riders already ride at a reduced price.** Please speak with your instructor or contact Amanda at 262-206-1567 to schedule a make-up lesson.

Paperwork: The following paperwork must be completed prior to the client starting:

- 1) Client Information form
- 2) Participants Release form
- 3) Medical history (Physician statement must be completed within 30 days of starting)

2019 Facility Rules and Regulations

For your information and safety, below are our facility guidelines and rules. Thank you for your cooperation.

1. 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.
2. 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.
3. Pets: Due to our commitment to the safety of our clients and horses, no pets are allowed on the premises.
4. Parking: Park in areas designated only for parking. Drop off by the barn is reserved for non-ambulatory clients.
5. Alcohol/Smoking: Absolutely no smoking or drinking is allowed on the grounds, or within this facility during sessions.
6. Entering and leaving from barn: For the safety of all, we ask that you enter and leave keeping your speed limit at 5 mph
7. All riders should wear:
 - Long pants with comfortable fit to cover legs (weather permitting)
 - 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)





2019 Client Information Sheet

Client Name/Address:

Client First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate: _____

County: _____ Year Born: _____

Ethnicity: _____ Caucasian _____ Middle Eastern
_____ African American / Black _____ Pacific Islander
_____ Hispanic / Latino _____ Native American / Alaskan
_____ Asian _____ Other: _____

Parent / Guardian Contact Information:

If Client is under 18 or has a guardian enter information below
Address is only needed if different from client address

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____

Employer City: _____

Second Parent / Guardian Contact Information:





If Client is under 18 or has a guardian enter information below
Address is only needed if different from client address

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____

Employer City: _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Client: _____

Emergency Contact Phone: _____

Secondary Emergency Contact Name: _____

Relationship to Client: _____

Secondary Emergency Contact Phone: _____

Photo Release:

I authorize the use and reproduction by Partners for Progress NFP and/or Pediatrics in Motion of any photographs and any other audio-visual materials taken of me for promotional materials, education activities, exhibits or for any other use for the benefit of the program.

_____ I consent

_____ I do NOT consent





Billing Information:

Invoices are emailed two weeks prior to each session.
Please provide the billing contact information below:

Name of Contact for Billing: _____

eMail Address: _____

If you would like your credit card charged automatically when session fees are due. Provide your credit card information below. An additional charge of 2.5% will be added to each charge to cover credit card processing fees. (i.e. charge of \$12.00 for a \$480 invoice)

I would like my credit card charged automatically when session invoices are due

Credit card information:

Name on Card: _____

Account Number: _____

Expiration Date: _____ Security Code: _____

eMail to notify of charge: _____

Fundraising Options:

You MUST choose an option below. If an option is not chosen it will be assumed that the \$60 per ride should be charged.

I agree to participate in fundraising by selling raffle tickets for the Plop to raise \$400 and contributing to the Hoe Down fundraiser. Session fees will be \$48 a ride.

I choose not to participate in the fundraising events and will be charged \$60 a ride.





2019 Participants Release and Hold Harmless Agreement

Client Name: (Print) _____

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



2019 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





partners for progress

2019

Partners For Progress, NFP

challenging therapy that's changing lives.....

Schedule of Events

- **SESSIONS**
 - 1: January 2 - March 17
 - 2: March 18 - May 27
 - 3: May 28 - August 4
 - 4: August 5 - October 13
 - 5: October 14 - December 23
- **EVENTS**
 - January 20** - Bowl-A-Thon
 - February 3** - Kids Obstacle Run
 - March 10 - Pop O'Gold & Chill Cook-Off Open House
 - June 8 - Dance Bash
 - August** - NSBA World Show
 - September 7 - Hoe Down Gala
 - October** - All American Quarter Horse Congress
 - October - Special Olympics
- **KEY**
 - Start of Session
 - Event
 - No Riding

January	February	March	April
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
May	June	July	August
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
September	October	November	December
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31



MAILING ADDRESS:
Partners For Progress, NFP
23525 W. Milton Road
Wauconda, IL 60084

FACILITY LOCATION:
PPP Therapeutic Riding Center
23525 W. Milton Road
Wauconda, IL 60084

CONTACT:
Web: www.partnersforprogressnfp.org
Email: info@partnersforprogressnfp.org
FB: Partners For Progress NFP Therapeutic Equestrian Center
Fon: 847-438-5400

