



2018 Registration Information

- 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.
2018 Session Start Dates: January 1st, March 12th, May 21st, July 30th, Oct 8th
- Payments:** Partners For Progress accepts cash, check or credit card for payments. **A credit card processing fee of .025 percent 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)
- Registration Form:** The client registration form is now an ONLINE. You can find the link to the form on the partnersforprogressnfp.org website under the programs area. Or you can go directly there at:
<https://fs27.formsite.com/partnersforprogress/form5/index.html> or
QR code will take you directly there:



- Paperwork:** The following paperwork must be completed prior to the client starting:
- 1) Release of liability form
 - 2) Client information form (ONLINE ONLY)
 - 3) Medical history (Physician statement must be completed within 30 days of starting)





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 contact Amanda at 262-206-1567 to schedule a make-up lesson.

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 11, 2018. The second fundraiser of the year is the Hoe Down Barn Dance which is scheduled for September 8, 2018. Of course, we hope you will still participate in all our fundraising endeavors throughout the year.

2018 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.
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
 - 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)



2018 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



