



Rein in a Dream

Building upon each individual's inner strength!



Participant Registration Packet WINTER SESSION

SESSION DATES

Start Date: January 7, 2018
End Date: March 3, 2018
Make-up Week: March 4-10, 2018
No Lessons: February 18-24, 2018

REGISTRATION DUE

Registration and Payment is due by December 30, 2017

Returning Participants

To reserve your preferred day and time please email Cherie Ansin at cansin@perkinschool.org indicating that you will be returning for the Winter Session.

If you have received the required RIAD forms in this package, the forms on file are not current.

CHECKLIST

To insure that all necessary forms are complete, please reference the checklist below.

Please complete and return with the registration package. Incomplete packages will not be processed.

- | | |
|--|--|
| <input type="checkbox"/> Participant Registration Form | <input type="checkbox"/> Physician Authorization |
| <input type="checkbox"/> Payment Form | <input type="checkbox"/> Participant Waiver and Release of Liability Agreement |
| <input type="checkbox"/> Credit Card Authorization | <input type="checkbox"/> Photo Release |
| <input type="checkbox"/> Ways You Can Help Form | <input type="checkbox"/> Authorization for Emergency Medical Treatment |

Need-Based Scholarships are available.

Please contact Program Director Cherie Anson at cansin@perkinschool.org to request an application.

- Scholarship Form

Forms for your records. They do not need to be returned to us.

- Checklist Page
- Our Programs
- Our Policies



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PARTICIPANT REGISTRATION FORM

WINTER SESSION

January 7 to March 3, 2018

Make-up Week March 4-10, 2018

No Lessons February 18-24 2018

Participant type: Community School/Agency Perkins Day Perkins Res Perkins Adult

Participant First Name	Middle Initial	Last Name	Birthdate	Age
Parent/Guardian 1	Cell phone	Home / Work Phone	Height	Weight
Parent/Guardian 2	Cell phone	Home / Work Phone	Availability <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
Address	Town and State	Zip	<input type="checkbox"/> 9am-12 <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-7pm	
Email 1	Email 2			

Select	Lesson Program	Length of Lesson	Rate per Lesson	Session Payment
<input type="checkbox"/>	Therapeutic Riding	½ Hour Private	\$50	\$350
<input type="checkbox"/>	Therapeutic Horsemanship	1 Hour Private	\$65	\$455
<input type="checkbox"/>	Therapeutic Horsemanship ♦Approval required♦	1 Hour Semi-Private	\$50	\$350
<input type="checkbox"/>	Recreational Horsemanship	1 Hour Private	\$65	\$455
<input type="checkbox"/>	Recreational Horsemanship ♦Approval required♦	1 Hour Semi-Private	\$50	\$350
<input type="checkbox"/>	Critter Care Private	1 Hour Private	\$50	\$350
<input type="checkbox"/>	Critter Care Semi-Private	1 Hour Semi-Private	\$35	\$245
<input type="checkbox"/>	Job Skills Development ♦Ages 16-22♦ Wednesday 6:00-7:30PM	1.5 Hours Group ♦Group size 3-4♦	\$35	\$245

Participant/Parent/Guardian or Participant if over 18 years of age _____ Date _____

Office Use Only:
 Total Number of Lessons: _____
 Scholarship Amount per Lesson: \$ _____ Total Scholarship for Session: \$ _____
 Payment Method: Check: _____ Credit Card (see CC authorization Form): _____





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OUR PROGRAMS

Therapeutic Riding Ages 4 and up **Private ½ Hour \$50/lesson**

The focus of therapeutic riding is to improve physical strength, flexibility, and cognitive abilities as well as communication skills, self-confidence and self-esteem. Because the movement of the horse mimics the human gait, research indicates that riders will often show development in muscle strength, coordination, balance, postural alignment, increased range of motion as well as improved speech. The powerful connection to the horse is often a motivator to complete therapeutic activities/exercises on horseback.

Therapeutic Horsemanship Ages 6 and up **Private 1 Hour \$65/lesson ♦ Semi-Private 1 Hour \$50/lesson**

In addition to building riding skills, participants learn how to safely work with horses as they develop and build a mutually beneficial relationship with members of our herd. Mounted and un-mounted instruction is provided. Topics covered include appropriate horse handling, grooming, tacking, equine behaviors, and safety working with equines along with learning the building blocks of riding. Lesson plans include activities that meet the specific therapeutic needs of the participant. Semi-private lessons are to be pre-approved by the instructor.

Recreational Horsemanship Ages 6 and up **Private 1 Hour \$65/lesson ♦ Semi-Private 1 Hour \$50/lesson**

Participants must complete an independent riding skills assessment. Participants are introduced to the building blocks of riding while developing strong horsemanship skills. Traditional riding skills are taught based on English, western, dressage, and natural horsemanship disciplines. Participants are involved in the entire riding experience including un-mounted activities, grooming, tacking and caring for their horse after the lesson. Lessons are taught in a non-competitive environment. Levels: Beginner to Intermediate. Semi-private lessons are to be pre-approved by the instructor.

Critter Care Ages 5 and up **Private 1 Hour \$50/lesson ♦ Semi-Private 1 Hour \$35/lesson**

This program focuses on teaching responsibility and compassion through learning about and interacting with our herd of horses, small farm animals and nature. The curriculum includes activities that teach the fundamentals of good character; kindness, citizenship, fairness, respect, responsibility and integrity. Participants enjoy opportunities to work directly with small farm animals including Nigerian goats, miniature horses, chickens, rabbits, guinea pigs and a therapy dog.

Minis and Me Ages 3-5 Group size 4 **1 Hour \$25/lesson**

While working with the miniature horses, children engage in interactive games and activities to develop and practice: sequencing skills; letter and number recognition; and listening and communication. Children also learn about safety, body awareness, and develop fine motor skills. This program is un-mounted and must have 4 participants enrolled to offer.

Job Skills Development Ages 16-22 Group size 3-4 **1.5 Hours \$35/lesson**

This program provides participants with the opportunity to develop a strong work ethic and to learn appropriate job-related skills, including time management, reporting to a supervisor, appropriate interactions with co-workers and job productivity. Participant enrollment must be approved. Please contact the Program Director for additional information. This program is un-mounted and must have 3 participants enrolled to offer.



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OUR POLICIES

Introductory Session

If a participant/parent/guardian is unsure whether the benefit of a therapeutic/recreational horsemanship experience will meet their individual needs, Rein in a Dream offers an introductory session consisting of 3 lessons. This allows participants an opportunity to try programs at RIAD without committing to a full session. Payment in full for the 3 lessons is required prior to the first lesson.

Assessment Lesson

In those circumstances where it is uncertain if the child/participant will be an appropriate candidate for the program, a 1-hour assessment will be conducted to evaluate the participant's ability to benefit from the program. There is a \$65.00 charge for the assessment lesson. A Rein in a Dream medical authorization form and liability release form must be completed and signed in order to ride during the assessment.

Weight Limit

Please note that, at this time, there is a weight limit of 200 pounds due to the capacity of our horses.

Cancellations and Missed Lessons

Each participant is allowed one excused absence during the session. At the commencement of the session, participants should secure instructor contact information. RIAD does not have 24 hour on-call capability. The instructor must be notified with **24-hours' notice** in order for participants to receive a credit or a make-up time slot. Unfortunately, due to scheduling requirements, if 24-hours' notice is not possible, the missed lesson will be charged. The instructor must be notified as soon as possible, and the participant must bring a note upon their return. It is of utmost importance that the participant schedules the make-up lesson directly with their instructor.

The make-up lesson will be offered at the end of each session, during the scheduled make-up week. Make-ups are conducted during the session's regularly scheduled lesson time. Please note that make-up lessons are not offered during the summer and there will be only one make-up lesson offered per session. Make-up lessons must be completed during the session, unless there are extraordinary circumstances. If a participant accrues three unexcused lessons, their time slot will no longer be held.

Discharge

A participant may be discharged from the program upon recommendation of the instructor if the participant demonstrates behaviors that are unsafe for self, others, or the horse; is not appropriate or benefiting from the service; or if RIAD is unable to provide a safe therapeutic or recreational lesson.

Inclement Weather

At RIAD, we believe that learning all aspects of horsemanship is vital to meeting individual goals and in becoming a skilled equestrian. Therefore, during inclement weather, lessons are held in the barn or indoor arena. If weather is less than 25 degrees, or if conditions are deemed unhealthy or unsafe, there will be no mounted lessons.

However, when roads are considered unsafe for driving, lessons are cancelled. If a lesson is missed due to inclement weather, RIAD will make every effort to contact participants. Participants will receive a 'credit' towards future lessons.

Riding Attire

All participants must wear an approved ASTM-SEI Helmet. (Provided when necessary).

All participants must wear hard-soled shoes with a 1" heel. (Provided when necessary).

Participants should dress in layers and wear long, loose-fitting pants to ride.

No baggy clothing or low-slung pants.

Participants should wear tops that are modest in style such as t-shirts with sleeves.

Teenage girls are encouraged to wear a sports bra.

All long hair must be tied back for safety.

No dangling jewelry.

All participants and family members are asked to wear closed toed shoes. Open toed shoes are not allowed in the barn, pasture or arena. Safety First!



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AUTHORIZATIONS

Authorization forms are valid for 1 year from the date of signing

PARTICIPANT WAIVER AND RELEASE OF LIABILITY AGREEMENT

Name of Participant _____

Address _____

Home Phone _____ Cell Phone: _____

Dated this _____ (day) of _____ (month), _____ (year);

For purposes of this Participant Waiver and Release of Liability Agreement, "Participant" shall include any client, family member, guardian, volunteer, bystander, or independent contractor involved in or present for equine assisted programs or any other equine-related activity offered by Perkins Rein in a Dream Therapeutic Horsemanship Center.

The undersigned Participant (or Participant's parent or legal guardian, if applicable) involved in any equine activity sponsored by Perkins Rein in a Dream Therapeutic Horsemanship Center, hereby recognizes and appreciates the inherent risks of equine activities as described in Section 2D of Chapter 128 of the General Laws of the Commonwealth of Massachusetts, including those dangers or conditions which are an integral part of the equine activities, including but not limited to:

- (1) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them;
- (2) the unpredictability of an equine's reaction to such things as sound, sudden movement, and unfamiliar objects, persons, or other animals;
- (3) that certain hazards such as surface and subsurface conditions;
- (4) collisions with other equines or objects;
- (5) the potential of the Participant to act in a negligent manner that may contribute to injury to the Participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

These inherent risks are possible when involved in any of the following equine activities: (i) riding horses, including walking, trotting, and cantering (ii) working horses over jumps and through trail obstacles, (iii) vaulting exercises, (iv) trail riding on horseback, (v) long-lining horses, (vi) walking or leading farm animals, (vii) feeding, grooming, and caring for horses and farm animals, and (viii) managing barn and other chores necessary for the care of horses.

Despite these inherent risks, the Participant (Participant's parent or legal guardian) also agrees that Perkins Rein in a Dream Therapeutic Horsemanship Center, its affiliates, specifically including volunteers assisting Participants, current or former members, officers, directors, and their predecessors (hereinafter "Releasees") shall not be liable for an injury to or the death of the Participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of the Chapter 128 of the General Laws of the Commonwealth of Massachusetts, and the participants hereby releases the Releasees from any and all claims, causes of action, suits, demands, and liabilities, whatsoever of every name and nature against the Releasees, except to the extent such claims, causes of action, suits, demands and liabilities are not limited under Section 2D of the Chapter 128 of the General Laws of the Commonwealth of Massachusetts.

WARNING

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant Section 2D of the Chapter 128 of the General Laws of the Commonwealth of Massachusetts.

If Participant is over 18

Print Participant Name _____

Participant Signature _____ Date _____

If Participant is under 18

Participant Name _____

Parent/Guardian Name _____ Relationship to child _____

Parent/Guardian Signature _____ Date _____



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PHOTO RELEASE

I consent to and authorize the use and reproduction of any and all photographs, my name, and any other audio-visual materials taken by Perkins Rein in a Dream Therapeutic Horsemanship Center of my son/daughter/myself for promotional material, educational activities, and exhibitions or for any other use for the benefit of this program to include: brochures, annual reports, newsletters, advertisements, Perkins website, Perkins Facebook pages and email marketing. Please check off all appropriate boxes.

Photo Release Name Release Audio-Visual Materials Social Media

Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical treatment is required due to illness or injury while participating in the Horsemanship Program, or on the property of the school, I authorize Perkins Rein in a Dream to secure and retain medical treatment and transportation for my son/daughter/myself if needed.

Physician's Name _____ Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Contact Person in Case of Emergency _____

Relation _____ Work Phone _____ Home Phone _____

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician.

Signature _____ Date _____



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PAYMENT

Payment may be made by check, credit or debit card. The program does not accept cash. Please complete the appropriate section confirming the preferred payment option and method. Payment is due by December 30, 2017.

- Session Paid in Full
- 2 equal payments of \$_____, the first to be paid by December 30th, 2017, the second to be paid February 2nd, 2018.

Meeting the interest and therapeutic needs for children and adults is of utmost importance to the RIAD team. If you or your family requires an individual payment plan, please contact Cherie Ansin, Program Director, at 978-368-4804.

Credit and Debit Cards

Credit Card Authorization

Please charge the following credit or debit card in the amount of \$_____ this date _____ and \$_____ this date _____ for payment of the Winter 2018 session at Perkins Rein in a Dream.

An electronic receipt will be emailed to you once your payment has been processed.

Card Type: MasterCard Visa American Express

Card Number _____ Exp. Date _____

Name on Card _____

Billing Street _____

Billing City _____ State _____ Zip Code _____

Cardholder Signature _____ Date _____

Checks

Checks should be made out to: Perkins RIAD. Please send payment and completed registration packet to:

Mailing Address

Perkins Rein in a Dream
971 Main Street
Lancaster MA 01523-2595

NOTE: Program Address is different

Rein in a Dream Barn
868 Main Street
Lancaster MA 01523

WAYS YOU CAN HELP

Whether you are available for one day or for an ongoing commitment, volunteer efforts are greatly appreciated! If interested, please fill out the form below and return to RIAD. There are many ways that you can support the valuable programs at Rein in a Dream. Thank you!

____ Yes, I would like to help out at Rein in a Dream.

- Post RIAD flyers in public areas to generate interest in our programs
- Donate home-baked or store-bought items for special events
- Like us on Facebook and share with your friends
- Help with barn chores (year-long commitment required)
- Photograph our animals and/or our special events
- Event Planning
- Assist with major mailings
- Our Annual Spring Fundraiser**
- Solicit donations for raffle baskets
- Help with the animals
- Volunteer to run game tables
- Decorate the property



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Medical Authorization for Participation

This form is active for 1 year.

Participant _____ Date of Birth _____

Weight _____ (max. of 200 lbs.) Height _____ Last Tetanus immunization _____

Gender

- Male Female Transmasculine
- Transfeminine Other Identity

Race

- White/Caucasian African American Native American
- Hispanic Asian European Pacific Islander Other

HISTORY OF		COMMENTS	HISTORY OF		COMMENTS
Allergy	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Head Injury or	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Epi Pen	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Hernia	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Asthma	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Pregnancy	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Inhaler	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Immunity	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Circulatory	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Cardiac	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Orthopedic	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Bone or Joint	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Neurologic	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Seizures	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Cognitive	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Auditory	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Emotional/ Balance	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Learning	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Speech	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Muscular	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Tactile Sensation	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Visual	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Pain	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Skin	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Diabetes	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Bleeding	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Incontinence	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Contagious	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
			Ambulatory	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Down Syndrome: Due to the nature of horseback riding, individuals diagnosed with Down Syndrome can only be accepted for riding instruction with a verified negative diagnostic x-ray for Atlantoaxial Dislocation Condition.

My initials here certify that the individual listed on this form has a negative diagnostic x-ray for Atlantoaxial Dislocation Condition. _____

Surgical procedures _____

<i>Please note psychiatric diagnoses or emotional issues</i>	<i>Please note Medications</i>	<i>Please note Restrictions if any</i>

I have examined the person named above and certify, based on that examination and review of the health information contained in this application, that there is no medical evidence which would preclude participation in a Therapeutic Horsemanship/ Riding or Animal Assisted Activity/ Therapy Program (s)

Physician/or Medical Care Provider Printed Name _____

Telephone _____ Address _____

Signature _____ Date _____