



# Rein in a Dream

*A Perkins Community Program*

## SUMMER 2017 SESSION

**Session 1: July 9 – July 29 (3 weeks)**

**Session 2: July 30 – August 26 (4 weeks)**

### Session Details:

Session #1 July 9-July 29, 2017 (3 weeks)

Session #2 July 30-August 26, 2017 (4 weeks)

Session #1 and #2 July 9-August 26, 2017 (7weeks)

### Registration Due Date:

Please return all completed registration forms to our office by June 18, 2017 with full payment.

Returning students will retain their current lesson time slot as long as registration packets are received by the above date. Schedule changes can be made by speaking with the Program Director. Schedules for all **New Students** are made through the Program Director and are based on availability.

### Payment Details:

Please see the enclosed registration form for specific lessons fees.

Please contact the Program Director if your family requires special payment arrangements. *Need-Based Scholarships are available*; please contact the Program Director to request a scholarship application.

Checks should be made out to Perkins RIAD. Payments should be mailed to Perkins RIAD, 971 Main Street, Lancaster, MA 01523.

Master Card, Visa and American Express are also accepted for payment. Please return the enclosed credit card authorization form if you prefer this method of payment. Cash is not accepted.

### Registration Packet:

The Participant Waiver and Release of Liability Agreement, Photo Release and Medical Authorization for Participation must be current and on file prior to the start of the session. They are each valid for one year. Due to insurance regulations and PATH International guidelines, the physician's standard annual printout cannot be substituted for the Rein in a Dream Medical Authorization form. Students will not be permitted to participate in lessons without current signed forms on file. **If you have questions regarding the expiration dates of your forms, please contact us. Otherwise, please complete all forms as instructed and return with the registration form and session payment. Thank you.**

### Contact Information:

Cherie Ansin

978-368-4804

[cansin@perkinschool.org](mailto:cansin@perkinschool.org)



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## SUMMER 2017 Session Dates

**Session 1: July 9 – July 29 (3 weeks)**

**Session 2: July 30 - August 26 (4 weeks)**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

Telephone (Home): \_\_\_\_\_ (Work/Cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Preferred Lesson Day and Time:** 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Note: Need-Based Scholarships are available; please contact Program Director to request an application.**

Please select preferred session(s):		
<input type="checkbox"/> SESSION #1: July 9 – July 29, 2017	<input type="checkbox"/> SESSION #2: July 30 – August 26, 2017	<input type="checkbox"/> Both Sessions

Select	Lesson Program	Length of Lesson	Rate per Lesson	Session 1 (Rate x 3 weeks)	Session 2 (Rate x 4 weeks)	Both Sessions
	Therapeutic Riding	½ Hour-Private	\$50	\$150	\$200	\$350
	Therapeutic Horsemanship	1 Hour-Private	\$65	\$195	\$260	\$455
	Therapeutic Horsemanship <b>Approval required</b>	1 Hour-Semi-private	\$50	\$150	\$200	\$350
	Recreational Horsemanship	½ Hour-Private	\$50	\$150	\$200	\$350
	Recreational Horsemanship	1 Hour-Private	\$65	\$195	\$260	\$455
	Recreational Horsemanship <b>Approval required</b>	1 Hour-Semi-Private	\$50	\$150	\$200	\$350
	Minis & Me Mondays 10-11AM Must have 4 participants to offer	1 Hour Group	\$25	\$75	\$100	\$175
	Critter Care-Private	1 Hour Private	\$50	\$150	\$200	\$350
	Critter Care Semi Private	1 Hour Group	\$35	\$105	\$140	\$245
	Job Skills Development (ages 16-22) Wednesday 6:00-7:30PM	1.5 Hours Group (Group size 3-4)	\$35	\$105	\$140	\$245

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

<b>Office Use Only:</b>	
Student type: Community _____ School/Agency _____ Perkins Day _____ Perkins Res _____ Perkins Adult _____	
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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## **Therapeutic Riding: Private ½ Hour \$50/lesson**

The focus of therapeutic riding is to improve physical strength, flexibility, cognitive abilities as well as to improve communication skills, self-confidence and self-esteem. Because the movement of the horse mimics the human gait, research indicates that riders often will show improvement 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: Private 1 Hour \$65/lesson      Semi-Private 1 Hour \$50/lesson (approval required)**

In addition to building riding skills, participants will 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 student.

*Semi-private lessons are to be pre-approved by the instructor.*

## **Recreational Horsemanship:**

### **Private ½ Hour \$50/lesson      Private 1 Hour \$65/lesson      Semi-Private 1 Hour \$50/lesson (approval required)**

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. Students participate 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: Private 1 Hour \$50/lesson      1 Hour Semi-Private \$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 teaches the fundamentals of good character; kindness, citizenship, fairness, respect, responsibility and integrity. The students enjoy the 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      1 Hour \$25/lesson/person (Group size 4)**

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

## **Job Skills Development: Ages 16-22      1.5 Hours \$35/lesson/person (Group size 3-4)**

This program provides students 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. Student participation must be approved. Please contact the program director for additional information. **This program is un-mounted and must have 3 students enrolled to offer.**





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## POLICIES

### **Registration**

The following forms must be completed and submitted with payment prior to the student's participation in the program. **Due to strict insurance guidelines, students cannot begin lessons until these forms are signed and on file:**

- Registration Form
- Student Release Form – Valid for one year from date of signature.
- Medical Authorization for Participation - Please note that the physician's standard medical authorization form does not replace the Rein in a Dream Medical Authorization per PATH International regulations. It is a **requirement** that the Rein in a Dream medical form be up-to-date (valid for one year) and signed by the student's physician.

### **Payment**

- Payment may be made by check or credit card. The program does not accept cash. Checks should be made out to: *Perkin.RIAD*. Please contact the program director for credit card payments.
- Please send payment and completed registration packet to:  
Perkins Rein in a Dream

971 Main Street Lancaster, MA 01523-2595

**(Note:** The program location is different than the mailing address)

- 6-7 week sessions are paid in full at time of registration.
- Your child's participation is important to us. If your family requires an individualized payment plan please contact Cherie Ansin, Program Director, at 978-368-4804.

### **Cancellations and Missed Lessons**

- Each student is allowed one excused absence during the session. The make-up lesson will be offered based on the availability of the instructor. Note: This will be the only make-up lesson offered.
- The instructor must be notified with 24-hours' notice in order to receive a credit or a make-up time slot.
- If an absence is due to illness or emergency and 24-hours' notice is not possible, the instructor must be notified as soon as possible, and the student must bring a note upon their return.
- Due to the high demand for lessons, if a student misses or cancels 25% or more of their scheduled 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 child demonstrates behaviors that are unsafe for self, others, or the horse, or is clearly not appropriate or benefiting from the service.

### **Inclement Weather**

- Lessons will be held in the barn or indoor arena during inclement weather conditions.
- Lessons are held in rain, snow, and hot weather. To ensure the health of the horses there will be no mounted lessons when it is 25 degrees or lower, or if conditions are deemed unhealthy for the horses and/or riders. When the horses are unable to be ridden, the students will participate in a full lesson of un-mounted activities.
- The barn will be closed and lessons cancelled when roads are considered unsafe for driving.
- In the event of cancellations due to severe weather conditions, the program will make every effort to contact students/families.



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## ***Riding Attire***

- All students must wear an approved ASTM-SEI Helmet. (Provided when necessary).
- All students must wear hard-soled shoes with a 1" heel. (Provided when necessary).
- Students should dress in layers and wear long, loose-fitting pants to ride.
- No baggy clothing or low-slung pants.
- Students 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.
- No open toed shoes are to be worn in the barn, pasture or arena.

## ***New Student Policies:***

### ***Introductory Session***

If a family is unsure whether their child will enjoy and benefit from their horsemanship experience, Rein in a Dream offers an introductory session consisting of 3 lessons. This will allow children the opportunity to try our programs 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 will be an appropriate candidate for the program, a one hour assessment will be conducted to evaluate the child's ability to benefit from the program. There is a \$45.00 charge for the assessment. 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.





# Rein in a Dream

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## **PARTICIPANT WAIVER AND RELEASE OF LIABILITY AGREEMENT, PHOTO RELEASE AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

**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 (Participants 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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## **PARTICIPANT WAIVER AND RELEASE OF LIABILITY AGREEMENT, PHOTO RELEASE AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

### **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:** \_\_\_\_\_

**This form is valid for 1 year from the date of signing**





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## MEDICAL AUTHORIZATION FOR PARTICIPATION

**NOTE: This form must be completed and signed yearly by the student's physician prior to participation.**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Gender</b>
Male: _____
Female: _____
Transmasculine: _____
Transfeminine: _____
Other: _____

<b>Race</b>
White/Caucasian: _____
African American: _____
Hispanic: _____
Asian: _____
Pacific Islander: _____
Other/Bi-Racial: _____

History of:

1. Allergies (food, bees, etc.)
2. Epi Pen
3. Asthma
4. Inhaler
5. Bleeding Problems
6. Bone or Joint Problems
7. Diabetes - indicate if insulin-dependent
8. Head Injury or History of Concussion
9. Hearing Problems/Hearing Aid
10. Heart Problems/Blood Pressure Elevation
11. Hernia
12. Pregnancy
13. Recent Contagious Disease or Hepatitis
14. Seizures/Neurological Problems
15. Vision Problems (glasses, etc.)

	Check One		Comments
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

For those with Down syndrome: Neurologic Symptoms of Atlantoaxial Instability:  Present  Absent

Date of last Tetanus immunization: \_\_\_\_\_

Weight: \_\_\_\_\_ (Weight limit of 200 lbs.)

Height: \_\_\_\_\_





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## MEDICAL AUTHORIZATION FOR PARTICIPATION

***NOTE: This form must be completed and signed yearly by the student's physician prior to participation.***

Please list any psychiatric diagnoses or emotional issues: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Restrictions if any: \_\_\_\_\_

\_\_\_\_\_

**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 and Riding Program.**

**Physician's/or medical care provide Printed Name** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Physicians/Medical Care Provider Signature** \_\_\_\_\_

*Valid for one year from the date of signature.*

**Date:** \_\_\_\_\_





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## CREDIT CARD AUTHORIZATION FORM

Please charge the following credit card in the amount of \$\_\_\_\_\_ for payment of the Summer 2017 session at *Perkins Rein in a Dream*.

Payment is due by June 18, 2017. A receipt will be mailed 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 and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Rein in a Dream

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## WAYS YOU CAN HELP

There are many ways that you can support the valuable programs at  
Rein in a Dream:

- ✓ Post RIAD flyers in public areas to generate interest in our programs
- ✓ Like us on Facebook and share with your friends
- ✓ Help with barn chores (*regularly scheduled, year-long commitment required*)
- ✓ Assist with major mailings
- ✓ Event Planning
- ✓ Donate home-baked or store-bought items for special events
- ✓ Solicit donations for raffle baskets at our annual Fall Festival or volunteer to run game tables, help with the animals or decorate the property.
- ✓ Photograph our animals and/or our special events
- ✓ Donate to our annual appeal, or at any time throughout the year, to help keep lesson fees within reach of those who need this program the most.

Whether you are available for one day or you can make an ongoing commitment, your efforts will be greatly appreciated! If interested, please fill out the form below and return to us at RIAD. *Thank you!*

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### Volunteer Interest Form

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

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

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

I would be interested in helping with: \_\_\_\_\_.

I am available for a \_\_\_ one-time \_\_\_ occasional \_\_\_ ongoing commitment