

Mounted Angels

Therapeutic Horsemanship

A Spirit Horse Center

10362 465th St. Pearl, IL 62361
HOME: 217-829-4409 CELL: 217-257-5702

Rev 2/10/23

2024

Registration Form



***Must be completed by participant or parent/legal guardian. Please read and fill out completely, initialing page 3, signing the bottom of the 2nd page where indicated acknowledging that you have read, understand and agree to all terms contained herein.

Student Name: _____ M F Age: ___ Birthday: _____ Weight: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ School: _____

Parent/Legal Guardian: _____ Preferred Time(s) 6:00 6:30 7:00 7:30

Are you applying to ride with another program therapeutic riding center this summer? Yes No

How did you hear about the program? _____

EMERGENCY CONTACT Information

call first Primary Contact Name: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

call first Secondary Contact Name: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

HEALTH HISTORY Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

Describe your abilities/difficulties in the following areas (include strengths and assistance required or equipment needed):

Physical Function (Mobility skills such as transfers, walking, wheelchair use, driving, etc.)

Psycho/Social Function (Work, school, grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns, etc.)

Goals (Why are you applying for riding? What would you like to accomplish?)

Think: IEP goals, physical, verbal, social, emotional, or other

1.) -----
2.) -----
3.) -----
4.) -----

No participant will be accepted for riding instruction until this form has been completed by the parent/legal guardian. Riding instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the individuals or organizations concerned with this instruction. I have discussed this activity with the participant's Doctor and his/her authorization has been given.

Signature: _____ Date: _____

Photo Release

I also understand that photos or video may be taken and will remain the property of Mounted Angels Therapeutic Horsemanship and may be used at their discretion unless otherwise prohibited by me in writing. Photos or videos taken of me are for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Client, parent or legal guardian, signed in the presence of Mounted Angels staff

Mounted Angels Therapeutic Horsemanship Riding Student Session Terms and Policies

1. All Equine Assisted Therapy sessions will be assigned to the instructor we feel is best suited to provide the instruction. We reserve the right to substitute instructors as we deem appropriate. If you have any questions or concerns regarding the instructor assigned to your session, please discuss them with the Martha Sheppard. We also reserve the right to teach multiple students at the same time as we deem appropriate. We do not guarantee individual or private sessions.
2. We will select the horse we deem appropriate to the student and the day's Equine Assisted Therapy session. This includes the right to change horses as we think best in the interest of the safety of the session and the day's goals for the session.
3. Most Equine Assisted Therapy Sessions will average half an hour in length. However each individual Equine Assisted Therapy session is objective based, not time based and the actual length of instruction may vary depending on the student's progress that particular day.
4. Your child is scheduled for a set time for their Equine Assisted Therapy. If you are late for the appointed time, that time may be taken out of your session. For example, if your session is at 7:00 PM and you arrive at 7:20, the ending time for your session is still 7:30 and your available session will be reduced accordingly.
5. If you know in advance you will be unable to make an appointment in other words cancel, please communicate this effectively. We have volunteers scheduled to assist your child and it is helpful to know in advance if at all possible.
6. Parents and family are invited and encouraged to watch sessions, but please do not participate without prior approval. Please let the instructor do their job without interference or distraction. If you have any questions or concerns, feel free to discuss them with the Martha Sheppard or available senior volunteer but please do not interrupt the instructor during a session.
7. Our primary goal is that the student be able to participate in horse activities as safely as possible taking into consideration that such activities horses are inherently dangerous. Next is that they enjoy the activity and finally that they learn the necessary skills to accomplish their individual and personal goals.
8. At any time there are questions or concerns, please bring them to the attention of Martha Sheppard.
9. **This agreement is month to month and may be cancelled at any time with 30 days notice by either party.**

Initials _____