



EXCEL _____
GW _____
FILE _____

Special Methods In Learning Equine Skills

Dear 2018 SMILES Client

Welcome to SMILES! It is very important that we receive your client forms and fees as soon as you have decided to participate in SMILES. With your cooperation, we will be able to plan quality lessons and decrease the risk of your inability to participate due to the lack of forms received.

All forms must be received prior to riding and need to be updated annually.

Our client enrollment fees represent only 30% of what it actually costs to provide each client with the benefits of therapeutic riding. The other 70% is made up from SMILES fundraisers, grant writing, and donations from various sources.

The fee for one 9 week session of Therapeutic Riding is \$315. If paid in advance, the fee is \$270.

The fee for one HEARTS Session (9 weeks) is \$180. If paid in advance, the fee is \$160

In addition, there is a nonrefundable, annual registration and processing fee of \$20.00. All fees or arrangements for payment must be made prior to the beginning of the session. Payment for the full session is required.

SEE 2018 REGISTRATION AND INVOICING SCHEDULE

2018 SESSIONS:

- Winter January 8th-March 10th
(registration deadline: November 27, 2017)
- Spring April 2nd – June 2nd
(registration deadline: February 19, 2018)
- Summer June 25th –August 25th
(registration deadline: May 14, 2018)
- Fall October 1st– December 1st
(registration deadline: August 20, 2018)

Sessions falling on holidays will be pro-rated.

Scholarships are available! If you would like a Financial Assistance Application, please call the office and one will be sent to you.

If personal circumstances would allow you to pay more than our standard enrollment fee, adding any amount would help us to fill the gap in funding. Please just make a note of the additional donation on your check or invoice.

All clients who are new to SMILES are to make an appointment with the office for a Pre-Class Evaluation.

This evaluation is required to ensure the proper horse and volunteer support for each rider. The Pre-Class Evaluation appointment will give the client time to visit the barn and the horses prior to the start of classes. There is no fee for this evaluation.

All paperwork, including the Physician's Release, MUST be completed & turned in at the registration deadline. For returning clients, parent or guardian may complete the Medical History .

All SMILES clients must wear an ASTM/SEI approved helmet. Helmets are available in our viewing area. Clients may also purchase their own ASTM/SEI approved helmet at any tack shop.

In case of an emergency, we ask that all parents, guardians, or caregivers stay onsite at all time during lessons.

Client volunteer opportunities are offered throughout the year during special events. If clients are wanting to learn more about horse care, and working one-on-one with the horses, ask about our HEARTS program.

Feel free to contact SMILES at the phone number or email listed below with any question or concerns that you might have. We look forward to hearing from you and seeing you in class!

(262) 882-3470

classes@smilestherapeuticriding.org



SMILES 2018 Registration and Payment Schedule

		Winter Session 1/8/2018 - 3/10/2018	Spring Session 4/2/2018 - 6/2/2018	Summer Session 6/25/2018 - 8/25/2018	Fall Session 10/1/2018 - 12/1/2018
8 weeks	Class sign up board up and taking in class reservations	11/13/2017	2/5/2018	4/30/2018	8/6/2018
6 weeks	Class Registration Closes	11/27/2017	2/19/2018	5/14/2018	8/20/2018
5 weeks	Class Assignments are completed & given to Business Coordinator invoices are mailed this week	12/4/2017	2/26/2018	5/21/2018	8/27/2018
4 weeks	Invoices are mailed by this date	12/11/2017	3/5/2018	5/28/2018	9/3/2018
3 weeks	Brand new client enrollment deadline	12/18/2017	3/12/2018	6/4/2018	9/10/2018
3 weeks	Volunteer assignments confirmed	12/18/2017	3/12/2018	6/4/2018	9/10/2018
2 weeks	Early Payment discount deadline	12/26/2017	3/19/2018	6/11/2018	9/17/2018
	Session Begins - ALL scholarship and private invoices must be paid before starting class	1/8/2018	4/2/2018	6/25/2018	10/1/2018

The Business Coordinator will process all invoicing, claims with third parties and collections.

All payments can be submitted to SMILES, N2666 County Road K, Darien, WI 53114

Due to limited class space, SMILES does not credit or refund classes that are missed.

SMILES bills for sessions rather than classes and all sessions must be paid in full at the beginning of the session.

Please let us know in advance if you will be absent from a class so that volunteers and horses will not be waiting for you to arrive.



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CLIENT REGISTRATION AND RELEASE FORM

DATE: _____ CLIENT'S NAME: _____ DOB: _____

STREET: _____ CITY: _____ ZIP: _____

COUNTY: _____ HOME PHONE: (_____) _____

WORK #: (_____) _____ CELL # (_____) _____ EMERGENCY # (____) _____

E-MAIL ADDRESS _____

PARENT OR GUARDIAN _____

PARENT OR GUARDIAN PLACE OF EMPLOYMENT _____ CITY _____

ETHNIC GROUP _____ SEX _____ WEIGHT _____ HEIGHT _____

SCHOOL/GROUP OR HOME _____ CARE GIVER _____ PHONE _____

PRIMARY DISABILITY: _____ OTHER DISABILITIES _____

ADAPTATIONS: _____

HAS CLIENT EVER RIDDEN A HORSE: _____

LIKES/DISLIKES (SPORTS, GAMES, REINFORCEMENTS) _____

PHYSICAL ABILITIES (Mobility, transfer skills, walking)

PSYCHO/SOCIAL ABILITIES

GOALS (What benefits would you like to obtain through SMILES activities?)

PHOTO RELEASE

I do _____ I do not _____

Consent to and authorize the use and reproduction by SMILES of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____

Client, Parent or Guardian

LIABILITY RELEASE

_____ (Client's name) would like to participate in the SMILES program. I acknowledge the risks and potential for risks of horseback riding. However, I feel the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against SMILES, its board of Directors, Instructors, Therapist, Aids, Volunteers and/or Employees for any and all injuries and /or losses I/my son/my daughter/my ward may sustain while participating in SMILES program.

Signature: _____ **Date:** _____

Client, Parent or Guardian

CLIENT'S AUTHORIZATION/EMERGENCY MEDICAL TREATMENT

In the event of an emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize SMILES to:

Secure and retain medical treatment and transportation if needed.

Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

EMERGENCY NUMBERS

IN CASE OF AN EMERGENCY CONTACT:

_____PHONE_____

OR CONTACT: _____PHONE_____

Physician's Name:_____

Preferred Medical Facility_____

Health Insurance Co. _____

Policy #_____

CONSENT PLAN

___ I Do ___ I Do Not

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date:_____ **Print Name:** _____ **Phone:**_____

Consent Signature_____

Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____
 Shunt Present: Y N Date of last revision: _____
 Special Precautions/Needs: _____
 Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N
 Braces/Assistive Devices: _____
 For those with Down Syndrome: NEUROLOGIC SYMPTOMS FOR ATLANTOAXIAL INSTABILITY: PRESENT__ ABSENT__

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/ Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/ Psychological			
Pain			
Other			

Parent/Guardian Signature: _____ Date: _____

Physician Name/Title: _____ MD DO NP PA Other

Signature: _____ Date: _____

Address: _____

Phone: () _____ License/UPIN Number: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the PATH International center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH International center for ongoing evaluation to determine eligibility for participation. **Possible Contraindications listed on next page**



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Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

ORTHOPEDIC

Atlantoaxial Instability – include neurologic symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

NEUROLOGIC

Hydrocephalus/Shunt
Sensory Deficit
Seizures
Spina Bifida/Shiari II malformation/
Tethered Cord/Hydromyelia

OTHER

Age – under 4
Indwelling Catheters/Medical Equipment
Medications – i.e. photosensitivity
Poor Endurance
Skin Breakdown

MEDICAL/PSYCHOLOGICAL

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical
conditions (i.e. RA, MS)

Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder



Although there are a multitude of benefits that are inherent in Therapeutic Horsemanship, we would ask that you **choose only three primary goals from the entire list below** in order to assist our instructors in the lesson planning for your rider. (This will, in no way, limit the benefits to your rider!)

Physical Benefits:

- ◇ Improved posture, of shoulders and back
- ◇ Improved balance, sitting and/or standing
- ◇ Improved general coordination
- ◇ Increased functional range of motion, and increased muscular strength
- ◇ Improved cardiovascular function, increased endurance and stamina
- ◇ Increased gross and/or fine motor skills
- ◇ Increased eye/hand coordination
- ◇ Core strengthening, (trunk control)
- ◇ Improved perceptual motor/sensory motor integration
- ◇ Other: _____

Cognitive Benefits:

- ◇ Increased vocabulary, application and recall
- ◇ Improved attention and concentration, focus
- ◇ Improved sequencing and planning skills
- ◇ Increased understanding of cause and effect
- ◇ Improved judgment and critical thinking
- ◇ Improved flexibility in thinking
- ◇ Color, shape, or number recognition
- ◇ Other: _____

Emotional Benefits:

- ◇ Increased self-confidence, self esteem
- ◇ Increased Empathy
- ◇ Sense of empowerment
- ◇ Increasing sense of trust
- ◇ Enjoyment
- ◇ Other: _____

Psycho-Social Benefits:

- ◇ Interaction with positive role models
- ◇ An experience of success in a supportive environment
- ◇ Mastery of a difficult task
- ◇ Increased desire to take risks
- ◇ Increased/Improved social interactions
- ◇ Improved co-operation and teamwork
- ◇ Increased ability to appropriately solicit help and act independently (self sufficiency)
- ◇ Increased desire for responsibility
- ◇ Increased self control
- ◇ Increased/Improved communication skills
- ◇ Other: _____

Please circle the learning style for this client: **Visual** (learns by seeing), **Auditory** (learns by hearing) or **Kinesthetic** (learns by doing)

Name of Client: _____

Date: _____



SMILES CLIENT POLICIES

These policies were established to insure the quality and safety of our lessons for both clients and volunteers.

Any rider 150 pounds or more must be able to remain centered and be balanced enough to not require side walkers for physical assistance.

SMILES reserves the right to determine whether mounted or unmounted equine activities are safe and appropriate for both horse and rider.

CLIENT DISMISSAL:

Clients may be dismissed from the program for the following reasons. This determination will be made by the Instructor and the Program Coordinator. If a client is dismissed from the SMILES program, a prorated refund will be issued.

- * Unsafe, combative, or disruptive behavior toward staff, volunteers, or horses by client, guardians, or visitors.
- * Deterioration of health to a point where riding becomes a contraindication to their well being
- * Missing 3 consecutive lessons unless absences are for medical reasons or unless previously approved.
- * Destruction of SMILES property by client, guardians, or visitors.

As our horses age, some are retired and some require weight limits. We strive to keep all of our horses healthy, sound and safe. However, there may be times where the horses available may not be suitable for certain riders. This determination will be made on an ongoing basis.

All persons involved with the SMILES program (clients, guardians, visitors, and volunteers) must adhere to the barn rules as posted in washrooms and barn aisle.

If a person is not eligible for riding, SMILES offers the HEARTS (Horse Experiences and Activities Resulting in Therapeutic Success) program as an alternative. This program allows the clients to interact with the horse by grooming, feeding, care and nurturing in a safe environment.

SMILES preserves the right of confidentiality for all medical, social, referral, personal and financial information for all individuals involved in its program

We want your experience in the SMILES program to be one that is both fun and rewarding for all involved!

Client/Parent/Guardian Signature

Date: _____



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SCHEDULING REQUEST SHEET

Days of operation: Monday–Saturday with a variety of morning and evening class times.

Please check all sessions you wish to participate in:

9 wk Winter ___ 9 wk Spring___ 9 wk Summer ___ 9 wk Fall___

Due to limited class space, SMILES does not credit or refund classes that are missed. If SMILES cancels class, your account will be credited.

SMILES bills for sessions rather than classes and all sessions must be paid in full at the beginning of the session.

Please let us know in advance if you will be absent from a class so that volunteers and horses will not be waiting for you to arrive.

For weather cancellations see Facebook or call the office.