



RULES AND REGULATIONS 2012

We wish to thank you for your interest in having your child or children join the Majestic Hills Ranch family. We are confident that all participants will find this to be a rewarding and fulfilling experience. Before entering the program, several forms need to be completed:

- ***Riding Schedule Request.*** Please put down your first, second, and third choice for class time.
- ***Registration and Release.*** Many times we need to provide success and human-interest stories with pictures of the children for advertising, grants, web-sites, etc. By signing the photo release on the registration form, you will give us permission to use your child's photo or video. Additionally, our funders require us to provide statistics of our success, so please complete the entire form.
- ***Rider Information Form.*** This is so we better can serve the needs of your child.
- ***Medical History/Physician Release.*** Please note: *We are unable to accept forms signed by physician assistants or nurse practitioners.*
- ***Emergency Medical Treatment Form.*** This is filled out for every rider, volunteer, and staff.

To ensure your child and family enjoy the best and safest experience, we request the following:

1. Children must wear closed-toed shoes at all times when on the Ranch. Anyone wearing sandals will not be allowed to ride. Long pants are preferred, but shorts are acceptable in hot weather. Dresses or long, flowing garments are not permitted, for safety reasons. Please dress your children appropriately for the weather conditions ... if they are cold, the riding might not be optimally effective. Remember, it's always more windy at the Ranch.
2. We encourage family and sibling presence at the Ranch. For safety purposes, we need parents to keep an eye on their children not involved in the riding session.
3. It is important that you call Kris at 952-426-5688 *at least two hours* before your child's scheduled riding session if your child is unable to keep his or her appointment. We are able to have make-up classes for ONLY those classes that the ranch has to cancel.

If the weather is questionable, we will make every effort to contact you prior to your session but please be aware that it is extremely difficult to try to reach all of the parents prior to the start of each session in order to notify them of current weather conditions at the ranch. **Weather updates will be left on the voicemail of Kris's cell phone. If the weather is questionable in your area, please check Kris's voicemail before you head out.**

4. For questions or general communication, please call Kris Zieska at 952-426-5688 or send an e-mail to KZieska@MajesticHillsRanch.com.

5. Registration fees are set as follows:

One therapeutic riding class, per week, per rider	\$280 for the seven week session (\$40 per class)
Two therapeutic riding classes, per week, per rider	\$525 for riding 2x per week per session

Each session will be billed out and will need to be paid BEFORE each riding session. The due dates for each session are: April 27th, June 29th, and August 31st.

In 2012, we have changed to having (3) seven week sessions per riding season. The session will have two weeks between so that we will be able to schedule make up days for classes that the ranch needs to cancel due to heat, cold, rain, or wind. We are not able to offer make up classes for individuals that miss a class. (If there is an opening on another day, we may be able to switch days temporarily – but there is no guarantee.) If the ranch has to cancel more than 3 weeks of classes or if we cannot have a make up class for some reason, the amount of that class will be reimbursed. We will NOT be able to reimburse individual classes that are missed, nor if a rider drops out of a session. If you have questions, please call Kris at (952) 888-6077.

6. Equine Assisted Activities may be funded by your county's financial aid services. Some insurance companies may also cover your child's therapy. Contact the appropriate County agency and your insurance company to see if your child qualifies for aid.
7. Registration is on a first-come, first-served basis. Return your **Registration and Release** form as soon as possible to ensure your child's place in the program. Please indicate your 1st, 2nd and 3rd choices for times on the attached **Riding Schedule Request** and return it with your registration materials. Every effort will be made to accommodate your schedule request.
8. When your registration materials are complete, please mail or Fax to:
- Kris Zieska, Majestic Hills Ranch
c/o ASI Employment
3001 Metro Drive, Suite 480
Bloomington, MN 55425
- Fax: **952-888-6153**
9. All new riders must have a one-on-one evaluation to review all materials in this registration packet, and to plan for your child's therapeutic riding schedule. During the evaluation with the parents, we will fill out a *Participant's Profile* on each child. The volunteers will have access to this information as well as the **Rider Information Form**, to better understand the likes, dislikes, and needs of your child as an individual.

If your child has participated in the Majestic Hills Ranch Therapeutic Riding Program within the past 2 years, this evaluation meeting will not be necessary for 2012 unless you would like to request the meeting.

2012 PROGRAM SCHEDULE

Dates of sessions (depending on weather)	Week days	Session times – maximum five riders per session
Spring Session (Session 1) May 7 th – June 21 st June 25 th – July 5 th Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00pm
Summer Session (Session 2) July 9 th – August 23 rd Aug. 27 th – Sept. 6 th Make Up Weeks	Monday – Thursday	9:00 am, 10:30 am 4:00 pm, 5:30 pm, 7:00pm
Fall Session (Session 3) September 10 th – October 25 th Oct. 29 th – Nov. 8 th Make Up Weeks	Monday – Thursday	4:00 pm, 5:30 pm, 7:00pm

Note: the Ranch will be closed: Memorial Day May 28th Makeup date: June 25th
Independence Day July 4th Makeup date: Not available
Labor Day September 3rd Makeup date: Not available

2012 Riding Schedule Request

Every rider will have an experienced lead and up to two sidewalkers. The lead and sidewalkers will be your child's team as consistently as scheduling allows, in order to develop a relationship with your child.

Please mark your first, second and third choices for session times:

TIMES	MONDAY			TUESDAY			WEDNESDAY			THURSDAY		
	Session 1	Session 2	Session 3	Session 1	Session 2	Session 3	Session 1	Session 2	Session 3	Session 1	Session 2	Session 3
9:00 am												
10:30 am											*	
4:00 pm												
5:30 pm							*	*	*			
7:00 pm	*	*	*									

* There are a few classes that are restricted to skill level. Please note that the 7:00 pm Monday evening, 5:30 pm Wednesday evening, and 10:30 am Thursday morning classes are for our advanced riders. An evaluation by one of our instructors will be needed before your child will be assigned to this class. (Riders must be able to start, stop, turn the horse and control them in case of an emergency - independent of a leader.)



REGISTRATION AND RELEASE FORM

Registration

Child's Name: _____ Race: _____ Date of Birth: _____

Parent or Guardian: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

What is the best way to contact you if there is a need to cancel class? _____

Liability Release

_____ (child's name) would like to participate in the Majestic Hills Ranch Therapeutic Riding Program. I acknowledge that, although safety precautions are in place, there is a potential for risk of injury at the Ranch and on horseback. I hereby waive my rights to all claims for damages against Majestic Hills Ranch, Karen (Kim) Howard, its Board of Directors, Instructors, Volunteers and/or Employees for any and all injuries and/or losses my child/ward may sustain while participating in activities at Majestic Hills Ranch.

Date: _____ **Signature:** _____
Parent or Guardian

Photo Release – Optional

I hereby consent and authorize Majestic Hills Ranch to use and reproduce any photographs and/or audiovisuals taken of my child/ward for printed material, educational activities or any promotional use that would benefit the program.

Date: _____ **Signature:** _____
Parent or Guardian

Payment

I understand that medical insurance policies and claims thereto are an arrangement between an insurance carrier and myself. I understand that medical insurance may cover all or part of this program, but that I am responsible for all charges for the services provided by Majestic Hills Ranch, up to and including collection and court costs and reasonable attorney fees. If my child is eligible to receive financial aid through the County, I will apply directly for this aid.

Date: _____ **Signature:** _____
Parent or Guardian

Classes are offered Mondays through Thursdays, May through October in three (3) seven-week sessions. Each session will be billed out and ***payment will be due before your child can begin riding.***



RIDER INFORMATION

This form is to be completed by a parent or caregiver.

The information on this form will be used to help the instructors and volunteers customize the therapy for your child. Please be as detailed as possible. Use additional sheets as needed.

Rider's Name: _____ **Date:** _____

1. Are there any specific activities, exercises or therapy that your child is engaged in at this time?

2. What are the specific skills/areas that you would like your child to be working on during their riding sessions and time spent at the Ranch?

Examples: balance, speech, concentration, socialization, following directions, building self-esteem, feeling sense of achievement, etc...

3. Are there other areas in which you would like your child to gain from his or her riding sessions?

4. What are your child's ...

Interests: _____

Fears: _____

5. Does your child exhibit any behaviors that we need to be aware of?

If yes, are there any known triggers to the behavior?

6. If a behavior occurs how would you like us to handle it?

Note: Please be aware that we have safety in mind at all times and if your child is having difficulties, he or she may need to be removed from the horse, suspending the remainder of the session for everyone's safety.

7. Does your child have any sensory issues such as sensitivity to loud noises, smells, tactile defensiveness, etc.?

8. Are there any sensory things that work best in calming your child? (IE. Fidget toys)

9. If there is anything else that you would like us to know about your child, please feel free to note on the back of this page.

I HAVE READ ALL OF THE ABOVE QUESTIONS AND HAVE ANSWERED THEM TO THE BEST OF MY KNOWLEDGE.

x

Signature of Parent or Caregiver

Date:

MEDICAL HISTORY / PHYSICIAN RELEASE FORM



Patient Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Diagnosis: _____ **Date of Onset:** _____

Tetanus Shot: Yes ___ No ___ **Date:** _____ **Height:** _____ **Weight:** _____

Seizure Type: _____ Controlled: Yes No **Date of last seizure:** _____

Medications: _____

For persons with Down Syndrome (X-ray must have been done in the last 5 years.):

Cervical Spine X-ray for Atlantoaxial Instability (AAI): Positive Negative X-ray date _____

Please indicate if patient has a medical problem in any of the following areas that may affect his/her behavior or physical ability. If yes, please comment, using back of form if necessary.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Tactile Sensation			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Other			

Independently Mobile: Yes No

Braces: Yes No

Crutches: Yes No

Walker: Yes No

Wheelchair: Yes No

Please indicate any special precautions: _____

Note to physician: Please sign and complete the following, and attach a business card to this form.

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted therapies. I understand that the center will weigh the medical information against the existing precautions and contraindications. Therefore, I refer this person to the center for evaluation to determine eligibility for participation.

PHYSICIAN Signature: _____

PHYSICIAN Name (please print): _____

Clinic Name: _____

Address _____

Phone: _____ Date: _____

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Participant **Staff** **Volunteer**

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event 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 Majestic Hills Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in emergency treatment

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(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian