



MAJESTIC HILLS RANCH

Heroes on Horseback

RULES AND REGULATIONS FOR RECREATION THERAPISTS

We wish to thank you for your interest in therapeutic riding at Majestic Hills Ranch. We are sure you will find this to be a rewarding and beneficial experience for your patients. Before entering the program your patients will need to fill out the attached Registration form, and have their Doctor fill out the Medical History/Physician Release, and Emergency Medical Treatment forms.

To ensure your patients receive the best treatment available while being in a safe environment we do request the following:

1. Wear close-toed shoes at all times when at the ranch. Long pants are preferred but shorts are OK. Please ensure they are dressed appropriately for the weather; it is always windy at the ranch. If they get cold the therapy can lose its effectiveness. The patients will be required to wear a helmet while riding and we will provide them.
2. We encourage family members to come with you, to visit and watch your therapeutic sessions. Your time spent at the ranch will be fun and relaxing for everyone. For safety reasons, if you or your guests bring children, someone must be dedicated to keeping an eye on them. The animals at the ranch can be very intriguing but sometimes dangerous for little ones.
3. If a session needs to be cancelled it is important to call two hours in advance of the session or you will be charged for that session. Call Craig Swanson at 612-759-1840.
4. If the weather is questionable every effort will be made to contact you to cancel the session. We cannot ride in rain or if the heat index is 90 degrees or above.
5. All new riders must have a one-on-one evaluation to review all materials, stated goals, behavior issues, triggers, how to handle behavior and sensory issues, etc. Safety training will be done in a group setting. The evaluation will assist the Program Director in determining which horse and tack is appropriate for each participant.

*Majestic Hills Ranch
24580 Dakota Avenue
Lakeville, MN 55044*



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RULES AND REGULATIONS FOR PROGRAM PARTICIPANTS

We wish to thank you for your interest therapeutic riding at Majestic Hills Ranch. We are sure you will find this to be a rewarding and beneficial experience. Before entering the program, several forms will need to be completed:

- **Registration and Release.** Many times we need to provide success and human-interest stories with pictures for advertising, grants, web-sites, etc. By signing the photo release on the registration form, you will give us permission to use your photo. Additionally, our funders require us to provide statistics of our success, so please complete the entire form.
- **Medical History/Physician Release.** Please note: We are unable to accept forms signed by physician assistants or nurse practitioners.
- **Riding Schedule Request.**
- **Rider Information Form.**

To ensure you receive the best treatment available while being in a safe environment we do request the following:

1. Wear close-toed shoes at all times when at the ranch. Long pants are preferred but shorts are OK. Please dress appropriately for the weather; it is always windy at the ranch. If you are cold the therapy can lose its effectiveness. You will be required to wear a helmet while riding and we will provide one for you.
2. We encourage family members to come with you, to visit and watch your therapeutic sessions. Your time spent at the ranch will be fun and relaxing for everyone. For safety reasons, if you or your guests bring children, someone must be dedicated to keeping an eye on them. The animals at the ranch can be very intriguing but sometimes dangerous for little ones.
3. It is important that you call at least two hours before your scheduled riding session if you are unable to keep your appointment. You will be charged for any session not canceled with a minimum of two hours' notice. Call Craig Swanson at 612-759-1840 to cancel your session. Two missed, unexcused sessions will necessitate you being pulled from the program and put on a waiting list. If weather is questionable, we will make every effort to contact you prior to your session.

4. For questions or general communication, please email Craig at cswanson@majestichillsranch.com or call 612-759-1840.
5. The riding season is from the first Monday in May until the last week of October. To the most beneficial therapy we recommend a 1 hour weekly therapy session. Registration fees are \$150 per hour
6. Registration fees can be paid at the time of the therapy session by credit card or check.
7. Registration is on a first-come, first-served basis. Return your Registration and Release form as soon as possible to ensure your place in the program. Please indicate your 1st, 2nd, and 3rd choices for time 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 to:

CJ Pierson
c/o Majestic Hills Ranch
3001 Metro Drive, Suite #480
Bloomington, MN 55425

9. All new riders must have a one-on-one evaluation to review all materials in this registration packet, and to plan for your therapeutic riding schedule. During the evaluation process we will work with you to set the goals that you want to work toward and like to achieve.

*Majestic Hills Ranch
24580 Dakota Avenue
Lakeville, MN 55044*

Please have your Physician fill out the attached form

Heroes on Horseback

REGISTRATION FORM

Veteran Name _____ Branch of Service _____

Age: _____ Race _____ Address: _____

City, State, Zip: _____ Phone Number: _____

Emergency Contact _____ Phone Number: _____

Photo Release – Optional

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

Date: _____ **Signature:** _____

Learning more about you!

Do you enjoy being outdoors? Yes ___ No ___

Do you have any horse experience? Yes ___ No ___ How long ago? _____ How much experience? _____

Do you enjoy being around animals? Yes ___ No ___ If not, what animals would you prefer not to be around? _____

What are your interests: _____

Do you have any fears about being on a ranch? _____

Other? _____

Your primary reason for interest in therapeutic riding is:

New form of therapy ___ Relaxation ___ Exercise ___ Sport activity ___ New challenge ___

Gaining: Strength ___ Range of motion ___ Circulation ___ Motor skills ___ Balance ___

Self confidence ___ Hand-eye coordination ___

State your own reasons _____

Payment:

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

Date: _____ **Signature of Veteran:** _____

Majestic Hills Ranch
24580 Dakota Avenue
Lakeville, MN 55044

Mailing Address: 3001 Metro Drive Suite 480 Bloomington, MN 55425

All information is kept confidential in a locked file cabinet at all times

PHYSICIAN RELEASE FORM

Veteran's Name _____ Date of Birth: _____

Address: _____ Phone _____

Name of Emergency Contact _____ Phone _____

Allergies (examples: food, bee stings, animals, etc): _____

Height _____ Weight _____ Diagnosis _____

Veterans stated goals for participating in Therapeutic Riding Program:

1. _____

2. _____

3. _____

Please circle all that apply to Veteran:

Mobility: Independent Ambulatory Crutches Walker Braces Wheelchair

Amputee Prosthesis Other _____

Please indicate any special precautions: _____

In my opinion this patient is physically able to participate in supervised equestrian activities.

Physician Name (please print) _____

Physician Signature _____

2010 Riding Schedule Request

Every rider will have an experienced lead and two sidewalkers to start until their riding level and expertise warrants otherwise. This will be determined by the instructor. In order to develop a relationship with you, your lead and sidewalkers will be your team as consistently as scheduling allows:

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

| TIMES | MONDAY | THURSDAY |
|---------|--------|----------|
| 4:00 PM | | |
| 5:30 PM | | |
| 7:00 PM | | |

| TIMES | FRIDAY |
|----------|--------|
| 9:00 AM | |
| 10:30 AM | |

| TIMES | SATURDAY |
|---------|----------|
| 1:00 PM | |
| 2:30 PM | |
| 4:00 PM | |

Therapist and Therapeutic Riding Program Manager

Instructions and Suggestions for Veteran

Office use only

Veteran Name: _____ Date: _____

Physical or Mental Challenges _____

Ambulatory Status: _____

Adapted Equipment Required: _____

Mounting/Dismounting Method: _____

Helpers required (indicate gait assistance needed...update as needed):

| Type of Assistance | Date | Gaits | Date | Gaits | Date | Gaits |
|--------------------------|------|-------|------|-------|------|-------|
| Leader and 2 sidewalkers | | | | | | |
| Leader and 1 sidewalker | | | | | | |
| Leader only | | | | | | |
| Sidewalker | | | | | | |
| Independent | | | | | | |

Riding Skills (indicate gait/task is complete...add to and update as needed):

| Task | Date | Gaits | Date | Gaits | Date | Gaits |
|--|------|-------|------|-------|------|-------|
| Horse can approach...not fearful | | | | | | |
| Has interest to groom the horse | | | | | | |
| Shows interest in getting on the horse | | | | | | |
| Holds reins | | | | | | |
| Maintains good posture | | | | | | |
| Holds handhold | | | | | | |
| Able to control horse | | | | | | |
| Able to halt from the horse | | | | | | |
| Able to circle at the... | | | | | | |
| Rides without stirrups | | | | | | |
| Able to maintain half seat | | | | | | |
| Able to post at the... | | | | | | |
| Knows diagonal or lead | | | | | | |
| Able to steer over cavalletti | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Short Term Goals _____

Longer Term Goals _____

Rider can: walk: _____ sitting trot: _____ posting trot: _____ canter: _____

Horse Recommendations: _____

**Gaits Key: W – walk ST – sitting trot PT – posting trot C - canter

