

Majestic Hills Ranch for Children Therapeutic Riding Lessons

RULES AND REGULATIONS 2010

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 the children will find this to be a rewarding and fulfilling experience. Before entering the program, several forms need to be completed:

- **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. 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 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 therapy 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 therapy session.
3. It is important that you call *at least two hours* before your child's scheduled riding session if your child is unable to keep his or her appointment. You will be charged for any session not canceled with a minimum of two hours' notice. Call Vicki at 952-426-5688 to cancel your session. **Two missed, unexcused sessions will necessitate your child being pulled from the program and put on a waiting list.** If the weather is questionable, we will make every effort to contact you prior to your session; cancellation updates will also be left on the voice mail of Vicki's cell phone.
4. For questions or general communication, please e-mail Vicki Benson at vbenson@majestichillsranch.com or call her at 952-426-5688.

5. Registration fees are set as follows:

Registrations postmarked <i>by</i> April 15	One therapy session per week	\$30 per week
Registrations postmarked <i>by</i> April 15	Two therapy sessions per week	\$55 per week
Registrations postmarked <i>after</i> April 15	One therapy session per week	\$35 per week
Registrations postmarked <i>after</i> April 15	Two therapy sessions per week	\$60 per week

Sessions for the month must be pre-paid by a credit card or check by the first of that month. Credit for any sessions canceled due to weather or advance notice cancellations will be offered in the ensuing month. All payment transactions will be handled by the Board Treasurer at:

Majestic Hills Ranch
c/o ASI Employment
Attn: Carol Meagher
3001 Metro Dr #480
Bloomington, MN 55425

Vicki will **not** be responsible for collecting payments from parents at the ranch. If you need payment receipts, please note that with the payment. If you have grant, waiver or insurance money that will pay for sessions, but is not available until a specific date, please contact Vicki Benson.

6. Therapeutic riding 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. National and state chapters of advocacy groups, such as United Cerebral Palsy and Autism Speaks, may also have funding opportunities.
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. Remember ... morning sessions do not start until after school adjourns in June. Any changes to the schedule will be done only if there is room in the session.
8. When your registration materials are complete, please mail to:
- C. J. 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 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 needs of your child as an individual.

If your child has participated in the Majestic Hills Ranch Therapeutic Riding Program within the past year, this evaluation meeting will not be necessary for 2010, unless you would like to request the meeting.

2010 PROGRAM SCHEDULE

Dates of sessions (depending on weather)	Week days	Session times – maximum five children per session
May	Monday - Thursday	4:00 pm, 5:30 pm, 7:00pm
June – July - August	Monday - Thursday	9:00 am, 10:30 am 4:00 pm, 5:30 pm, 7:00pm
September - October	Monday - Thursday	4:00 pm, 5:30 pm, 7:00pm

Note: The Ranch will be closed May 31, July 5, and September 6-9

2010 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
9:00 am				
10:30 am				
4:00 pm				
5:30 pm				
7:00 pm				

Start Date Preferred: _____

How did you hear about Majestic Hills Ranch? _____

REGISTRATION AND RELEASE FORM



Registration

Child's Name: _____

Race: _____ Date of Birth: _____ Child's Age: _____ Child's gender: _____

Parent or Guardian: _____

Address: _____ City, State, Zip: _____

Parent/Guardian Employer: _____

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

Email Address: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

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 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 therapy, 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

All accounts must be prepaid on the first of each month by check or credit card.
Any refunds due will be credited on the first of the ensuing month.

Credit Card Information:

Type of Card: American Express Master Card Visa

Full name as it reads on the Card: _____ Authorized Signature: _____

Credit Card number: _____ 3-digit Security Code: _____ Expiration Date: _____

OR ... **Pay by Check** choice

I choose to pay by check

Note: Invoices and receipts will be sent by e-mail, unless stamped mail is requested.

MEDICAL HISTORY/PHYSICIAN RELEASE FORM

Patient Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Diagnosis: _____ Date of Onset: _____

For persons with Down Syndrome

Cervical Spine X-ray for Atlantoaxial Instability: Positive ___ Negative ___ X-ray date _____

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

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

Medications: _____

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			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Independently Mobile: Yes No Walker: Yes No Crutches: Yes No

Braces: 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.

In my opinion, this patient can participate in supervised equestrian activities.

PHYSICIAN Name (please print) _____

PHYSICIAN Signature _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

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 for 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?

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 _____

April 2, 2010



Dear Parents:

Majestic Hills Ranch has some very exciting news to share with you! More and more technology continues to play a vital role in making things easier and more secure. Majestic Hills Ranch recognizes that in order to make things easier and more secure for the way we do business, we want to do the same for you, the people who support us.

This year Majestic Hills Ranch will be invoicing and accepting payments through PayPal. With over 215,000,000 people worldwide using PayPal, it has become one of the most secured and recognized methods of conducting financial transactions on line. Plus it guarantees against fraudulent behavior. For those not familiar with PayPal, you will be able to make payments on a credit or debit card or have money withdrawn directly from your bank account. Just go to www.paypal.com to set up your account, if you don't already have one.

With mail fraud and identity theft at all time highs, there are many advantages to you and MHR.

- You don't need to share your financial information
- You earn credit card reward points
- PayPal uses the latest anti-fraud technologies and finances are guaranteed
- Your personal check is not floating around in the mail system and if lost or stolen it won't be duplicated, forged or delay payment
- County support grants have changed the way recipients receive funds

You will receive a monthly statement in your email for the coming month. The email will have a link to PayPal where you can make your payment. It's that easy! Should you still wish to make your payment by check, you can print the statement from PayPal and mail it as usual. A reminder will be sent to you via email if your payment is not received within 2 weeks. If the balance is still outstanding at the end of the month, your child will be pulled from the program and put on the waiting list, unless prior arrangements have been made. I will not be accepting payments either by check or cash for sessions at the Ranch.

Please remember, if you do not call to let me know you will miss your session, you will be invoiced for that session. Two consecutive unexcused absences will again mean your child will be pulled from the program and put on the waiting list. Sessions cancelled due to weather will be credited on the next month's statement. As always, there is a clipboard hanging in the barn if you know of upcoming commitments. Please record them.

Should you have any questions feel free to contact me and we can discuss further. Thank you for your support of MHR and for allowing us to spend time with your child(ren). We look forward to a fun and successful riding season!

Vicki Benson
Executive Director