



Dear Parents and Future Riders,

Thank you for your interest in TRAX Equestrian Center. We are a non-profit organization 501(c)(3) providing equine facilitated learning for children and young adults with neurological impairments. Our facility is located at 2121 St. Lawrence Ave, Riverside, California, 92504.

The TRAX Equestrian Center program is designed to coordinate physical and emotional therapy into a unique experience. Goals are to achieve balance and postural control, improve language and social skills, enhance self- esteem and provide exercise and fun for the riders.

A riding instructor is present at each session, along with at least one side walker and horse leader. A licensed speech pathologist will design a personal and individualized program for each rider. Each session is a ½ hour to hour long, with at least 30 minutes of riding. Sessions are by appointment and are available at various times during the week.

The enclosed application provides additional information on the TRAX program as well as fees and payment options. Once you complete the application please call SenseAbilities to schedule your evaluation to see if you qualify for the TRAX Equestrian Center Program. Please be sure to specify that you are making an appointment for an evaluation for the riding program. The sooner the application is received and evaluation completed the sooner your child can begin to enjoy all of the benefits that TRAX has to offer.

We look forward to seeing you at TRAX!

Sincerely

TRAX Equestrian Center

2121 St. Lawrence Ave., Riverside, California
951-689-8009 www.TraxEquestrianCenter.com

Program Cancellation and Attendance Policies



TRAX Equestrian Center operates year round. There are occasions when a riding session must be canceled due to circumstances beyond our control. These circumstances include but are not limited to extreme weather and/or an insufficient number of volunteers. In those circumstances the riding session for that day will be canceled for the safety of the riders and the horses.

Please call the office at 951-689-8010 in advance if you must cancel your child's riding session. Please provide as much notice as possible so that we can make any necessary adjustments to the schedule and personnel. There will be a 15.00 cancel fee if cancelled less than 24 hours. -*

Payment Options



Please indicate which payment option you prefer, and sign below. Payment is collected at the time of service (unless other arrangements have been agreed upon in advance).

Please make checks payable to: **TRAX Equestrian Center**

Option 1: Payment in full: \$65.00 per session for 1 full hour. Or

\$45.00 per ½ hour a 10% discount will be given if 10 sessions are purchased and paid for in advance.

TRAX Equestrian Center reserves the right to change these payment policies in the event that we are unable to obtain the necessary funding to cover the costs of our riding program through various fundraising efforts.

I have read and understand the information and terms of the program that accompanies this application and I am willing to accept these terms.

Parent/Guardian

Date

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Boots and Helmets



Riders **MUST** wear riding boots or hard-soled shoes with heels.

Riders **MUST** have an approved riding helmet. No bicycle helmets.

Riders **MUST** wear long pants.

Helmets are available at no charge for riders. It is **STRONGLY** recommended that you purchase a helmet if your child continues to participate.

Fitting:

It is important to consider comfort as well as safety when looking for a correct fitting helmet.

1. Helmet needs to fit securely on the head. The helmet should not shift forward or back, but move with the child's head. You should be able to "wiggle the eyebrows" by moving the helmet.
2. The chinstrap is tightened correctly when you can fit only 2 fingers snugly between the strap and the rider's chin.
3. For safety, the helmet should have a detachable visor if the child has poor head control.



A Medical History and
Physician's release form must
accompany this application.

New Rider Application



Rider's Name: _____ Date of Birth: _____

Height: _____ Weight: _____

Diagnosis: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Home Phone Number: _____

Father's email: _____ Mother's email: _____

Father's work phone: _____ Mother's work phone: _____

Father's cell phone: _____ Mother's work phone: _____

Best number to call if session is cancelled:

Doctor's Name: _____

Address: _____

Phone Number: _____

Who referred you to TRAX Equestrian Center, or how did you hear about us?

**Medical History
Physician Release Form**



Rider's Name: _____

Address: _____

Diagnosis: _____

Medications: _____:

Allergies: _____

Brief Medical History: _____

Contraindications to riding, if any:

Precautions, if any:

(Child's name) _____ has no physical disabilities that would inhibit him/her from participating in a therapeutic horseback-riding program.

Physician's Name: _____ Date: _____

Physician's Signature; _____

Address: _____

City/State/Zip: _____

Phone: _____

Emergency Aid Information



Rider's Name: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Home Phone Number: _____

Father's email: _____ Mother's email: _____

Father's work phone: _____ Mother's work phone: _____

Father's cell phone: _____ Mother's work phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Emergency Doctor (1st choice): _____

Phone: _____

Emergency Doctor (2nd choice): _____

Phone: _____

Does the rider have any known condition, which might require emergency attention? If so, explain:

In the event of an emergency or accident, this riding program has my permission to request the services of, or take my child to, any available doctor or hospital. (Please attach a photocopy of the child'[s medical insurance card).

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Fundraising Information



This information is gathered to help TRAX Equestrian Center obtain ideas for fundraising to support the growth and longevity of the program, and to keep it affordable for all. It is your option to provide the information, but your support is greatly appreciated.

For what organization do you currently work? _____

What special talents or skills do you possess that you may be willing to share (construction, electrical, nursing, computer, event planning, catering)?

To what organizations, clubs, or programs do you belong that may be willing to help raise funds for TRAX Equestrian Center?

Have you helped with any fundraisers or fundraising events in the past? (Please list)

Do you know of any friends, relatives, companies or organizations that would be willing to help with fundraising, grants, or funding? (Please include contact names and info such as email addresses or phone numbers).



Permission for Riding:

I, _____, the parent/guardian of the registrant, _____, a Minor, agree that the registrant and I will abide by the rules of TRAX Equestrian Center and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with riding and in consideration for the TRAX Equestrian Center accepting the registrant for its programs and activities, I hereby release, discharge, and/or otherwise indemnify TRAX Equestrian Center and its employees, volunteers and directors as well as its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for this program, against any claim by or on behalf of the registrant as a result of this registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the above-named registrant.

Signature: _____

Policy statement for TRAX Equestrian Center 911 calls:

It is the policy of TRAX Equestrian Center to treat any falls or injuries seriously. We will ask the consent of the registrant's parent or guardian to call 911. If the parent or guardian refuses, it becomes the sole responsibility of the parent or guardian to care for the rider. If the parent is not in attendance, TRAX Equestrian Center will always call 911 using the medical consent forms signed by the parent or guardian.

WE MUST HAVE CURRENT COPY OF YOUR INSURANCE CARD ON FILE AT ALL TIMES!

Parent Volunteer Information



Name: _____

Address: _____

Home Phone Number: _____

Work phone: _____ Cell phone: _____

Email: _____

Volunteer preferences: _____

Day(s) available: _____

When can you start? _____

I have experience with:

Horse care: _____

CPR/First Aid: _____

Riding (type): _____

Riding Instruction (what type) _____

Working with the disabled (what type) _____

I hereby grant TRAX Equestrian Center permission to use photographs, slides, videos, etc. in which I may appear for the express purpose of promoting the TRAX Equestrian Center program, and do not expect, nor shall I receive any monetary reimbursement for this authorization.

I will not hold TRAX Equestrian Center liable for any accident or injury incurred while participating the TRAX Equestrian Center sessions or related activities.

I understand that in the performance of my duties as a volunteer of TRAX Equestrian Center I must hold medical/social information of the registrants and participants in confidence.

In the event of an emergency or accident, this riding program has my permission to request the services of, or take my child to, any available doctor or hospital. (Please attach a photocopy of the child'[s medical insurance card).

Signature of Parent/Volunteer: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____

Acknowledgement



By my signature below, I hereby acknowledge that I have read and understand this document in its entirety and that I agree to the terms and conditions set forth herein.

Name: _____

Signature _____

Date: _____

Name: _____

Signature _____

Date: _____

Name of Rider: _____

TRAX Equestrian Center Rider Photo Release Consent Form

I, _____, Parent/Guardian of _____ hereby give TRAX Equestrian Center my permission to use photographs, slides, videos, etc. in which my child may appear for the express purpose teaching as well as promoting the TRAX Equestrian Center program, and do not expect, nor shall I or my child receive any monetary reimbursement for this authorization.

Signature of Parent/Volunteer: _____ Date: _____

OR

I do not want my child to be photographed or videotaped for public use.

Signature of Parent/Volunteer: _____ Date: _____