



# Vinceremos Therapeutic Riding Center



## Letter to Parents & Clients

Dear Interested Client,

Thank you for your interest in Vinceremos and our therapeutic riding programs! If you are new to our riding center or have not attended in a while, please note that the attached application forms are required. Our sessions during the school year run for 11 weeks (summer sessions vary). If the current schedule is full when you apply, you will be added to the waiting list for the next session.

**It is mandatory that you return your entire registration packet with the following items complete:**

- All Release Forms Signed
- If riding, all Physician Forms and Signature lines (pages 6 & 7) signed by your Doctor or a Nurse Practitioner - make your Dr. appointment now!
- If desired, complete your Scholarship Request, including your letter to be reviewed by the Scholarship Committee (pages 8 & 9).

When we have received your forms we will contact you to arrange an assessment to determine which program would be best, then we will let you know if you have received a scholarship.

**All riders will be required to make their payment prior to riding on the 1<sup>st</sup> day of classes, *no exceptions*.** You can make your payment via phone, mail or in person.

### **WEATHER POLICY**

Even though we have a covered arena, we must be very conscious of lightning. For your safety, Vinceremos' Weather Policy is as follows: If there is lightning detected less than 6 miles away, we will not ride until it is clear for 30 minutes. If the Weather Policy is in effect, we will conduct unmounted lessons in the barn. Even if the weather seems clear, this will be determined at the Center's discretion for your safety.

Thank you for your help and cooperation. We look forward to another successful session!

Best,  
The Vinceremos Team



# Vinceremos Therapeutic Riding Center



## Attendance and Payment Policy

Vinceremos has been providing equine activities for our clients for 39 years. We appreciate the opportunity to serve you and enjoy seeing the positive impact horses and horse sports add to your life. Our commitment to maintaining the highest quality service for our clients defines the Vinceremos experience. Small class sizes and experienced instructors means that these standards are preserved.

To maintain these standards, we need your help. Any questions or concerns should be emailed to [concerns@vinceremos.org](mailto:concerns@vinceremos.org).

### **PARTICIPANT'S RESPONSIBILITIES:**

#### **Enrollment:**

Vinceremos sessions run concurrently with the school year. Participants are required to submit new forms each year before the Fall Session. Fall clients are automatically enrolled in the Winter and Spring Sessions and will be billed accordingly.

#### **Arrival Time & Attendance:**

Participants must be ready for their class 5 minutes before the scheduled start time. Late arrivals may not be able to participate. If you are 15 minutes late you will not be able to participate.

Please notify the office if you are not attending your lesson at **561-792-9900**.

Participants who miss 2 consecutive lessons without notifying the office will be considered withdrawn.

Participants may request a change in their lesson time and/or day by calling the office. This is subject to availability.

#### **2020-2021 Pricing:**

Tuition is based on the number of weeks in the session, regardless of attendance. Tuition proration will only be considered when clients join mid-session.

Pricing per lesson	Therapeutic Riding	Hippotherapy with Physical Therapist	Equine Assisted Learning	Equine Assisted Psychotherapy
Private	\$60	\$70	\$75	\$150
Semi-Private	\$55		\$60	\$100
Group (3-5)	\$50		\$35	\$70
Group (6-10)			\$25	\$40

Additional activities: Holiday Horse Show = \$25 Donation      Volunteering = \$25 Donation

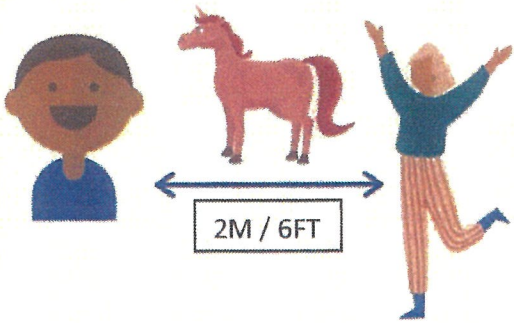
13300 Sixth Court North, Loxahatchee, FL 33470 (561) 792-9900  
[www.vinceremos.org](http://www.vinceremos.org)   [www.facebook.com/vinceremosTRC/](https://www.facebook.com/vinceremosTRC/)

# WHEN WE COME BACK TO VINCEREMOS



**WASH YOUR HANDS FREQUENTLY**

Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. We will have a hand sanitizer station



**MAINTAIN SOCIAL DISTANCING**

Maintain one pony length away from each other



**ALL TABLES AND CHAIRS HAVE BEEN REMOVED FROM WAITING AREA**

You can bring a bench or lawn chair with you or wait in your car



**ALL GARBAGE CANS HAVE BEEN REMOVED**

please take your garbage with you!

Source: World Health Organization



**Participant Forms**  
**Vinceremos Therapeutic Riding Center**  
*Unveiling Hidden Potential*



**PARTICIPANT INFORMATION**

**Participant Name:** \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

School/Institution Attending: \_\_\_\_\_

How did you hear about Vinceremos? \_\_\_\_\_

**Parent/Guardian Information:**

Parents/Guardians: \_\_\_\_\_

Please check if information is same as above.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

**Participant's Personality Profile:**

Learning Style:  Visual/learns by seeing  Auditory/learns by hearing  Kinesthetic/learns by doing

Please describe personality and strengths: \_\_\_\_\_

\_\_\_\_\_

What are some favorite activities or topics? \_\_\_\_\_

What are some fears or dislikes? \_\_\_\_\_

Psychological, emotional, behavioral, social issues: \_\_\_\_\_

\_\_\_\_\_

Successful Intervention Strategies Used (sensory modalities, behavioral, rewards, etc.): \_\_\_\_\_

\_\_\_\_\_

Our Family's Do's and Don'ts: \_\_\_\_\_

\_\_\_\_\_

Any other special information we should know? \_\_\_\_\_

Please list any goals (i.e., what would you like to accomplish) in the lessons: \_\_\_\_\_

\_\_\_\_\_

<p><b>Office Use Only</b></p> <p>New Client _____ Existing Client _____ Assessed By _____ Instructor _____</p>
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**Participant Forms**  
**Vinceremos Therapeutic Riding Center**  
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Participant Name: \_\_\_\_\_

**Participant's Medical Information:**

Diagnosis - Primary/Secondary: \_\_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in.    Weight: \_\_\_\_\_ Clients over 200 pounds will participate in unmounted activities.

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies and Treatment Required: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Medical Bracelet? \_\_\_\_\_

Any other special information we should know? \_\_\_\_\_

\_\_\_\_\_

**Participant's Physical Skills:**

Is the participant proficient in the following skills? Mark an X for yes.

<input type="checkbox"/> Release Objects	<input type="checkbox"/> Sits Unassisted	<input type="checkbox"/> Uses Right Hand Independently
<input type="checkbox"/> Bears Weight on Legs	<input type="checkbox"/> Stands Independently	<input type="checkbox"/> Uses Left Hand Independently
<input type="checkbox"/> Bears Weight on Hands	<input type="checkbox"/> Walks Unassisted	<input type="checkbox"/> Climbs Stairs
	<input type="checkbox"/> Runs Unassisted	<input type="checkbox"/> Uses Bathroom Independently

Describe General Balance: \_\_\_\_\_

Please list and explain ANY assistive devices that the participant may use at home or school: \_\_\_\_\_

\_\_\_\_\_

**In the event of an emergency, contact (at least one contact is required):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

<p><b>Office Use Only</b>          New Client ____ Existing Client ____ Assessed By _____ Instructor _____</p>
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**Participant Forms**  
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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Participant Name: \_\_\_\_\_

**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 Vinceremos Therapeutic Riding Center 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 the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ **Consent Signature:** \_\_\_\_\_  
*Participant (if 18 years of older), Parent or Legal Guardian*

**- or -**

**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.

1. Parent or legal guardian will remain on site at all times during equine assisted activities.
2. In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ **Non-Consent Signature:** \_\_\_\_\_  
*Participant (if 18 years of older), Parent or Legal Guardian*  
**Please do not sign this non-consent if consent is signed above.**

**PHOTO RELEASE**

I Do **-or-**  I Do Not Consent to and authorize the use and reproduction by Vinceremos Therapeutic Riding Center 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 Center.

Date: \_\_\_\_\_ **Signature:** \_\_\_\_\_  
*Participant (if 18 years of older), Parent or Legal Guardian*

**Office Use Only**  
 New Client \_\_\_\_\_ Existing Client \_\_\_\_\_ Assessed By \_\_\_\_\_ Instructor \_\_\_\_\_



**Participant Forms**  
**Vinceremos Therapeutic Riding Center**  
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**EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE, AND ASSUMPTION OF ALL RISKS**

**READ BEFORE SIGNING**

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the "Agreement") is hereby given by \_\_\_\_\_ (person signing)  on his/her own behalf **OR**  as the parent or guardian of \_\_\_\_\_ (participant) to VINCEREMOS RIDING CENTER, INC., a Florida not-for-profit corporation, as the equine activity sponsor (the "Sponsor"), and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word "Sponsor") and agrees as follows:

In consideration of the opportunities provided by the Sponsor to the undersigned, including any minor or legal ward in whose behalf the undersigned signs this Agreement (collectively, the "Participant"), for the enjoyment of equine activities and the use of the Sponsor's facility and equipment, the Participant hereby agrees as follows:

1. This Agreement is given in part under the Florida Equine Activities statutes (Chapter 773) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.
2. The Participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Participant or damage to the Participant's property (the "Risks"), including, but not limited to:

The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine;

The unpredictability of an equine's reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects;

Hazards, including, but not limited to, surface or subsurface conditions;

A collision with another equine, another animal, a person, or an object;

The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant;

The inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions;

The dangers and risks of tack or harness loosening, slipping, or breaking for whatever reason.

The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity;

The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason;

Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Participant or damage to the Participant's property.

3. The Participant hereby expressly assumes all risks and dangers of injury, loss, damage, or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.

Please initial

Initial: _____
Date: _____



**Participant Forms**  
**Vinceremos Therapeutic Riding Center**  
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4. The Participant hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to bring any action against the Sponsor in connection therewith. The Participant agrees to completely indemnify and hold the Sponsor harmless from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Participant has hereby assumed the risk and is responsible in accordance with this Agreement.
5. The Participant agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. The Participant agrees that the Sponsor has made reasonable and prudent efforts to determine the Participant's ability to engage in the Equine Activity offered by the Sponsor and the Participant has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Participant for participation in the Equine Activity offered by the Sponsor.
6. The Participant agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Participant in such activity as well as to the person or property of others.
7. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.
8. This Agreement shall be construed under Florida law in such manner as will render it, and each provision of it, fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in Palm Beach County, Florida.
9. If this Agreement is executed by the undersigned for and on behalf of a minor Participant as named below, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his/her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.
10. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned.

**WARNING**

**Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.**

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

<b>Print Participant Name:</b> _____ <b>Date:</b> _____
<b>Signature (Participant or Parent/Guardian if a Minor):</b> _____
<b>Address:</b> _____
<b>Telephone Numbers:</b> Cell (____) _____ Home (____) _____ Work (____) _____
<b>Email:</b> _____





**Physician's Statement**  
**Vinceremos Therapeutic Riding Center**  
*Unveiling Hidden Potential*



Dear Health Care Provider:

Your patient, \_\_\_\_\_ is interested in participating in supervised equine activities.  
*(Participant's Name)*

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact the center at the address/phone below.

**Orthopedic**

Atlantoaxial Instability -  
 including neurologic symptoms  
 Coxa Arthrosis  
 Cranial Deficits  
 Heterotopic  
 Ossification/Myositis  
 Ossificans  
 Joint Subluxation/Dislocation  
 Osteoporosis  
 Pathologic Fractures  
 Spinal Joint Fusion/Fixation  
 Spinal Joint Instability/Abnormalities

**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

**Neurologic**

Hydrocephalus/Shunt  
 Seizure  
 Spina Bifida/Chiari II  
 Malformation/Tethered Cord/  
 Hydromyelia

**Other**

Age - Under 4 years  
 Indwelling  
 Catheters/Medical Equipment  
 Medications, i.e. Photosensitivity  
 Poor Endurance  
 Skin Breakdown

**THIS SECTION MUST BE COMPLETED IN FULL**

Past/Prospective Surgeries: \_\_\_\_\_

List Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled? Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present? Y N Date of Last Revision: \_\_\_\_\_

Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N Braces/Assistive Devices? Y N

**For those with Down Syndrome:** AtlantoDens Interval X-Rays Date: \_\_\_\_\_ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Physician's Statement

## Vinceremos Therapeutic Riding Center

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**THIS SECTION MUST BE COMPLETED IN FULL**

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight\*: \_\_\_\_\_

\*Clients over 200 pounds will participate in unmounted activities.

Participant Address: \_\_\_\_\_ Participant Phone: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

***Please indicate current or past special needs in the following systems/areas, including surgeries:***

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

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

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_



**Vinceremos Therapeutic Riding Center**  
**Financial Aid**  
*Unveiling Hidden Potential*



**FINANCIAL AID**

Applications for Financial Aid are made each year ahead of the Fall Session or during a Client's initial Assessment. All awards are made based on available funds and financial need. Applicants are required to fill out the Financial Aid Application enclosed and submit at least two (2) of the following documents:

**FOR EMPLOYED INDIVIDUALS:**

- 1)  Pay Stubs: 30 days of recent pay stubs from all employers for both parents.
- 2)  W2 Forms: For the last tax year.
- 3)  Social Security Award Letters or any other Financial Aid received.

**FOR SELF-EMPLOYED INDIVIDUALS:**

- 1)  First page of your Federal Tax Return for the most recent year.
- 2)  1 Month of your most current bank statement.

**Please black out Social Security Numbers and Bank Account Numbers.**

In addition, please attach a brief letter as described on the following page under "Reason for Requesting this Scholarship?".

Other financial resources you may apply to:

BellasAngels.org

Gardiner Scholarship: <http://www.fldoe.org>



# Vinceremos Therapeutic Riding Center

## Financial Aid Request Form

*Unveiling Hidden Potential*



Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name/s: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School/Day Program: \_\_\_\_\_ Grade (circle) K 1 2 3 4 5 6 7 8 9 10 11 12

Other therapies the Participant is participating in: *\*Required*

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### Financial Information

Family Size: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Number of Children with Special Needs: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

Total Gross Monthly Wages (your wage & spouse or other): \$ \_\_\_\_\_

Monthly Child Support: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ SSDI: \_\_\_\_\_

Parent/Guardian Marital Status  Single  Married  Divorced

Occupations(s): \_\_\_\_\_

### Considerations

Are there any special circumstances that need to be taken into consideration? (Ex. both parents in school) \_\_\_\_\_

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### Reason for Requesting this Scholarship?

*Please answer this question in letter format addressed to the VTRC Board of Directors, Scholarship Committee and submit it with the Participant paperwork.*

How do you feel your Participant will benefit from lessons at Vinceremos Therapeutic Riding Center?

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**- The Scholarship Committee reserves the right to make exceptions based on specific situations that demonstrate extreme need.**

**I certify that the above information is accurate and complete to the best of my knowledge.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use ONLY: Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed: Y N



## *Sign me up!*

*I can volunteer in the following areas at Vinceremos:*

- Lesson help (leading and sidewalking)
- Parent/Rider Association
- Barn maintenance or handyman/woman work
- Lawn work
- Special events (fishing tournaments, Horse Show, summer camp)
- Auction assistance
- I have a special talent or skill that I could share (Tell us!)\_\_\_\_\_

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Name \_\_\_\_\_ Rider's Name \_\_\_\_\_

Best way to reach you: \_\_\_\_\_