

DEAR PROSPECTIVE JOYRIDE CENTER CLIENT

JOYRIDE CENTER, INC.
29550 TUDOR WAY
MAGNOLIA, TX 77355
281-356-5900
FAX 281-356-5901
WWW.JOYRIDECENTER.ORG



We welcome your interest in the JoyRide Center therapeutic horsemanship program. We look forward to working with you to accomplish your goals and to enjoy the experience of riding in a fun, successful environment.

In order to provide the best therapeutic benefit and the safest environment to our clients, JoyRide has established some guidelines for acceptance into the program.

- ⊆ Clients must be at least 3 years of age and have emerging head and neck control.
- ⊆ To reduce the risk of injury to clients, volunteers and horses, weight guidelines have been established. Please refer to the Client Guidelines page in this packet.
- ⊆ Please review the attached list of precautions and contraindications (found on the cover letter to your health care provider). If the individual has one or more of these conditions, therapeutic riding may not be recommended. Please contact our office (281-356-5900) if you have any questions or need additional information.

If the client meets these initial criteria, please call our office and talk to an instructor before completing the enclosed forms. We have chosen to limit the number of clients that JoyRide will serve in order to keep a “family” feel to our program; therefore, there could be a waiting list. The instructor will let you know what the next step will be to become a JoyRider.

If you are instructed to go ahead and fill out the paperwork, please note that the “Client Medical History and Physician’s Statement” form must be completed and **signed by your physician**. All forms must be completed and returned before the client can be evaluated. Once the completed forms are received, we will contact you to set up an appointment for an evaluation.

In this packet, you will find other useful information about our program, goals, and fees. If you have email access, please note it on the registration form. A great deal of information is disseminated to our clients/families and volunteers electronically. The enclosed map will help you find the JoyRide Center location.

Please contact **Debbie Blackmon, Director of Operations, 281-356-5900**, if you have any questions concerning this process. We joyfully look forward to working with you!

Mail or fax forms to: JoyRide Center, Inc.
New Client Registration
29550 Tudor Way
Magnolia, TX 77355
Fax 281-356-5901

JoyRide’s mission is to help people with different abilities find more joy in life through equine-assisted activities and therapies, along with functional/life skills education. JoyRide is a member of PATH, International, www.pathintl.org, the organization that sets the standards and guidelines for equine-assisted activities and therapies programs.

PROGRAM OVERVIEW

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The mission of the JoyRide Center is to help people with different abilities find more joy in life through equine-assisted activities and therapies, along with functional/life skills education.

We provide three primary programs – Therapeutic Riding (TR), Physical or Occupational Therapy using Hippotherapy as a strategy and the JRC Prep Day Habilitation Program.

1. THERAPEUTIC RIDING

a. Education – Riding and Learning

These classes have a strong emphasis on developing riding skills. They also provide therapeutic horsemanship, social connections, competition opportunities, educational support and teach daily living skills that are specific for each person. These lessons are 45 to 75 minutes, to include both mounted and unmounted activities, taught by a PATH Intl. Certified Instructor. They may include riding skills, fitness exercises, horse care, arena preparation and team building. Each group lesson includes individualized goals. Horses are an essential part of the team – they facilitate learning, motivation and group skill building. The atmosphere at JoyRide emphasizes the “just right challenge” for each person.

b. Developmental Skills – Bridging the Gap

These are riding classes for clients who are not yet ready to focus on horsemanship skills. The emphasis is on motor skills, daily living skills and social connections that are specific for each person, usually in a group setting. Developmental Skills classes are 45-60 minutes and are taught by a PATH Intl. Certified Instructor. Lessons may include pre-riding skills, motor planning, communication, educational readiness and social skills. Horses continue to be a significant part of the team and motivate riders to new levels of development and independence.

2. PHYSICAL AND OCCUPATIONAL THERAPY USING HIPPO THERAPY AS A STRATEGY

JoyRide Center offers therapy using hippotherapy as a strategy by licensed therapists affiliated with the American Hippotherapy Association. This therapy focuses on functional rehabilitative skills such as postural control, motor coordination, gait improvements, communication, cognitive skills, and psychosocial activities. JoyRide provides a truly unique and natural setting to achieve maximum therapy outcomes.

The therapist works one-on-one with the client for approximately 45 minutes to include therapy on and off the horse. Therapeutic exercises on the horse provide improvements in static and dynamic balance, gait, motor planning, educational readiness, and interpersonal skills. Another unique characteristic at JoyRide is the value of the therapeutic team, which includes the volunteers, staff and horse. Horses significantly enhance therapeutic outcomes based on their unique movements and their fun personalities.

3. JRC PREP- DAY HABILITATION PROGRAM

JoyRide Center offers pre-vocational training in a unique blend of classroom instruction integrated into a worksite. The many facets of JoyRide Center provide rich and diverse opportunities for work-based learning to take place. JRC Prep combines direct instruction with continuous hands-on work experience. Goals and objectives are based on each student’s needs, and our approach is highly individualized. In order to achieve this level of individualization, we maintain a low student/teacher ratio of no more than 7 students to one teacher, two mentors and specially trained volunteers.

Currently, JRC Prep students attend class once or twice a week for 6 hours per day. We follow a school calendar with 14 weeks in the fall semester and 16 weeks in the spring semester, with an additional 7 weeks in the summer. Our students assist in all aspects of managing a small horse farm, including providing horse care, indoor and outdoor facility maintenance, and completing office tasks. They cook meals and run a small business in which they make and sell several products.

Our primary emphasis is on the development of personal independence and employability skills that will enable our students to become productive members of their communities.

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Benefits of Our Programs Can Include:

- ♥ Improving muscle tone and coordination
- ♥ Improving gross and fine motor skills
- ♥ Experiencing the 3-dimensional movement of the horse, which is similar to a person's normal walking gait and cannot be duplicated in a clinical setting
- ♥ Enhancing balance and posture
- ♥ Stimulating the cardiovascular system and promoting wellness
- ♥ Building self-esteem and confidence
- ♥ Developing a meaningful relationship with the volunteers and horse
- ♥ Channeling negative or hyperactive behavior into constructive activity
- ♥ Increasing ability to follow directions and developing sequencing abilities
- ♥ Improving memory and organizational skills
- ♥ Improving ability to perform activities of daily living

How We are Organized: JoyRide is governed by a volunteer Board of Directors with a knowledgeable, dedicated staff of professionals. Some staff members are paid employees, while some are volunteers. JoyRide receives no funding from any state or federal sources. We rely on private and corporate donations, grants, proceeds from special events and client tuition. All instructors at JoyRide are PATH Intl. certified or are working toward this certification. Volunteer Horse Handlers and Sidewalkers are trained in specific methods to help provide our clients with the most beneficial experience possible.

CLIENT GUIDELINES

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This page contains important information about the policies and procedures of JoyRide Center. Please keep handy to refer to when needed.

Semesters: JoyRide offers spring, summer and fall semesters which vary in length. Calendars are available at the center and on our website, www.JoyRideCenter.org.

Summer Semester Option: Active Riding Program and JRC Prep clients may choose to take the summer off without losing their place in the fall semester as long as:

- a) all updated paperwork, including medical forms, is received in the JRC office by Paperwork Renewal Date **and**
- b) any outstanding tuition payment is paid in full by Paperwork Renewal Date

If active clients choose to take the summer off, these limited number of SUMMER ONLY spots are made available for new clients on the waiting list. A new client who gets into a summer only spot has no guarantee that they will be able to continue in the fall.

Lessons/Sessions:

- Therapeutic Riding lessons - Educational: 45-75 minutes, Developmental: 45-60 minutes
- OT/PT Sessions using Hippotherapy as a Strategy – 45 minutes
- JRC Prep Day Hab Program – 6 hours/day, once or twice/week

Fall and spring lessons/sessions are offered Tuesday -Friday, with morning, afternoon and limited evening times available. The summer schedule may differ. See Class Availability pages to choose your preferred class time.

New Client Registration: New Riding Program clients must be evaluated by one of our therapists or instructors before being accepted into the program. Upon receipt of all required paperwork, you will be contacted to schedule an evaluation. After the evaluation, you will be advised of any appropriate open class times in the current semester schedule. Acceptance into the program is always dependent upon the availability of volunteers and appropriate horses.

New JRC Prep clients should contact Debbie Blackmon, dblackmon@joyridecenter.org, for information on registration for that program.

Tuition/Fees:

Riding Program

- Evaluation Fee: **\$75**... a one-time, non-refundable fee paid at the time of initial evaluation
- Administration Fee: **\$25**... a yearly fee paid by all clients billed on your first month's invoice, then again every January.
- Fall Semester (14 weeks):
 - 75 min. lessons- **\$60, \$840/semester**
 - 60 min. lessons- **\$55, \$770/semester**
 - 45 min. lessons- **\$50, \$700/semester**
- Summer Semester (7 weeks): all lessons 45 minutes, **\$50-\$350/semester**
- Spring Semester (16 weeks):
 - 75 min. lessons- **\$60, \$960/semester**
 - 60 min. lessons- **\$55, \$880/semester**
 - 45 min. lessons- **\$50, \$800/semester**

JRC Prep

- Evaluation Fee - **\$65**... a one-time, non-refundable fee paid on evaluation day
- Administration Fee - **\$25**... a yearly fee paid by all clients billed on your first month's invoice, then again every January.
- **\$65** per day

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Private Pay Billing:

JoyRide appreciates (and depends on!) tuition being paid in a timely manner, therefore we have the following payment policy:

- Clients are billed at the beginning of each month for JoyRide services rendered the previous month. Payment is due upon receipt and considered late if received after the 15th of the month.
- Bills are sent out via **email** to the address you designate on your registration form. Please note on your form if you would prefer to have them mailed to you.
- Private pay clients will not be charged for classes **cancelled by JoyRide**; however, if **you** cancel or do not show up for a lesson/session, an **Absence Fee** will be charged equal to your regular class tuition rate.
- During the fall and spring semesters (summer not included), when the JoyRide financial situation allows, each rider may receive one absence per semester without being charged an Absence Fee (excused absence).
- If a client becomes 2 months behind in payments, they have until the 15th of the next month to pay the total balance due or they will be withdrawn from the program and their place in the program may be offered to someone on the waiting list.
- If at any time during that semester they are able to pay the total balance due **AND** their place in the program has not been filled, they may re-enter the program.
- A client who is withdrawn from the program for financial reasons will be placed on the waiting list above clients who have not yet joined the program, but must pay total balance due before returning to the program.
- If a client is having difficulty staying current on payments, they are encouraged to apply for help from the **Tuition Assistance Fund**. Contact Office Manager, Peggy Wagner, pwagner@joyridecenter.org, for a Tuition Assistance Application.

If you need to discuss billing issues, please contact Office Manager, Peggy Wagner, pwagner@joyridecenter.org.

Tuition/fees are payable to *JoyRide Center* by cash or check. Payments can be placed in the "Pony Express" box at JoyRide or mailed to:

JoyRide Center
29550 Tudor Way
Magnolia, TX 77355

Medicaid Waiver Tuition Payments:

If you have Medicaid Waiver funding through a service provider (i.e. Scoggins, Astrocare, REACH), we can contract with that provider to offer services. Please be advised that if, for any reason, the client loses service eligibility or the funder refuses to pay for services, the client family will be responsible for payment. JoyRide can only bill the service provider for days that you receive services; therefore, if you are absent, JoyRide does not get paid even though all the horses still have to eat and the bills still need to be paid. We base our budget on a certain number of clients riding per semester, so extensive absences can negatively affect our ability to fund the entire program. If a client whose tuition is paid by a service provider is absent more than 3 times per semester, we will have to assess if we can continue to serve them in our program. **Some service providers do not cover the yearly \$25 administrative fee; therefore, it may need to be paid by the client families.**

Class Cancellations: We make every attempt not to interrupt the semester with class cancellations; however, occasionally classes need to be cancelled due to instructor illness, horse shortage or dangerous weather conditions. We will call you at the number you have designated on your registration form in the event of a class cancellation.

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Indoor Lessons: If riding outdoors is not possible, indoor lessons will take place. A curriculum has been developed to create purposeful, fun and educational indoor lessons that address each rider's individual goals. If the weather permits, these lessons may even involve horse interactions on the ground. We are fortunate to have dynamic riding simulator equipment in our therapy room to provide the benefit of the horse's movement even if we can't ride outside. At this time, no Absence Fee will be charged to families who choose not to participate in indoor lessons. Your instructor will call the number you have designated to inform you if class will be held indoors.

Paperwork: The following paperwork is required for Riding Program clients and must be renewed annually during June and July regardless of when you enter the program.

1. Registration/Release/Authorization for Emergency Medical Treatment
2. Client Goals/Skills/Health History
3. Client Medical History and Physician's Statement – to be filled out and signed by physician
4. Prescription for Physical or Occupational Therapy – to be filled out and signed by a physician for therapy clients only
5. JoyRide Class Availability
6. JoyRide Seizure Information

JRC Prep paperwork is specific to that program and can be obtained by contacting Debbie Blackmon, Director of Operations, dblackmon@joyridecenter.org.

Attendance: All Riding Program clients should sign in each week by placing a check in the Client Attendance Book under the date. When you register for a semester, volunteers, horses and staff are assigned and look forward to working with you each week. If you are unable to make your class time, please give us **at least 24 hours notice**. If you know of dates you will be absent, place an "A" in the Client Attendance Book for that date and inform your instructor. **For last minute cancellations, call your instructor or the JoyRide office at 281-356-5900.** When a client does not show up for his lesson, volunteers who were assigned to work with them become discouraged and may drop out. This jeopardizes the entire program. **Three absences within one semester without notice (denoted by an "X" in the attendance book) may result in being dropped from the schedule.**

Illness: We want to keep everyone healthy; therefore, the client should not attend unless he/she has been fever-free with no vomiting or diarrhea for at least the past 24 hours.

Medical Leave: Medical leave may be applied to clients who are absent due to a hospital stay or a significant medical issue. The instructor will determine, on a case by case basis, if the absences are considered "Medical Leave". **Common illnesses and doctor's appointments are not considered Medical Leave.** Clients may have up to 4 consecutive absences for medical leave during a semester without losing their place in the program or being charged an Absence Fee. A new Client Medical History/Physician's Statement form or a written release from your physician will be required in order to resume riding.

Long Term Medical Leave: Long Term Medical Leave is when a client is on medical leave for more than 4 consecutive classes. After the 4th absence, the client is offered 2 options:

Option 1. The client may request "Medical Tuition Assistance" to hold their place in the program. This means that the client is responsible for paying half of the tuition amount for each class missed over 4, and the other half is paid from the JoyRide Tuition Assistance Fund**.

***This option is only available if the Tuition Assistance program has adequate funds available.*

Option 2. The client may choose to give up their place for the rest of the semester so it can be offered to someone on the waiting list. If they choose to give up their place but plan to return to the program in the next semester, they are placed at the top of the Returning Client Waiting List.

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If a client has been on medical leave for more than 12 months, they are moved to the bottom of the Returning Client Waiting List and must be re-evaluated before returning to the program. Regular class fee will be charged for re-evaluations. Extenuating circumstances may be handled on a case by case basis.

Clothing Requirements for Riding Program Clients: We encourage each client to have their own ASTM/SEI approved helmet (can be purchased at Charlotte's Saddlery in Tomball, Tractor Supply or most tack shops). **Please put your name in your helmet.** Helmets are also available at JoyRide, if needed. Note that helmets should be replaced 5 years from manufacturing date or if they get damaged.

Also:

- Riding breeches, long pants or appropriate clothes for your class or the weather (Shorts may be worn when it is hot.) Please do not wear jeans with bling on the pockets- the bling tears up our leather saddles. Jeans should be comfortable to ride in - not too loose and not too tight.
- Closed toe shoes or boots
- Sunscreen, gloves, or jacket, as needed

Weight Guidelines: Maximum weight for riders is 200 lbs. to provide for the safety and comfort of our clients, volunteers and horses.

Punctuality: It is important for a client to arrive approximately 10-15 minutes prior to the scheduled class time in order to sign-in, check bulletin boards for announcements, put on your helmet and greet everyone.

Late Rider Policy: If a client is late for their scheduled lesson time, JoyRide cannot guarantee he/she will be able to ride. Once the lesson has begun, the instructor may not be able to leave the other riders to mount late arriving students. **Horses will be untacked and volunteers released 15 minutes after the scheduled start time of the class.**

Parking: Clients may park on the concrete parking area opposite the covered arena.

Siblings: If siblings are in attendance with parents of clients participating in class, **parents are responsible for the direct supervision of these children at all times.** Noise and lots of activity can distract riders and horses.

Dogs: Due to insurance requirements, dogs are not permitted on the property during class times with the exception of service dogs.

Conduct at the Center: It is mandatory that everyone complies with all posted **safety rules** and abide by all posted **off-limit areas**. JoyRide is a **no smoking** facility and the use of **drugs or alcohol on the property is strictly forbidden**. **Open carry of handguns is prohibited.** Firearms or weapons must be secured and locked in your vehicle while on JoyRide property. No mistreatment, abuse or suggested abuse of any person or animal will be tolerated. We reserve the right to ask anyone to leave the premises.

CLIENT REGISTRATION/RELEASE

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281-356-5900
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Client Information (Please print legibly.)

Date: _____

First Name: _____ Last Name: _____ MI: _____

Date of Birth: ____/____/____ Gender: Male Female

Address to use for correspondence from JoyRide: _____

City: _____ State: _____ Zip: _____ County: _____

School/Employer : _____

Parent/Guardian Information

Mother/Guardian: _____ Phone: (____) _____

Address (if different than above): _____

Email: _____ Employer/Occupation: _____

Father/Guardian: _____ Phone: (____) _____

Address (if different than above): _____

Email: _____ Employer/Occupation: _____

Caregiver (if applicable): _____ Phone: (____) _____

Who should we call to inform you of class cancellations? _____

How did you hear about JoyRide? _____

In the event of an emergency and parent/guardian cannot be reached, contact:

Name: _____ Relation: _____ Phone: (____) _____

Name: _____ Relation: _____ Phone: (____) _____

Preferred Medical Facility: _____

FOR OFFICE USE ONLY: Date Reg. Recv'd: _____ Date Med. Recv'd: _____ Eval. Date: _____ Evaluated by: _____ Date Eval Fee Rcvd: _____ Tuition Rate: _____ SP: _____ Start Date: _____ Program: _____ Diagnostic Category: _____ Data Entry (initial & date): SF _____ File _____

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LIABILITY RELEASE:

_____ (Client's Name) would like to participate in the JoyRide Center, Inc. program. I acknowledge the risks and potential risks of horseback riding and working around or near farm animals. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against JoyRide Center, Inc., its Board of Directors, Instructors, Therapists, Aides, Horse Owners, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward/other family members may sustain while participating in JoyRide programs. **WARNING** - Under Texas law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.

Signature: _____ **Date:** _____
Client, Parent, Legal Guardian

PHOTO RELEASE:

I hereby **(Check one)**: Consent Do NOT Consent

to the use and reproduction by JoyRide Center of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/my ward/other family members for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program. JoyRide policy is that only first names will be used to identify people unless specific permission is given from the parent/client/caregiver.

Signature: _____ **Date:** _____
Client, Parent, Legal Guardian

BILLING INFORMATION – Invoices are **emailed** to the person designated below the first week of the month for charges in previous month. Please check if you prefer them to be mailed via USPS.

Email bills to: _____ Email Address: _____

Please **mail** bills via USPS to: _____

Address: _____ City: _____ Zip: _____

Private Pay Clients: I understand that I will be charged an Absence Fee equal to my regular class tuition fee if I cancel or do not show up for a lesson/session. There will be no charge for classes cancelled by JoyRide.

Service Provider Clients: My tuition is paid by _____. I understand that if I am absent more than 3 times per semester, JoyRide will have to assess if we can continue providing services.

I have read and agree to abide by all JoyRide guidelines and policies included in this packet.

Signature: _____ **Date:** _____
Client, Parent, Legal Guardian

**CLIENT GOALS/SKILLS/
HEALTH HISTORY**

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To be completed by the client or parent/legal guardian.

_____ **Client Name** _____ **Date**

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

GOALS (i.e. Why are you applying for participation? What would you like to accomplish?): _____

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency): _____

HEALTH HISTORY (include any changes in the past year for returning clients) _____

Describe your/your child's abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving): _____

PSYCHO/SOCIAL FUNCTION (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.): _____

CURRENT THERAPY SCHEDULE _____

Client/parent/legal guardian signature

Date

JOYRIDE SEIZURE INFORMATION

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Acquiring the following information is required by PATH, Intl.

Client Name: _____

Any changes since previous year? _____ YES _____ NO

Does medication cause photosensitivity? _____ YES _____ NO

Have you ever had a seizure? _____ YES _____ NO

If YES, please fill out the following:

Most common type of seizure

Type of seizure: _____

Typical aura (pre-seizure sensations or behaviors): _____

Typical motor activity during the seizure: _____

The post seizure behavior and duration: _____

The average duration of the seizures: _____

The current frequency of seizures: _____

What to do should a seizure occur at the center/does the rider need to get off the horse? _____

Date of last seizure: _____

Second type of seizure

Type of seizure: _____

Typical aura (pre-seizure sensations or behaviors): _____

Typical motor activity during the seizure: _____

The post seizure behavior and duration: _____

The average duration of the seizures: _____

The current frequency of seizures: _____

What to do should a seizure occur at the center/does the rider need to get off the horse? _____

Date of last seizure: _____

Any other information JoyRide staff should know about seizures: _____

Parent/Guardian Signature

Date

JoyRide Class Availability

Fall & Spring Semesters

JoyRide Center, Inc.
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 281-356-5900
 Fax 281-356-5901
 www.joyridecenter.org



Name: _____ Date: _____

Please check all class times that would fit your schedule (a minimum of 3). Morning classes are 45 minutes long. Afternoon classes can be 45, 60 or 75 minutes long, depending on client needs.

(NOTE: If you have been told that you will be in a class with our therapist as the instructor, you will be informed of available times.)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
XXX	9:00 am	9:00 am	9:00 am	9:00 am
XXX	10:00 am	10:00 am	10:00 am	10:00 am
XXX	11:00 am	11:00 am	11:00 am	10:00 am
XXX	1:00 pm	XXX	1:00 pm	XXX
XXX	2:00 pm	2:00 pm	2:00 pm	XXX
XXX	3:00 pm	3:00 pm	3:00 pm	XXX
XXX	5:30 pm	XXX	5:30 pm	XXX
XXX	6:45 pm	XXX	6:45 pm	XXX

JoyRide Class Availability

Summer Semester

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Name: _____ Date: _____

All summer classes are 45 minutes and are \$50 per class.

Please circle all class times that would fit your schedule, at least 3.

We are offering evening classes this summer, but they may not be used if not feasible.

Monday	Tuesday	Wednesday	Thursday
9:00-9:45 am	9:00-9:45 am	9:00-9:45 am	9:00-9:45 am
10:00-10:45 am	10:00-10:45 am	10:00-10:45 am	10:00-10:45 am
11:00-11:45 am	11:00-11:45 am	11:00-11:45 am	11:00-11:45 am
6:00-6:45 pm	6:00-6:45 pm	6:00-6:45 pm	6:00-6:45 pm
7:00-7:45 pm	7:00-7:45 pm	7:00-7:45 pm	7:00-7:45 pm

Attach to "Client Medical History
& Physicians Statement" and give to
Doctor.

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Dear Health Care Provider:

Your patient, _____
(Client's name)

is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete 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.

Orthopedic

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

Neurologic

Hydrocephalus/shunt
Seizure
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Other

Poor Endurance
Skin Breakdown
Medications – i.e. photosensitivity
Indwelling Catheters

Medical/Psychological

Allergies
Animal Abuse
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Cardiac Condition
Dangerous to self or others
Exacerbations of medical conditions (e.g. RA, MS)
Fire Settings
Heart Conditions
Hemophilia
Medical Instability
Migraines
Peripheral Vascular Disease
Recent Surgeries
Respiratory Compromise
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine activities, please feel free to contact an instructor at the center at the address/phone indicated below.

281-356-5900
Fax 281-356-5901
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CLIENT MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

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To be completed by physician and returned to JoyRide Center

Client Name: _____ M/F: _____ Date of Birth: _____

Height: _____ Weight: _____

Diagnosis: _____ Date of Onset: _____

Current Medications: _____

Known Allergies: _____ Treatment: _____

Past/Prospective Surgeries: _____

Shunt Present: Y N Date of last revision: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Yes No Assisted Ambulation: Yes No

Wheelchair: Yes No Braces/Assistive Devices: _____

For those with Down Syndrome: A yearly medical exam including a complete neurologic exam has been done and shows no evidence of Atlantoaxial Instability. Yes No _____ Initials

For those with Scoliosis: Please indicate degree and location of curvature _____

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

AREAS	YES	NO	AREAS	YES	NO	AREAS	YES	NO
Auditory			Skin			Orthopedic		
Visual			Immunity			Allergies/Asthma		
Tactile Sensation			Pulmonary			Learning Disability		
Speech			Neurologic			Cognitive		
Cardiac			Muscular			Psychological		
Circulatory			Balance			Pain		

Please provide additional comments for areas marked "yes" above: _____

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

Print Name/Title: _____ MD DO NP PA Other _____

Signature: _____ **Date:** _____

Address: _____

Phone: (_____) _____ License/UPIN #: _____

PRESCRIPTION FOR
PHYSICAL OR
OCCUPATIONAL THERAPY

JOYRIDE CENTER, INC.
29550 TUDOR WAY
MAGNOLIA, TX 77355
281-356-5900
FAX 281-356-5901
WWW.JOYRIDECENTER.ORG



Client: _____

DOB: _____

Prescription for evaluation and treatment by a Physical Therapist or Occupational Therapist at the JoyRide Center, Inc.

Recommended frequency: 1X per week

Precautions: Universal, _____

Physician's Signature: _____

Date: _____

Please print or stamp:

Physician's name: _____

Address: _____

Phone: _____

For additional information, we encourage you to contact our therapist:

Lee Ruonavaara, PT, HPCS
281-356-5900
lee@joyridecenter.org



GETTING TO KNOW YOU

Please fill out this page for our Rider Notebook. The Rider Notebook is for the volunteers to get to know a little about the riders they will be working with.

_____ Date

PICTURE - optional
(You can email a picture to pwagner@JoyRideCenter.org)

My full name is _____

Please call me _____ My birthday is _____
(name I go by)

I began riding at JoyRide on _____ (date).

Family members: _____

Pets: _____

My interests or hobbies are _____

My goals for riding therapy are _____

(Optional) Please supply any details about the rider you think might be helpful to the volunteers who will be working with him/her/you. (Speech, Vision, Comprehension)

Particular methods that this rider responds to: _____



IT TAKES A VILLAGE (or a Barnful!!!)

Name: _____ Date: _____

Phone: _____ Email: _____

You may have heard the statement "It takes a village to raise a child." In JoyRide's case, it takes a barnful of people of different skills, talents and contacts to insure that we can continue to provide the quality services our clients deserve. This optional page is to let us know about your special skills, talents, affiliations and desire to become more involved in JoyRide. Thank you for taking the time to fill this out.

SPECIAL SKILLS: Please check any special skills, talents, or knowledge that you wish to share with JoyRide.

- Carpentry Plumbing Electrical Graphic Design Writing General Office
- Data Entry Public Speaking Experienced Horse trainer Finance
- Computer Technology Other _____

AFFILIATIONS: We apply for grants and are willing to speak to companies, foundations, churches and organizations. It helps to know if we have JoyRide family members who are affiliated with those groups.

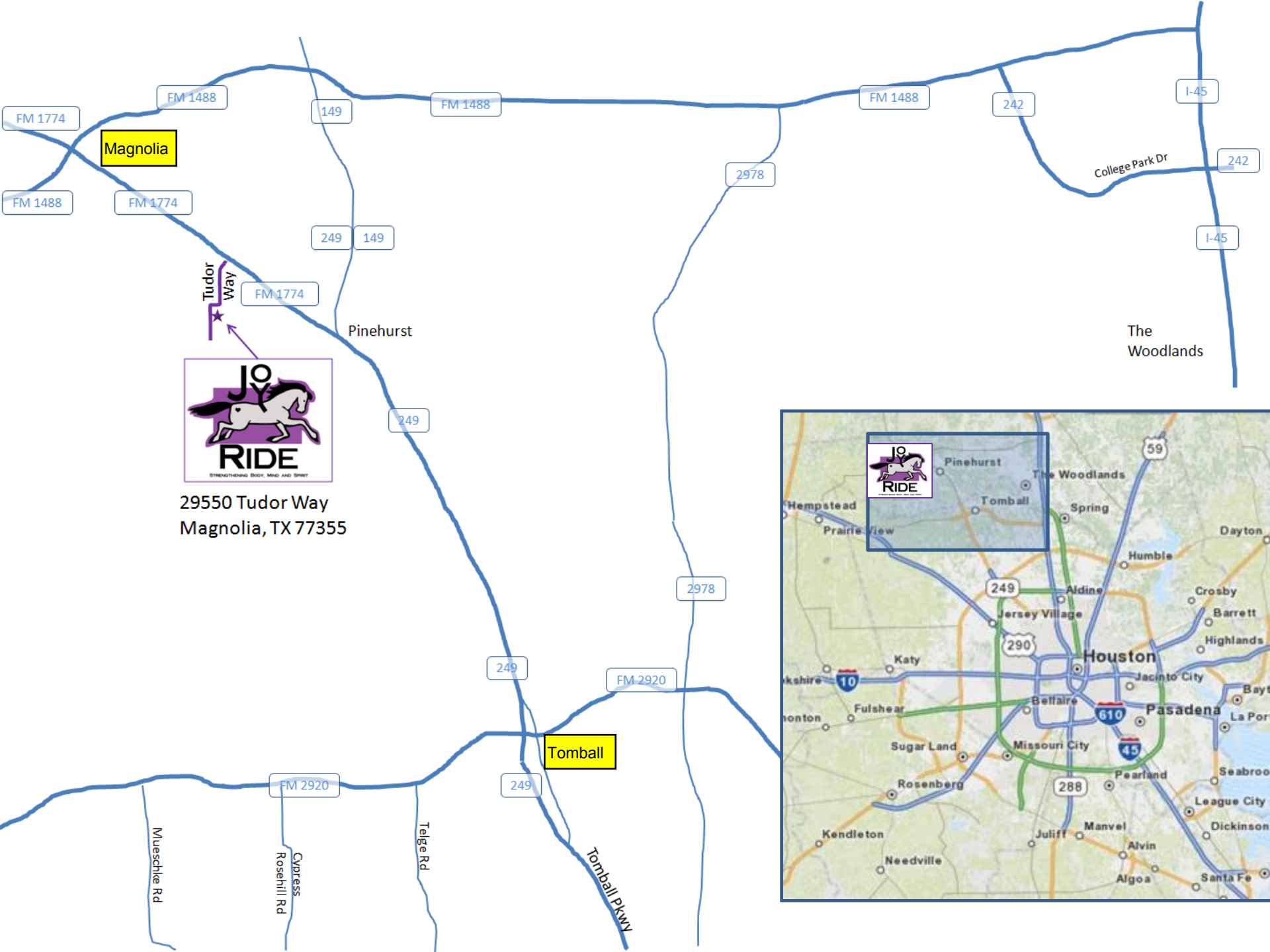
Corporate/business affiliations: _____

Religious affiliation and location: _____

Civic and professional organization affiliations: _____

Other: _____

Please list any other ways you would like to become more involved in JoyRide.



Magnolia



29550 Tudor Way
Magnolia, TX 77355

Tomball

