

**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.

- ⊆ It is recommended that clients be at least three 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. Clients will be periodically re-evaluated.

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 students and volunteers electronically. The enclosed map will help you find the JoyRide Center location.

Please contact **Karen Abbott, Therapy/Education Team Leader, 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. JoyRide is a member of PATH, International, www.pathintl.org , the organization that sets the standards and guidelines for equine-assisted therapy programs.

PROGRAM OVERVIEW

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



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

We provide two primary programs – Education and Therapy.

1. Education – Riding and Learning

The JoyRide Center Educational Programs provide therapeutic horsemanship, social connections, competition opportunities, community based vocational training, educational support and daily living skills that are specific for each person.

Lessons are 45 to 75 minutes to include both mounted and un-mounted activities. They may include riding skills, fitness exercises, horse care and 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.

2. Hippotherapy –PT on the Horse

The JoyRide Center offers Physical therapy services that focus 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.

Sessions are usually 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.

Benefits of Our Program 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 aggressive 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 and organized into teams: Therapy/Education, Administration, Fundraising, Public Relations, Finance, Equine, Facilities, and Volunteer. Some team leaders 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. Volunteer Horse Handlers and Sidewalkers are trained in specific methods to help provide our clients with the most beneficial experience possible.

CLIENT GUIDELINES

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



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

Semesters: JoyRide offers a spring, summer and fall semester which vary in length. Calendars are available at the center and on our website.

Lessons: (See descriptions on *Class Availability* form)

Educational program/therapeutic riding lessons – 45-75 minutes

Hippotherapy/Developmental Skills sessions – usually 45 minutes

Lessons/sessions are offered Monday-Friday, with morning, afternoon and limited evening times available.

New Client Registration: New 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 dependant upon the availability of volunteers and appropriate horses.

Tuition/Fees:

Evaluation Fee - **\$75**...a one-time fee paid at the time of initial evaluation

Administration Fee - **\$25**... a yearly fee due from all clients by your first day of attendance each year

75 minute lessons - **\$55** each

45 minute sessions - **\$45** each

You will be emailed an invoice during the 1st week of each month for lessons/sessions in the previous month with tuition due upon receipt. JoyRide appreciates (and depends on!) tuition being paid in a timely manner. If you need to discuss financial arrangements, please contact Jackie McDonald, jmcdonald@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

Class Cancellations: The JoyRide instructors make every attempt to have lessons, even in inclement weather. Sometimes, if riding is not possible, un-mounted lessons may take place. Classes will only be cancelled in the event of dangerous or threatening weather. Your instructor will call the number you have designated to inform you of class cancellations or you may call the office. You will not be charged for classes **cancelled by JoyRide**; however, if **you** cancel or do not show up for a lesson/session, your **regular class tuition fee will be charged**.

If your tuition is paid by a service provider (Astrocare, Scoggins, REACH, etc.), JoyRide can only bill for days that you receive services. Therefore, to keep things fair for all clients, if **you** cancel the lesson/session, you will be charged a cancellation fee by JoyRide equal to the class tuition fee. If the lesson/session is **cancelled by JoyRide**, no fee will be charged.

Paperwork: The following paperwork is required for all clients and must be renewed annually during July and August 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 Therapy – to be filled out and signed by a physician for hippotherapy clients only
5. JoyRide Class Availability

CLIENT GUIDELINES

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



Attendance: All 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 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.

Clothing Requirements for Clients: We encourage each client to have his 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.** See instructor if you have any questions.)

Also: Long pants or appropriate clothes for your class or the weather (Shorts may be worn when it is hot.)
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 in the designated 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.

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**. 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 &
AUTHORIZATION FOR EMERGENCY
MEDICAL TREATMENT**

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



(Please print legibly.)

First Name: _____ Last Name: _____ MI: _____
Date of Birth: ____/____/____ Gender: Male Female
Parents/Legal Guardian: _____ Home Phone: (____) _____
Client/Mom: Cell: (____) _____ Work: (____) _____
Dad: Home (if different): (____) _____ Cell: (____) _____ Work: (____) _____

Please star (*) the phone number above we should call to inform you of class cancellations.

Address to use for correspondence from JoyRide: _____
City: _____ State: _____ Zip: _____ County: _____
E-mail address to use for correspondence from JoyRide: _____
Employer/Occupation (of Mom/Dad/Client): _____
Caregiver (if applicable): _____ Phone: (____) _____
School/Employer (of client): _____
Preferred Medical Facility: _____ Allergies: _____
Current Medications & Dosage: _____

In the event of an emergency, contact:

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

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. 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 may sustain while participating in JoyRide programs. **WARNING** - Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine 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 for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

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

The above releases apply to all family members & caregivers of this client. Contact your instructor if you have any questions about this policy.

**CLIENT REGISTRATION/RELEASE &
AUTHORIZATION FOR EMERGENCY
MEDICAL TREATMENT**

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



Client Name: _____

Read both and **check one below and sign:**

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 JoyRide Center to: 1) Secure and retain medical treatment and transportation if needed. 2) Release any 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 "life-saving" by the physician. This provision will only be invoked if the emergency contacts are unable to be reached.

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

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. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Non-Consent Signature: _____ **Date:** _____
Client, Parent or Legal Guardian

BILLING INFORMATION – Please check appropriate boxes, provide additional information, if necessary, and sign and date.

Billing email address, if different than the one on previous page (please print legibly):

I do not have an email address. Please mail invoices to address on previous page.

Please mail invoices to a different address:

Address: _____ City: _____ Zip: _____

Private Pay Clients: I understand that I will be charged 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 cancel or do not show up for a lesson/session, I will be charged a class cancellation fee equal to the class tuition fee. There will be no charge for classes cancelled by JoyRide.

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

Client/parent/guardian Signature

Date

FOR OFFICE USE ONLY: Date all completed paperwork received: _____ Evaluation Date: _____

Evaluated by: _____ Date Eval Fee Rcvd: _____ Tuition Rate: _____ Class Cancel Fee _____

Start Date: _____ Data Entry (initial & date): SF _____ File _____

11.6.11

**CLIENT GOALS/SKILLS/
HEALTH HISTORY**

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



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.): _____

_____ **Client/parent/legal guardian signature** _____ **Date**

JoyRide Class Availability

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



Name: _____ Date: _____

Hippotherapy (Hippo): **45 minute session. \$45 per session** - Class for clients that require one-on-one treatment with a therapist. This is occupational or physical therapy, not a riding skills class.

Developmental (Dev): **45 minute class. \$45 per class** - Class for clients that require small group or one-on-one type class with therapist or instructor. Educational Activities/Motor Skills/may also involve some pre-riding skills.

Therapeutic Riding (TR): **75 minute class. \$55 per class** - Class for clients that can participate in a group setting. This is a Riding Skills Class. Minimum age 8 yrs old.

Please circle class times that are appropriate for you/your child's needs and would fit your schedule. Class types are abbreviated as shown above.

Monday	Tuesday	Wednesday	Thursday	Friday
Magnolia ISD	9:00-9:45 am Hippo/Dev	Magnolia ISD	9:00-9:45 am Hippo/Dev	9:00-9:45 am Hippo/Dev
Magnolia ISD	10:00-10:45 am Hippo/Dev	Magnolia ISD	10:00-10:45 am Hippo/Dev	10:00-11:15 am TR
Magnolia ISD	11:00-11:45 am Hippo/Dev	Magnolia ISD	11:00-11:45 am Hippo/Dev	11:15-12:30 pm TR
XXX	1:00-1:45 pm Hippo	XXX	1:00-1:45 pm Hippo	XXX
XXX	2:00-2:45 pm Hippo/Dev/TR	XXX	2:00-2:45 pm Hippo/Dev/TR	XXX
XXX	3:00-4:15 pm TR	XXX	3:00-4:15 pm TR	XXX
XXX	4:15-5:30 pm TR/Dev	XXX	4:15-5:30 pm TR/Dev	XXX
XXX	6:15-7:30 TR	XXX	XXX	XXX

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

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



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
Dangerous to self or others
Exacerbations of medical conditions
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 the center at the address/phone indicated below.

281-356-5900
Fax 281-356-5901
29550 Tudor Way
Magnolia, TX 77355

CLIENT MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

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



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: _____

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: AtlantoDens Interval X-rays, date: _____ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: _____

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: _____

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the PATH, Intl. (formerly NARHA) center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

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

Signature: _____ **License/UPIN #:** _____ **Date:** _____

Address: _____ Phone: (____) _____

**PRESCRIPTION FOR
PHYSICAL 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 at the JoyRide Center, Inc.

Recommended frequency: 1X per week

Precautions: Universal, _____

Physician's Signature: _____

Date: _____

Please print or stamp:

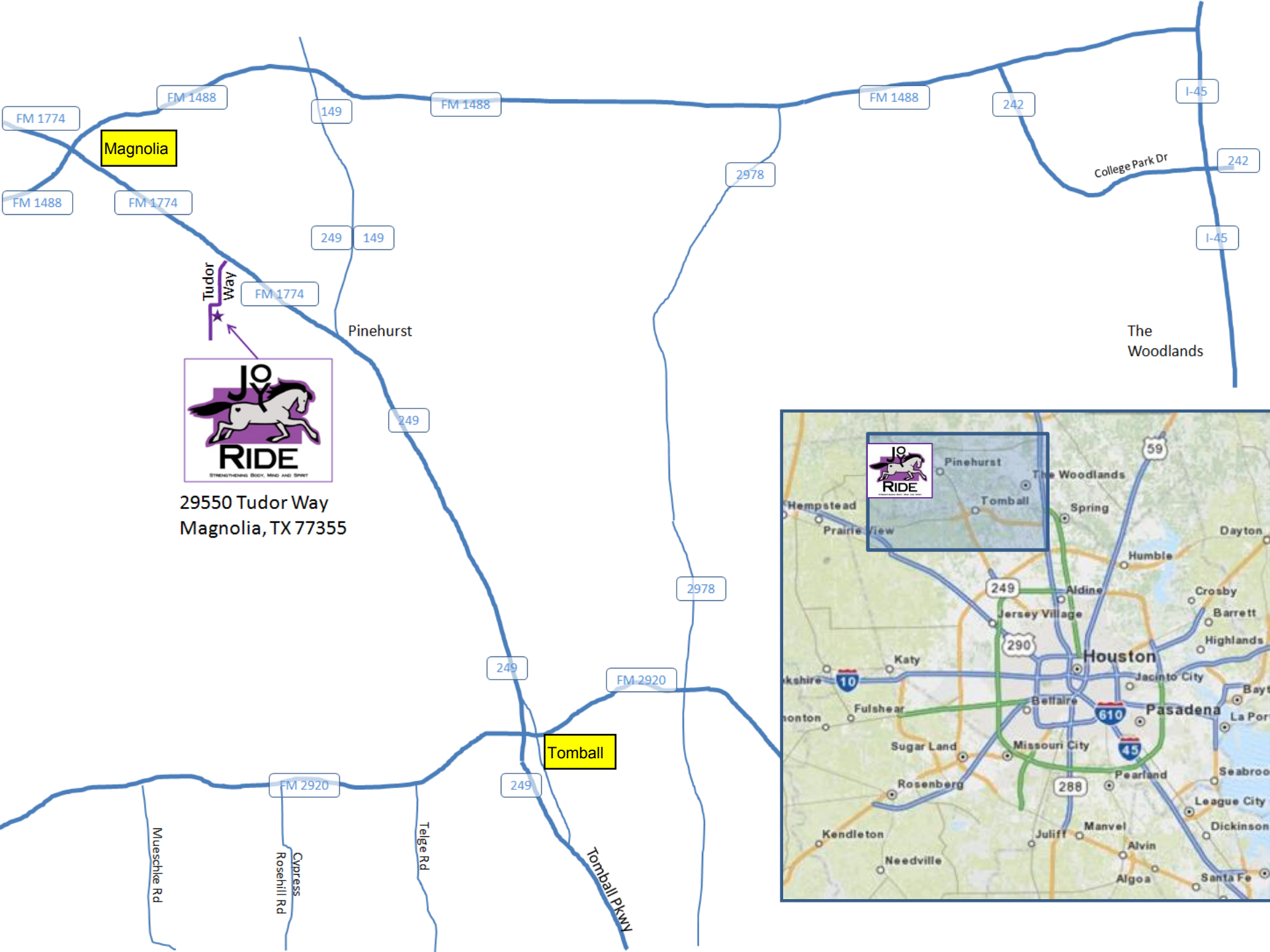
Physician's name: _____

Address: _____

Phone: _____

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

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



Magnolia

Tomball



29550 Tudor Way
Magnolia, TX 77355

