

## JOYRIDE CENTER SUMMER SEMESTER 2021



Dear JoyRiders,

Join us at JoyRide for “Summer of Sport” fun! Here is all you need to know about our summer semester:

**Semester Dates: 7 weeks, Tues., JUNE 1st - Fri., JULY 16th**, riding once/week

**We will be offering indoor lesson times again, so no one has to miss JoyRide just because of the heat!**

**Cost: \$350** All classes are 45 minutes/\$50 per class.  
Active clients will be billed monthly as usual.

**Tuition Assistance:** Due to several generous grants, we are able to offer Tuition Assistance to families in need, which can cover up to 50% of riding fees. If you would like to apply for Tuition Assistance, contact Bookkeeper, Peggy Wagner, [pwagner@joyridecenter.org](mailto:pwagner@joyridecenter.org). **If you already receive Tuition Assistance, there is no need to re-apply for the summer.**

**Family Participation:** If spots are available, we offer the opportunity for client family members to ride in the summer. This is a fun way to share this unique activity. Family members are charged the same rate as regular clients (unfortunately, Tuition Assistance is not available for family members). Use the attached Client Family Member Summer Registration Form. Please note that we do have a 225 lb. weight limit for all riders.

**The following are all due in the JoyRide office by **MONDAY, MAY 3rd:****

- ❖ **Summer Registration Forms** (for both, clients and family members see attached)
- ❖ **Tuition Assistance Application** (if applicable). **If you are already receiving Tuition Assistance, no application is necessary**

The summer schedule fills up fast! Our current active riders are given first priority in the summer schedule, then we place Summer Only riders, then Waiting List riders prioritized by evaluation date. So don't miss a deadline as it may move you down the priority list. We hope you can join us for a fun summer!

# JOYRIDE CENTER

## SUMMER 2021 CLIENT REGISTRATION FORM

**\*\*\*\*\* This Form Due to JoyRide Office Monday, MAY 3rd\*\*\*\*\***

Questions, contact:

Shannon Beaty, Office Manager, 281-356-5900, [officemanager@joyridecenter.org](mailto:officemanager@joyridecenter.org)

Emma Lean, Horsemanship Program Manager, 281-356-5900, [elean@joyridecenter.org](mailto:elean@joyridecenter.org)

Please use this form for **eligible JRC clients only**. We will schedule any family members at the same day/time. You will receive a follow up letter confirming your class day and time in mid-May.

(Please print legibly.)

**JoyRide Client Rider Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Availability:** Please check **all days and times** you are available, with a **minimum of 3 selections**.

<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
___ 9 -9:45	___ 9 -9:45	___ 9 -9:45	___ 9 -9:45
___ 10 – 10:45	___ 10 – 10:45	___ 10 – 10:45	___ 10 – 10:45
___ 11-11:45	___ 11-11:45	___ 11-11:45	___ 11-11:45
___ INDOOR: 1-1:45	___ INDOOR: 1-1:45	___ INDOOR: 1-1:45	
___ INDOOR: 2-2:45	___ INDOOR: 2-2:45	___ INDOOR: 2-2:45	
___ INDOOR: 3:30-4:15	___ INDOOR: 3:30-4:15	___ INDOOR: 3:30-4:15	
___ 6:00- 6:45		___ 6:00 - 6:45	
___ 7:00-7:45		___ 7:00-7:45	

**Class Cancellations:** As stated in the Client Guidelines: *You will not be charged for classes cancelled by JoyRide; however, if YOU cancel or do not show up for a lesson, your regular class tuition fee (\$50 for summer classes) will be charged.* This does not apply to clients whose tuition is paid by a service provider.

**Planned Absences:** We understand you may have vacations or summer camps planned. If you know of days you will be absent, please list them here: \_\_\_\_\_

*Please email registration forms to [officemanager@joyridecenter.org](mailto:officemanager@joyridecenter.org), mail to: JoyRide, 29550 Tudor Way, Magnolia, TX 77355, attn. Shannon Beaty, or fax to 281-356-5901.*

**FOR OFFICE USE ONLY:** Date Reg Rcvd \_\_\_\_\_ Fam App Rcvd \_\_\_\_\_ TA App Rcvd \_\_\_\_\_

**JOYRIDE CENTER**  
**SUMMER 2021 FAMILY MEMBER REGISTRATION FORM**

**Please copy and fill out this form for each family member that wishes to participate. We will assign the family member to the same day/time as the JRC Client.**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Relationship to which JRC Client?** \_\_\_\_\_

**Contact Information (if different than JRC client)**

**Parent/Legal Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **C,S,Z:** \_\_\_\_\_

**Preferred Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please list any special precautions/ health issues that we should be aware of:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Liability Release:**

\_\_\_\_\_ (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.

**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**