



# Arion Therapeutic Farm

## REGISTRATION FORM

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

Language:  English  Other  Sign language Height (ft): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Days attending Arion:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

### PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

1. Parent / Guardian \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. Parent / Guardian \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

If there is a custody agreement or restraining order, please give details: \_\_\_\_\_

\*\* copies of legal documents included with registration information

In case of emergency please contact \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

### CHILD PICK-UP PERMISSION FORM (Check appropriate space and provide names, if applicable)

\_\_\_\_ NO ONE except the parents/guardian should be allowed to pick up the child from this program

\_\_\_\_ The following person(s) have are authorized to pick-up the child from the program:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**MEDICAL INFORMATION:**

Primary Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

Any medical concerns: \_\_\_\_\_

Any known allergies/dietary concerns: \_\_\_\_\_

Diabetic (Type 1 or 2): \_\_\_\_\_ Insulin: \_\_\_\_\_ Epileptic: \_\_\_\_\_

If epileptic, frequency of seizures: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_ Types seizures: \_\_\_\_\_

Assistive devices or technologies used:  
(wheelchairs, walkers, braces, cochlear implant, etc): \_\_\_\_\_

Is your child on medications  Yes  No If yes please list: \_\_\_\_\_

(If our staff will need to administer medication, please be sure to complete one of our consent forms.)

**BEHAVIOUR SUPPORT INFORMATION:**

Does your child have a behavior support person at home or school  Yes  No

School Attending: \_\_\_\_\_

Any Learning / Physical concerns: \_\_\_\_\_

Any emotional / behavior concerns: \_\_\_\_\_

Please list any other information you think the staff need to be aware of in order to help your child succeed at Arion \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Horse Experience  Yes  No

If yes please explain \_\_\_\_\_

Which program(s) are you interested in? \_\_\_\_\_

What are your goals for this student? \_\_\_\_\_  
\_\_\_\_\_

I have filled out to the best of my knowledge the above information and agree to notify the staff at Arion if there are any changes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**STUDENT WAIVERS**

**PERMISSION FOR TRANSPORTATION SERVICES**

I give permission for my child to be transported by Arion Therapeutic Farm van /staff from the aforementioned school to Arion Therapeutic Farm with the possibility of another school pick up before returning to Arion Therapeutic Farm/

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

I consent and authorize the use and reproduction by Arion Therapeutic Riding Association of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature of client/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATION RELEASE**

I hereby authorize Arion Therapeutic Riding to release to its instructors, helpers, and horse boarders such information, as may be necessary to conduct a beneficial and safe riding program.

Name of rider \_\_\_\_\_ Date \_\_\_\_\_

Signed (Student/Parent/Guardian) \_\_\_\_\_

Relation to rider: \_\_\_\_\_ Witness: \_\_\_\_\_

**MEDICAL TREATMENT RELEASE**

I, \_\_\_\_\_ as the parent or guardian under circumstances as stated below, hereby authorize Arion Therapeutic Riding Association to secure such medical advice and treatment as may be deemed necessary for the health and safety of my child or ward (name) \_\_\_\_\_, and I agree to accept complete financial responsibility in excess of the benefits allowed by the Provincial Health Plan:

1. Where the health and well being of my child/ward is involved.
2. Where medical advice has been such that further services are required – services which require the consent of the parent or guardian.
3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the person in charge of the program as to what steps must be taken for the welfare and safety of my child/ward.

Doctor's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Member's Health Care Number: \_\_\_\_\_ Other Hospital Insurance: \_\_\_\_\_

Parent Name: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Signature of parent/ legal guardian if under the age of 19)

WITNESS: \_\_\_\_\_

Printed name of witness: \_\_\_\_\_

Dated at Kelowna, B.C., this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## PARENT RELEASE FORM

I, \_\_\_\_\_ am the (parent or guardian) of \_\_\_\_\_ and certify that he/she has my permission to participate in the Arion Therapeutic Riding Association/Arion Therapeutic Farm at 2457 Saucier Rd, Kelowna, BC.

I am aware that there are inherent dangers; hazards and risks associated with equine and farm activities and injuries resulting from these risks can occur. I am aware that the risks of equine and farm activities mean those dangerous conditions, which are integral part of equine and farm activities including but not limited to:

- a) The propensity of any equine or animal to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite, or kick other animals, people or objects.
- b) The unpredictability of an equines or animals reaction to such things as sounds, sudden movements, tremors, vibrations unfamiliar objects, persons or other animals and hazards.
- c) The potential for other participants to behave in a neglectful manner that may contribute to injury to themselves or others.

I agree that the participation of (student's name) \_\_\_\_\_ is entirely at his/her own risk. Horse riding is potentially dangerous and it is in the interest of the student's well being that the following information is being requested.

**I have read and understand this parent release form. I agree to allow \_\_\_\_\_ (student's name) to participate voluntarily upon the basis of its terms.**

Parent Name: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

Printed name of witness: \_\_\_\_\_

Dated at Kelowna, B.C., this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## RESPONSIBILITY WAIVER

I, \_\_\_\_\_, the undersigned, hereby agree to give up all claims against ARION THERAPEUTIC RIDING ASSOCIATION, its board of directors, operators and employees or any agents working for ARION THERAPEUTIC RIDING ASSOCIATION, its board of directors, operators and employees, for any damage, injury, death for loss to myself, my horse(s), or property during the use of ARION THERAPEUTIC RIDING ASSOCIATION property, facilities, services or horses and to indemnify ARION THERAPEUTIC RIDING ASSOCIATION, its board of directors, operators and employees or any agents working for ARION THERAPEUTIC RIDING ASSOCIATION, its board of directors, operators and employees against all legally established claims or damages of any kind that may occur due to my use of ARION THERAPEUTIC RIDING ASSOCIATION property, facilities, services or horses.

I have read and voluntarily sign this indemnity agreement release and waiver of all liability, and further state that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

This agreement is effective from this day forward.

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Signature of student if over the age of 19) (Signature of parent/ legal guardian if under the age of 19)

WITNESS: \_\_\_\_\_

Printed name of witness: \_\_\_\_\_

Dated at Kelowna, B.C., this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## Fee Schedule / Cancellation Policy

- |                               |   |
|-------------------------------|---|
| • Therapeutic Riding Lessons  | \$30/half hour<br>\$50/hr<br>\$40/semi-private hr |
| • Behavior Intervention       | \$30/hr   |
| • Afterschool Program         | \$15/hr ** pick up charge extra                   |
| • Equine Healing/ Ground Work | \$40/hr   |
| • Club Arion                  | \$90/session ** pick up charge extra              |
| • Horsemanship Course         | \$50/session                                      |
| • Birthday Party              | \$185/group of 8                                  |
| ** see reg. form for details  |   |
| • Farm Discovery Tours        | \$40/family of 4                                  |
| ** see reg. form for details  |   |

\* Group rates available on request

\*\*rates are subject to change without notice

- Prepayment is required for the season in order to secure a timeslot for **all programs & services.**
- Payment for the full length of the season is required regardless of illness or absences. Student absences result in unfair gaps in our instructors and volunteers schedules. For consideration of our dedicated volunteers please give us as much notice of cancellations as possible.
  - Funded-students: Confirmation of funding source is required and must be approved by Arion **prior** to start the program or service. Personal payments may be required until funding is secured.
  - Non-funded students: Monthly payments are permitted but postdated cheques for the 1<sup>st</sup> of each month will be required.
    - NSF Charge \$25/per item
- Every attempt will be made to avoid cancellations. However, there are situations that are unavoidable at times, such as, equine health related issues, dangerous weather, and staffing
- During instructor illness or absence, we will ensure a replacement instructor is present. At the end of each season we will provide you with a progress report and invite your feedback – this truly important as we strive to offer you the best programs possible.

Invoices will be issued for your records only at the end of each month. Monthly statements will be issued to reflect payments.

**FOR CANCELLATIONS PLEASE CALL OUR BARN AT 778-477-4395.**

If there is no answer please leave a voicemail.

**All other enquiries please the office at 778-477-1006.**

The undersigned hereby acknowledges the above fee schedule / cancellation policy and understands that he/she is ultimately responsible for payment for themselves or their child.

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Signature of student if over the age of 19)

(Signature of parent/ legal guardian if under the age of 19)

WITNESS: \_\_\_\_\_ Printed name of witness: \_\_\_\_\_

Dated at Kelowna, B.C., this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## **RULES FOR RIDERS**

### **WHAT TO WEAR:**

- closed toe shoes with a heel (please no runners or sandals)
- form fitting shirt/jacket (not too bulky)
- long pants (not too tight or short – track pants or jeans are fine)
- gloves for cooler weather
- long hair tied back
- please no hanging jewelry (ie. Dangling earrings or bracelets)
- contact lenses not recommended

### **BARN PROCEDURES:**

- Please arrive only **5 minutes** before your start time. This prevents disruptions and reduces traffic while the previous lesson finishes
- Sign in and wait in designated area until instructor greets you. Please do not approach horses turned out in paddocks
- The instructor will escort the student to the ring where the volunteers will bring in the horses.
- Please do not feed the horses. Students will be permitted to feed treats at end of lesson with instructor supervision.
- Caregivers are welcome to stay however it is often more beneficial to the rider if they do not see the familiar face as this can distract their focus. In addition improvements will be more noticeable after 8 weeks than from week to week.

### **LESSON FORMAT:**

Each lesson will be tailored to each student of which the basic format will be as follows:

- groom
- tack up
- pre-ride warm up (if needed)
- mounting
- warm up/stretching
- lesson
- games
- dismount
- cool down
- farewells/treats

**Initial** \_\_\_\_\_

- Children under the age of 12 must be accompanied by a parent and parents are responsible for the actions of their children.
- **NO dogs please.**
- If you bring a guest you are responsible for the actions of such guest.
- No Smoking on Property
- No running or shouting in the riding area.
- Please do not enter the small animal corral without staff.
- No photographs are permitted without permission from the instructor as some riders may not have a photo release and some horses may be afraid of the flash.
- Never approach a horse from behind, approach them from the side.
- Always keep a hand on the horse's body as you move around them or walk far enough away that they would not be able to kick you. ( they will not try kick you intentionally but if they get scared you don't want to be in the way)
- **NO RIDER WILL MOUNT OR DISMOUNT UNLESS THE INSTRUCTOR IS PRESENT AND ASKS THEM TO DO SO.**

**Initial** \_\_\_\_\_