



CINCINNATI THERAPEUTIC RIDING AND HORSEMANSHIP

1342 U.S. Highway 50, Milford, Ohio, 45150

Phone: 513-831-7050 / SFax: 844-716-2708 / Email: Info@CTRH-online.org

www.CTRH-online.org

HIPPOTHERAPY CLIENT REGISTRATION – Session 7 and 8 2018

Session 7: 6 weeks – October 1 – November 10 / Session 8: 6 weeks – November 12- December 22

1. **New Riders must schedule a pre-enrollment visit.** Please call for more information 513-831-7050
2. Current Riders register by fax, mail, email, or in person. **Please complete and return this Page. Payment must be made by mail or dropped off at time of registration.** Only after payment is received can you be confirmed.
3. Please review the riding class schedule on the next page and select a first and second choice of day and time. **Classes are filled on a first come, first served basis.** We will do our best to accommodate your preferences.
4. Within a few weeks, we will send you a confirmation email with your day, time and instructor.
5. If you are unable to make a class, please contact CTRH 24 hours prior to the class date for an excused absence. Only excused absences are given a credit that can be used in an upcoming Session in the same year. We do not refund missed classes. Also, please be sure to review our weather cancellation policy.
6. In order to ensure coordinated care, CTRH staff and volunteers are provided with information about participant's abilities/disabilities.

Rider's name: _____

Weight: _____ **Height:** _____ **Age (2 ½ years minimum):** _____

6-week Session 7: Day & time: First choice: _____ **(see class time/date chart**
October 1 – November 10 **Second choice:** _____ **on next page)**

6-week Session 8: Day & time: First choice: _____
November 12- December 22 **Second choice:** _____

Has Rider's medical status changed? No Yes If "yes" how so: _____

Rider's Home address: Street: _____

City/State/ Zip: _____

Parent/caregiver Name: _____

Email (please print clearly): _____

Phone: (cell/home/work) _____

Mailing Address (if different from rider): _____

Check here if any of
 this information has
changed recently.

Check here if you
prefer paper copy of
registration forms
mailed to you.

EMERGENCY CONTACT NAME & PHONE: _____

FEES FOR Session 7 and 8 2018 Therapy: \$390 per 6 week Session

Payment must be made by mail or dropped off at time of registration.

Payment Method-Check one: Cash (In person Only) Amount: \$ _____

Check # _____ Amount: \$ _____

Credit card: Visa | MasterCard Card #: _____ Exp. Date:

_____ Code: _____ (3 digits) Card Holder: _____

Billing address: _____

Paid for by other agency or benefactor. **YOU ARE RESPONSIBLE FOR SECURING PAYMENT.** Please let us know if you need an invoice. Name of agency/contact person/address/phone: _____

Weekly Class Schedule for Sessions 7 and 8 2018

On the Rider Registration page, write in your first and second choice for day/time of class.
We will do our best to accommodate your preferences.

HIPPOTherapy				
MONDAY	TUESDAY	THURSDAY	FRIDAY	SATURDAY
	2:00 - 3:40 pm	2:00 - 3:40 pm	9:00 - 10:40 am	
	3:50 - 5:30 pm	3:50 - 5:30 pm	10:50 am - 12:30 pm	

October							November						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	H	H	24
28	29	30	31				25	26	27	28	29	30	
December													
S	M	T	W	T	F	S							
						1							
2	3	4	5	6	7	8							
9	10	11	12	13	14	15							
16	17	18	19	20	21	22							
23	24	25	26	27	28	29							