



CINCINNATI THERAPEUTIC RIDING AND HORSEMANSHIP

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

Phone: 513-831-7050 / Secure Fax 844-716-2708 / info@ctrhequinetherapy.org

www.ctrhequinetherapy.org

HIPPOTHERAPY SESSION REGISTRATION 2020

Rider's name: _____

Weight (175 lb. limit*): _____ Height: _____ Age (2 ½ years minimum): _____

* Exceptions based on ability

Cost Per 8 Week Session: \$600 (\$75 per week)

New Riders must schedule a pre-enrollment visit. Please call for more information 513-831-7050

Current Riders register by fax, mail, or email. **Please complete and return this page. Payment must be made by check (mail), cash, or credit/debit card online via Square Invoicing (invoice will be sent to the email listed by you on this form).** If paying with a credit/debit card a 5% service fee will be added to your Square invoice. Once payment is received your class confirmation will be emailed with your payment receipt. Your confirmation will include your class day, time and instructor.

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.

In order to ensure coordinated care, CTRH staff and volunteers are provided with information about participant's abilities/disabilities.

Session 1 (8 Weeks) February 2 – March 28

Session 2 (8 Weeks) March 29 – May 23

Session _____ <small>(Enter Session you are registering for)</small>	Day & time: _____	First choice: _____ (see chart on next page) Second choice: _____
Session _____ <small>(Enter Session you are registering for)</small>	Day & time: _____	First choice: _____ (see chart on next page) Second choice: _____

Dates Rider will not be in Class (if known): _____

Is there a Third Party Payer (CCDD, etc.)? _____

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) _____

Check here if any of this information has changed recently.

EMERGENCY CONTACT NAME & PHONE: _____

Weekly Schedule for Sessions 1 & 2 - 2020

On the Client Registration page, write in your first and second choice for day/time of class.

Hippotherapy		
TUESDAY (2 Slots per Time)		FRIDAY (2 Slots per Time)
2:00 – 2:45 pm		9:00 – 9:45 am
2:55 – 3:40 pm		9:55 – 10:40 am
3:50 – 4:35 pm		10:50 – 11:35 am
4:45 – 5:30 pm		11:45 – 12:30 pm

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. If a rider is more than 15 minutes late it will be considered a “No Show” and class will proceed without you.

No Shorts or Capri Pants are allowed for riding (legs must be covered). No Crocs, Sandals or other footwear that doesn’t protect the foot entirely are allowed for riding.

Rider should be fever/vomit free for 24 hours before being sent back to our facility. We don’t want to spread illness to others.

CTRH Programming Weather Guidelines:

Programming may be canceled or discontinued if the following occurs, but is still subject to termination per discretion of the onsite instructor or treating therapist.

Weather Conditions as follows:

- The Milford School District being closed due to winter weather
- Heat being over 90 degrees or cold being under 25 degrees (call if unsure)
- Thunderstorms (driving rain, lightening or thundering)
- High winds
- Snow or ice falling from the top of the facility

Cancellations will be communicated with a call to rider caregivers (or via an email if unable to contact via phone or voicemail) and posting on CTRH’s Facebook page as quickly as possible once determination has been made.

Breaks/Holidays (NO CLASSES)
Jan 1 – Feb 2
May 24 – May 30
July 4
September 7
September 20 - 26
November 26 & 27
December 20 - 31