2024 Client Enrollment Application

Please keep this page for your records

2024 Sessions

Winter Session: January 8th - March 2nd

Enrollment deadline for new clients:
December 18, 2023

Spring Session: March 30th - May 24th

(Session starting on a Saturday)

Enrollment deadline for new clients:
March 11, 2024

Summer Session: July 1st - August 24th

Enrollment deadline for new clients:
June 10, 2024

Fall Session: September 30th - November 23rd

Enrollment deadline for new clients:
September 9, 2024

Sessions falling on holidays will be pro-rated.

Need to cancel or are running late?
Please call the office at 262-882-3470 and select "Option 5" as soon as possible.

Enrollment Process

1. **Complete this enrollment packet including the Physician's Statement/Signature.**
2. **Contact SMILES' Program Coordinator to schedule a new client evaluation before the session enrollment deadline. Contact information is found below.**
3. **During your evaluation, program options and openings will be discussed.**
4. **Invoicing will go out after your evaluation. Payment for the session is due prior to the session start date. *Third-party funders will be invoiced after the completion of a session.***

Please review the SMILES Client Policies enclosed to learn more about client requirements and expectations.

Fee Structure

8-week Therapeutic Riding Session: **$460**

8-week unmounted HEARTS Session: **$280**

All payments must be submitted prior to session start.

***Third party funding is accepted from agencies such as:* CLTS, IRIS/I-Life, Inclusa, *and more*.**

Scholarships are available!
If you are interested in applying for financial assistance, please contact us to receive an application.

Contact Us!

To start the enrollment process or to answer any questions about programming, please contact Katie Luessenhop, Program Coordinator at:

(262) 882-3470, option 2
classes@smilestherapeuticriding.org

Visit our website!
www.smilestherapeuticriding.org

SMILES INC
Special Methods In Learning Equine Skills

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

2024 Events Calendar

WINTER SESSION
January 8 - March 2

SMILES TACK SALE
Saturday, March 16th & Sunday, March 17

SPRING SESSION
March 30-May 24

NATIONAL VOLUNTEER WEEK
April 14 - 20

THE MANE EVENT GOLF OUTING
Wednesday, June 19, 10:30 AM—7:30 PM

SUMMER SESSION
July 1 - August 24

SMILES OPEN BENEFIT HORSE SHOW
Saturday, July 20 & Sunday, July 21
First Class at 8:00 AM

SMILES COUNTY FAIR HORSE SHOW
Friday, August 30
First Class at 8:30 AM

SUPERSTAR STUDENT HORSE SHOW AND OPEN HOUSE
Saturday, September 21
Opening Ceremony 9:00 AM

FALL SESSION
September 30 - November 23

N2666 County Road K, Darien, WI 53114 *Phone:* (262) 882-3470 *Fax:* (262) 882-5661 Email: classes@smilestherapeuticriding.org

Year: 2024

SMILES INC
Special Methods In Learning Equine Skills

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

Desired Program (circle) ⇩
Mounted / Unmounted (HEARTS) / Both

CLIENT ENROLLMENT APPLICATION

First Name: _____ Last Name: _____

Street: _____City: _____ State: _____ Zip: _____ County: _____

Primary Email: _____ Age: _____ ☐ Male ☐ Female

Primary Phone: _____ (circle one) Mobile Home Work

Parent/Guardian/Spouse Contact Information	
Parent/Guardian/Spouse/Partner Name: _____	Parent/Guardian Name: _____
Parent/Guardian/Spouse/Partner Phone Number: _____	Parent/Guardian Phone Number: _____
Parent/Guardian/Spouse/Partner Email: _____	Parent/Guardian Email: _____
Relationship to Client: _____	Relationship to Client: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Emergency Contact Name (2):_____ Emergency Contact Number (2):_____

Race:
- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Other Pacific Islander
- ○ White or Caucasian
- ○ I do not wish to provide this information

Ethnicity:
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino
- ○ I do not wish to provide this information

Height: _____ Weight: _____

Primary Disability: _____ Other Disabilities: _____

School: _____ Group Home: _____

Caregiver Name: _____ Caregiver Contact Info.: _____

Has the client ever been convicted, pled guilty, no contest to a crime or had deferred adjudication? Yes / No

If yes, please explain, including date, nature of offense, and terms of probation. _____

_____

Note: Conviction of a felony does not automatically restrict your participation. All factors will be considered.

Third Party Funding, if applicable : (Circle) IRIS/I-Life CLTS/DDIS Inclusa Other: _____

If CLTS, please list county: _____ Case Manager Phone: _____

Case Manager Name: _____ Case Manager Email: _____

N2666 County Road K, Darien, WI 53114 *Phone:* (262) 882-3470 *Fax:* (262) 882-5661 Email: classes@smilestherapeuticriding.org

SMILES INC
Special Methods In Learning Equine Skills

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

PHOTO RELEASE

___ I Do ___ I Do Not

Consent to and authorize the use and reproduction by SMILES of all photographs and other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature_____ Date _____

LIABILITY RELEASE

_____ (Client's name) would like to participate in the SMILES program. I acknowledge the risks and potential for risks of horseback riding, including the possibility of communicable illness due to engagement in social activity, despite infection control measures taken by SMILES. However, I feel 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 SMILES, its Board of Directors, Instructors, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the SMILES programs.

Signature: _____ Date_____

CONSENT or NON-CONSENT FOR MEDICAL TREATMENT

___ I Do ___ I Do Not

I authorize SMILES to secure and retain medical treatment and transportation if needed and release my records upon request to the provider of any such emergency medical treatment including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. If I do not authorize, please see my non-consent plan listed below.

Signature:_____ Date _____

NON-CONSENT PLAN, if applicable

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during my time at SMILES or while on the SMILES property. If treatment/aid is required, I wish the following procedure to take place:

_____

_____

_____

N2666 County Road K, Darien, WI 53114 *Phone:* (262) 882-3470 *Fax:* (262) 882-5661 Email: classes@smilestherapeuticriding.org

SMILES CLIENT POLICIES

These policies were established to ensure the quality and safety of our lessons for our clients, volunteers, and horses.

HORSE/RIDER:

- Any rider 150 pounds or more must be able to remain centered and balanced enough not to require side walkers for physical assistance.
- Having updated and accurate height and weight is imperative for both the rider and horse's safety.
- If your horse becomes injured, ill, or unable to work during your lesson time and there are no comparable horses available, you may need to do unmounted activities that day. Your instructor will do their best to let you know in advance when this happens.
- As our horses age, their weight-limits and abilities may change. We strive to keep our horses healthy, sound, and safe. There may be a time where your horse is no longer a suitable match. This determination will be made on an ongoing basis by the instructor.
- All clients must wear ASTM/SEI approved helmets (provided by SMILES if needed), pants/leggings, and closed toed/closed heeled shoes.
- If at any time a rider becomes unseated during class, for the safety of the rider and horse, the client will not re-mount. The client will have the option to finish class with unmounted activities.
- SMILES reserves the right to determine whether mounted or unmounted equine activities are safe and appropriate for both horse and rider.

CLIENT DISMISSAL:

Clients may be dismissed from the program for any of the reasons listed below. This determination will be made by the Instructor or Program Coordinator. If a client is dismissed from the program, a prorated refund will be issued.

- Unsafe, combative, or disruptive behavior by client, guardian, or visitor towards staff, volunteers, fellow clients, or horses.
- Deterioration of health to a point where riding becomes a contraindication to their wellbeing. *(See next page for list of contraindications.)*
- Destruction of SMILES property by client, guardians, or visitors.
- Missing three consecutive classes without notifying SMIILES of the absence prior to class unless absences are for medical reasons or unless previously approved.
- Missing four or more classes within one 8-week session unless absences are for medical reasons or unless previously approved.

I have read and understand the above SMILES Client Policies.

Signature: _____ Date: _____

Client name: _____

N2666 County Road K, Darien, WI 53114 *Phone:* (262) 882-3470 *Fax:* (262) 882-5661 Email: classes@smilestherapeuticriding.org

SMILES INC
Special Methods In Learning Equine Skills

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

Client Name: _____ Date: _____

There are a multitude of benefits that are inherent in both therapeutic/adaptive riding and unmounted equine activities. We ask that clients and their families choose goals that they would like addressed in programing to assist the Instructors in creating valuable curriculum. Please see the lists below.

 ***Therapeutic/Adaptive Riding Benefits*** Please choose only three from the list below.	 ***Unmounted (HEARTS) Benefits*** Please choose only two from the list below.
Physical Benefits: ○ Improved posture of shoulders and back ○ Improved balance, sitting and/or standing ○ Improved general coordination ○ Increased range of motion ○ Increased muscle strength ○ Increased endurance and stamina ○ Core strengthening (trunk control) ○ Other: _____	**Physical Benefits:** ○ Increased gross/fine motor skills ○ Increased hand/eye coordination ○ Gain body/spatial awareness ○ Other: _____
Cognitive Benefits: ○ Increased understanding of cause and effect ○ Improved judgment and critical thinking ○ Improved sequencing and planning skills ○ Improved understanding of multi-step directions ○ Improved attention and concentration; focus ○ Improved verbal and/or nonverbal communication ○ Color, shape, or number recognition ○ Other: _____	**Cognitive Benefits:** ○ Increased vocabulary, application and recall ○ Improved sequencing and planning skills ○ Improved verbal and/or non-verbal communication ○ Improve decision making and problem solving abilities ○ Improved listening skills ○ Improved conversational skills ○ Other: _____
Emotional Benefits: ○ Increased self-confidence/self-esteem ○ Sense of empowerment ○ Enjoyment ○ Develop trusting relationship(s) ○ Other: _____	**Emotional Benefits:** ○ Increased empathy ○ Increasing sense of trust ○ Increased patience ○ Improved impulse control ○ Increased emotional regulation ○ Other: _____
Psycho-Social Benefits: ○ Interaction with positive role models ○ An experience of success in a supportive environment ○ Increased/improved social interactions ○ Improved cooperation and teamwork ○ Other: _____	**Psycho-Social Benefits:** ○ Mastery of a difficult task ○ Increased self-sufficiency ○ Increased desire for responsibility ○ Promote self-care/hygiene ○ Increased sense of purpose ○ Other: _____

N2666 County Road K, Darien, WI 53114 *Phone:* (262) 882-3470 *Fax:* (262) 882-5661 Email: classes@smilestherapeuticriding.org

SMILES INC
Special Methods In Learning Equine Skills

PATH INTERNATIONAL

Client Medical History & Physician's Statement

Client: _____ DOB: _____ Age: _____ ☐ Male ☐ Female

Height: _____ Weight: _____ Diagnoses: _____ Date of Onset: _____

Assistive Devices: _____

Past/Prospective Surgeries:_____Medications:_____

Seizure Type: _____ Controlled: Y / N Date of Last Seizure: _____

Shunt Present: Y / N Date of Last Revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y / N Assisted Ambulation Y / N Wheelchair Y / N

For those with Down Syndrome: NEUROLOGIC SYMPTOMS FOR ATLANTOAXIAL INSTABILITY: __ PRESENT __ ABSENT

Please indicate current or special needs in the following areas, including surgeries:			
	YES	**NO**	**IF YES: DEGREE OF IMPAIRMENT/COMMENTS**
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Parent/Guardian Signature:_____ Date: _____

Physician Name/Title: _____ MD DO NP PA Other

Physician Signature: _____ License/UPIN: _____ Date: _____

Address: _____ Phone: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that SMILES will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to SMILES for ongoing evaluation to determine eligibility for participation.

POSSIBLE PRECAUTIONS AND CONTRAINDICATIONS LISTED ON THE NEXT PAGE.

SMILES INC
Special Methods In Learning Equine Skills

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International

CONTRAINDICATIONS AND PRECAUTIONS TO CONSIDER PRIOR TO HORSEBACK RIDING

Please note that the following conditions *may* suggest precautions and contraindications for equine activities/therapeutic riding. When completing the Client Medical History and Physician's Statement please note whether these conditions are present and to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms

Coxarthrosis

Cranial Deficits

Heterotopic Ossification/Myositis Ossificans

Joint Subluxation/Dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

Neurologic/Other

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chiari II Malformation

Tethered Cord/Hydromyelia

Age – Under four years old

Indwelling Catheters/Medical Equipment

Medications – i.e. Photosensitivity

Poor Endurance

Skin Breakdown

Medical

Allergies

Cardiac Condition

Blood Pressure Control

Exacerbations of Medical Conditions- i.e. RA, MS

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent Surgeries

Psychological

Animal Abuse

Dangerous to self or others

Physical/Sexual/Emotional Abuse

Fire Setting

Substance Abuse

Thought Control Disorders

Weight Control Disorders

If any of the above conditions apply, please circle and expound to what degree:

_____

_____

If you have any questions or concerns regarding this patient's participation in equine-assisted services, please feel free to contact us using the contact information below.

N2666 County Road K, Darien, WI 53114 *Phone:* (262) 882-3470 *Fax:* (262) 882-5661 Email: classes@smilestherapeuticriding.org