



## SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

33148 K22—Sioux City, IA 51108—www.scstars.org—P: 712.239.5042—F: 712.224.3471

For Office Use:

Date received: \_\_\_\_\_

### REGISTRATION FORM – Fall 2023

Please print legibly

PARTICIPANT NAME: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best way to contact you: Email ☐ Phone ☐ or Text ☐

Rider T-shirt Size: Youth ☐ \_\_\_\_\_ Adult ☐ \_\_\_\_\_

Diagnosis and/or Description of Disability: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (**Required to Participate.**)

*Please answer the following questions to the best of your ability and provide detail as needed for participant.*

Balance Ability: \_\_\_\_\_

Cognitive Ability: \_\_\_\_\_

Does the participant know Left and Rights? Yes ☐ No ☐

Ability to Communicate: \_\_\_\_\_

Attention: \_\_\_\_\_ Disposition/Social/Behavior: \_\_\_\_\_

History of Animal Abuse: Yes ☐ No ☐ Comments: \_\_\_\_\_

Any recent changes to note (behaviors, medications, health, etc.): Yes ☐ No ☐ If yes, please provide more details:

\_\_\_\_\_  
\_\_\_\_\_

What goals would you like the participant to work on this year? \_\_\_\_\_

\_\_\_\_\_  
Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*STARS, Inc. reserves the right to refuse or discontinue services at any time for current or potential participants if the participant exceeds a safe weight limit or poses other safety concerns of any nature.**

Signature (Self, Parent, or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**\*\*If under 18 years of age, Parent/Guardian MUST sign\*\***



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### GROUND WORK SESSION SCHEDULE

Ground Work can be scheduled as a One on One session during the hours listed on the chart below. One on One sessions will be a half hour in length. If a participant in Ground Work would like to participate with their peers, working in conjunction with a Therapeutic Riding class in the evening may be an option.

PARTICIPANT NAME: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best way to contact you: Email ☐ Phone ☐ or Text ☐

Returning Riders:

- Registration for FALL, Sessions 4 and 5, Opens June 11, 2023 and Closes August 11, 2023.
- On the chart below please label your best options as 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc.
- *Registrations are processed in order of receipt – first come, first served*

### FALL 2023 REGISTRATION

**DUE BY: August 11, 2023**

Session FOUR (4)				
Week of Sept 11 thru October 16				
Day/Time	Tue	Wed	Thur	
12:00 pm				
1:00 pm				
2:00 pm				

Session FIVE (5)				
Week of Nov 6 thru Dec 11				
Day/Time	Tue	Wed	Thur	
12:00 pm				
1:00 pm				
2:00 pm				

### SPRING 2024 REGISTRATION

**Opens** November 15, 2023

**Due by** December 15, 2023

*Registrations processed in order of receipt – first come, first served*



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### PAYMENT CONTRACT & AGREEMENT

PARTICIPANT NAME: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact for invoices: Email ☐ Mail ☐

Contact Person (if different than above) for payment & funding:

Contact Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Participants that list *Veridian* or *Children at Home* will be required to sign additional paperwork. Please note that STARS, Inc. will ONLY submit invoices to Veridian and Children at Home. All other communication with those agencies is the responsibility of the Parent/Guardian. If payment is not received the Parent/Guardian will still be held responsible for payment or pursuing said agency for payment.

STARS, Inc. has five sessions offered throughout the year. Each session is 6-weeks long. Participants attend class once a week throughout the 6-week time frame. The session fee for each 6-week session is due in FULL prior to session beginning. Ground Work Lessons will be approximately 30 minutes per class and Therapeutic Riding will be approximately 60 minutes per class. Class length may vary depending on the number of participants per class.

A \$30 deposit will be due at the time of both Spring and Fall registrations. That deposit will be applied to Participant's session fees.

#### Session Fees:

Every participant receives a 75% discount off session fees when participating at STARS. The remaining 25% of the participant fee is the responsibility of the Parent/Guardian and **must be paid in FULL prior to session beginning**. If payment is not received in FULL the participant will be unable to participate until arrangements are made with the Executive Director of STARS or payment is received. If additional assistance is needed for that 25% Please have that conversation prior to session starting! There are options available. PLEASE NOTE: Unpaid accounts will risk losing a place in that session and/or being turned over to collections if communication is not established with STARS, Inc.

25% fee for Therapeutic Riding (6-week session) - **\$189**

25% fee for 30 minute Ground Work Classes (6-week session) - **\$94.50**

*Invoices will be sent out at the beginning of each session via EMAIL followed by monthly statements for all unpaid balances via mail.*

By signing below, I agree to the terms set forth in this agreement.

Signature (Self, Parent, or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**\*\*If under 18 years of age, Parent/Guardian MUST sign\*\***