



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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THERAPEUTIC RIDING SESSION SCHEDULE

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 1st, 2nd, 3rd, 4th, 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 | Mon | Tues | Wed | |
| 5:00 pm | | | | |
| 6:00 pm | | | | |
| 7:00 pm | | | | |

| Session FIVE (5) | | | | |
|---------------------------|-----|------|-----|--|
| Week of Nov 6 thru Dec 11 | | | | |
| Day/Time | Mon | Tues | Wed | |
| 5:30 pm | | | | |
| 7:00 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****