



SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

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

PARTICIPANT REGISTRATION FORM 2022

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

School Presently Attending: _____ Year in School: _____

Diagnosis or Description of Disability: _____

Current Medications: _____

Height: _____ Weight: _____ (Required to Participate.)

Please answer the questions below 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: _____



SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

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

PHYSICIAN’S AUTHORIZATION & PARTICIPANT’S MEDICAL HISTORY

To be completed by Physician. Please fill out completely.

STARS, Inc. is a therapeutic/adaptive horseback riding program designed to benefit the participants physically, socially, and emotionally. In order to assure the fullest possible protection and greatest personal benefit from the program, each rider is required to furnish the following medical information prior to riding in the program.

PARTICIPANT NAME: _____ Age: _____ DOB: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Diagnosis: _____ Date of onset: _____

Medications: _____

Height: _____ Weight: _____ (Required to Participate.)

Allergies: _____

Seizure Type: _____ Controlled: Yes No Date of Last Seizure: _____

Shunt Present: Yes No Special Precautions/Needs: _____

Mobility: Independent Crutches Cane Braces Walker Wheel Chair

Persons with Down Syndrome - Atlantoaxial Instability: Positive or Negative Date of X-Ray: _____

Please indicate problems and/or surgeries in any of the following areas. If yes, please comment.

AREAS	YES	NO	COMMENT
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Learning Disability			
Cognitive			
Psychological			
Other			

It is my opinion, this participant can receive therapeutic/adaptive horseback riding under the appropriate supervision at Special Troopers Adaptive Riding School, (STARS, Inc.) and understand that STARS, Inc. will determine whether they can safely provide services to this participant.

Physician’s Signature: _____ Date: _____

Physician’s printed name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while receiving services, being on property, or participating in an authorized activity of STARS, Inc., I authorize Special Troopers Adaptive Riding School (STARS, Inc.) to:

1. Secure and retain medical treatment and transportation as needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

PARTICIPANT NAME: _____ Age: _____ DOB: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

In the event the Parent/Guardian listed above cannot be reached, contact:

Contact Name: _____ Relationship: _____ Phone: _____

Contact Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

NON-CONSENT PLAN

*I do **NOT** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of STARS, Inc. **In the event emergency treatment/aid is required, I wish the following procedures to take place:*** _____

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____



SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

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

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 by the last day of that session. 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 \$20 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 by the end of each session. If payment is not received in FULL the participant will be unable to participate in future sessions until arrangements are made with the Executive Director of STARS or payment is received. If additional assistance is needed for that 25% PLEASE ASK! There are options available. PLEASE NOTE: Unpaid accounts will risk being turned over to collections if communication is not established with STARS, Inc.

25% fee for Therapeutic Riding (6-week session) - **\$180**

25% fee for Ground Work ONLY (6-week session) - **\$90**

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

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

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____



OVERVIEW OF PARTICIPANT POLICIES & ACKNOWLEDGMENT

Please see the Participant Policies document for full details on each Policy.

1. PARTICIPANT FORMS
2. ELIGIBILITY
3. MEDICAL INFORMATION
4. CANCELLATIONS
5. ATTENDANCE
6. ATTIRE
7. SAFETY RULES
8. CODE OF CONDUCT
9. GROUNDS FOR DISMISSAL
10. EQUINE LIABILITY LAW

By Signing below, I acknowledge the receipt of the STARS, Inc. Participant Policies and have retained a copy for my records. I have been provided the opportunity for questions and clarification. I accept the terms set forth in the agreement and understand the consequences if not followed.

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____



PARTICIPANT POLICIES

Thank you for entrusting STARS, Inc. to provide equine services to your participant. It is the goal of our program to provide each participant with a fun learning environment that promotes positively to the overall well-being of that individual. To ensure that goal is safe and successful we ask for each Parent/Guardian be aware of the following policies and agree to uphold to the best of their ability. Any violations may be considered reason for dismissal from the lesson or session. Safety is a top priority of our program.

1. PARTICIPANT FORMS

- a. ALL participants are required to submit an annual registration form prior to the first class of a session. A NEW client packet will be required of all new participants and returning the participants that have not been active within the most recent two years. Returning participants will be required to submit medical forms every two years. Annual Rider Packets will be mailed out prior to Session ONE and will include the needed forms for that individual participant to complete.

2. ELIGIBILITY

- a. Therapeutic Riding is available to anyone ages 2 and up with a diagnosed disability. Ground Work is available upon request and determined on a case by case basis. A Physician's Authorization is required by all participants to qualify for the STARS, Inc. program. Participants of the Therapeutic Riding must have height and weight listed on the Physician's form. For the safety of the STARS horses and participants each horse has a weight limit that their rider must stay below. If a participant exceeds the weight limit of the horses available to them, Ground Work may be considered.

3. MEDICAL INFORMATION

- a. Medical information obtained by STARS is solely for the purpose of establishing safe and successful participant goals. STARS staff that interact with participants such as instructors or directors will have access to medical information and will not share that information. Medical forms will be destroyed two years after a participant has left the program.

4. CANCELLATIONS

- a. Classes will be cancelled if the heat index or actual temp is 92 degrees or above at 3:00 P.M. In cold weather classes will be cancelled if temperatures go below 15 degrees by 3:00 p.m. In the event of threatening weather conditions such as tornado, snow storm, etc. classes will be cancelled by 3:00 p.m.
- b. Classes cancelled due to weather will NOT be made up or rescheduled. If there is a cancellation due to staffing issues, STARS will make best efforts to schedule a make-up class if scheduling allows but is NOT a guarantee. Missed classes by a participant will not be made up or rescheduled.

5. ATTENDANCE

- a. Participants that shows up 15 minutes after their scheduled time and/or the instructor has mounted all other participants will not be able to participate in that class. Once class in underway, class will not be stopped to mount or re-mount any participants due to safety concerns.
- b. Please call as soon as it is known that a participant will not be making it to their schedule class. Missed classes will not be rescheduled or made up.
- c. If a client no call/no shows for one class, STARS staff will reach out to the parent/guardian of that client during the following week to discuss a plan of attendance.

6. ATTIRE

- a. Close toed shoes are required by anyone working in or around the horses. If a participant shows up with inappropriate shoes, they will not be able to participate in the class.



SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

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

- b. Appropriate trousers/pants for horseback riding include jeans, long pants that are not slick or satiny. Shorts may be worn if they are riding in a bareback pad. So please check with the riding instructor. During colder weather, we encourage clients to dress in layers. Hats and ponytails should not be worn under helmets for safety reasons.
- 7. SAFETY RULES** - STARS strives to provide the safest environment for every participant, volunteer, family, staff, visitor, and the horses. Horses, however specially trained, can react unexpectedly due to their prey animal instinct. Working around and riding a horse is a risky activity. Everyone that rides must wear an ASTM/SEI approved riding helmet. The following rules **MUST** be followed at all times:
- No smoking anywhere on the premises.
 - No pets allowed. Please call ahead to bring service animals.
 - All minors (including siblings) must be supervised at all times.
 - Only those participating in a class may be in the arena areas unless prior permission is given by the instructor.
 - No running, pushing, yelling, or any other actions that might frighten a horse in the barn or arena.
 - No climbing on or reaching through the arena fence during a class.
 - Please turn off flashes and shutter sounds when taking pictures.
 - Horse pens have electric fence. **DO NOT TOUCH!**
 - Do **NOT** feed the horses.
 - Follow the direction of STARS Staff in case of Emergency.
- 8. CODE OF CONDUCT** - Thoughtful conduct and self-control factor in the safety and enjoyment of all participants. All persons at STARS will be expected to adhere to the following code of conduct:
- a. Respect all persons and horses--- no abusive language or actions
 - b. Respect all property
 - c. Refrain from abrupt noises, actions or behaviors that may startle horses
- 9. GROUNDS FOR DISMISSAL**
- a. Participant(s)/Family(ies) that cannot adhere to the policies or the Code of Conduct set forth in this agreement will receive warning and disciplinary action that could lead up to dismissal from the program.
- 10. EQUINE LIABILITY LAW**

Iowa passed a law effective July 1, 1997. IOWA CODE CHAPTER 673 WARNING;

Under Iowa law, a domesticated equine professional is not liable for damages suffered by, an injury to, or the death of a participant resulting from the inherent risks of domesticated equine activities, pursuant to Iowa Code Chapter 673. You are assuming inherent risks of participating in this domesticated equine activity.

Safety is a top priority at STARS and we appreciate your effort to help make that so. The policies and procedures should be kept for your records. Acknowledgment of these policies and agreement will be provided within the Participant's packet. If you have questions about items listed please contact the Program Director or Executive Director.

KEEP FOR YOUR RECORDS



SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

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

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

Starting in 2022, STARS will be offering registration TWICE a year. Returning participants will receive SPRING registration prior to Session ONE and FALL Registration prior to Session FOUR. On the chart below please mark an X on **ALL** of the days and times you **ARE** available for each session of the current registration.

SPRING 2022 REGISTRATION

DUE BY January 17, 2022

Session ONE (1)				
Week of January 31 thru March 11				
Day/Time	Mon	Tues	Wed	Thur
5:30 pm				
7:00 pm				

Session TWO (2)				
Week of March 28 thru May 6				
Day/Time	Mon	Tues	Wed	Thur
5:30 pm				
7:00 pm				

Session THREE (3)				
Week of May 23 thru June 30				
Day/Time	Mon	Tues	Wed	Thur
5:00 pm				
6:00 pm				
7:00 pm				

FALL 2022 REGISTRATION

DUE BY August 12, 2022

Session FOUR (4)				
Week of September 5 thru October 13				
Day/Time	Mon	Tues	Wed	Thur
5:00 pm				
6:00 pm				
7:00 pm				

Session FIVE (5)				
Week of October 31 thru December 8				
Day/Time	Mon	Tues	Wed	Thur
5:30 pm				
7:00 pm				