

Dear Parents, Participants or Caregivers,

Thank you for choosing HETRA. We look forward to working with you in 2008! Please read through all the information in this letter thoroughly. It contains very important information regarding registration of your student and participation in the HETRA program.

We currently have openings in the Hippotherapy, Therapeutic Riding & Driving program, but these spots fill up fast so get your paperwork in quickly!

We are very excited about everything we have accomplished in 2007! In order to keep the program affordable to all of the participants, HETRA raised \$2000.00 per student over and above what parents paid in student fees. That's a lot of grant writing, fundraising events, and requests for private donations. Unlike other businesses we do not just pass the extra cost on to those we serve. However, in order to continue to provide the program at this reduced cost, we need your help.

HETRA is currently in the planning stages for our 8th annual Blue Jeans and Dreams benefit. We are looking for businesses or individuals that we can contact regarding advertising and/or sponsoring this event. If you do not feel comfortable with this, any monetary donations to cover other event expenses or a donation of an item or gift certificate for the silent auction would be appreciated. (HETRA is a non-profit organization, all donations are tax deductible)

We are very proud of our dedicated and motivated parents and all that you do for the HETRA organization. You are a very important part of our Team!!!! We are looking forward to embarking on another adventure with you in 2008.

Thank You!

Edye Godden

Student Handbook

1. Getting Started: First please complete all paperwork included in this package. Then either mail (HETRA, PO Box 260, Valley, NE 68064) or fax ((866) 577-4598) your completed paperwork in to HETRA. Once you have completed your paperwork please contact Edye (402) 708-6433, to schedule your evaluation (new students) or riding time (returning students). If you are a returning student your evaluation will be completed during your first riding session. All **new students** need to schedule a separate evaluation. **There will be a \$25.00 registration fee for all students when you send in your paperwork.**
2. Programs: This year HETRA will offer both the Therapeutic Riding, Therapeutic driving and Hippotherapy Program at both our Omaha and Valley facilities. There is a description of each program below. At the time of your student evaluation one of our therapists will discuss each program with you and make a recommendation as to which program is most appropriate for the student. Riding time: Each client's session will last for 30 minutes. This includes mounting and dismounting times for the client. We allow approximately 5 minutes for mount and dismount so this gives each rider approximately 25 minutes on the horse. It is up to the instructors' discretion to decrease the time of a session for any reason including the following: student fatiguing, student medical problems, student complaining of discomfort, student behavior problems, horse fatiguing or other horse related problems. If a horse problem occurs we will attempt to complete your session time if possible on another horse. Instructors will attempt to evaluate each individual students needs and continue the session if possible.
****** We would highly encourage all parents to attend a volunteer training. Because our program relies heavily on volunteers there is always the chance that we may have volunteer no-shows or cancellations.** It is very helpful to the HETRA staff to know that we have trained parents able to step in for absent volunteers, this will also enable your student to continue with their mounted session as planned. Please contact Erin Bevington (erin@hetra.org or 359-1279) for volunteer training dates or check out the events page of our web site (www.hetra.org). If there are not enough volunteers to conduct a safe riding lesson a ground/grooming lesson may be offered in place of the riding session.

Therapeutic Riding Program: Therapeutic Riding students are scheduled to ride once a week for 30 minutes. **Students are eligible to ride more than once a week if there are available time slots.** All therapeutic riding students are instructed or supervised by NARHA certified riding instructors. These are typically group sessions with one instructor teaching 2 to 3 riders. Goals for this program focus on horsemanship skills and leisure activities. Students are screened by a therapist and their programs are periodically reviewed by the therapist for changes.

Hippotherapy: Clients participating in this program will participate 1-3 times per week with the time frame and number of times per week being recommended by the therapist, physician and family. A licensed OT, PT, PTA, or COTA will conduct all sessions. Goals for this program focus on functional ability. This program is basically an outpatient OT or PT session with the horse being utilized as one of the treatment tools within this session.

Driving Program: Students will participate one time per week for 30 to 45 minutes. These will be individual sessions instructed by a NARHA certified driving instructor. Students are screened by an OT and programs are periodically reviewed by the OT.

3. Scheduling of a weekly riding time for new students: Once the initial evaluation is completed we will make a program recommendation for your student and then see if we have a current opening in the HETRA schedule that is suitable to meet your students needs. If an opening does not currently exist then we will put your student on a waiting list and you will be notified as soon as an opening becomes available. Riding sessions are typically offered late afternoon to evening on weekdays and mid day on the weekends, available riding times will be discussed at your evaluation.
4. Billing: The cost for the **Therapeutic Riding Program** is \$25/ride and will be billed in 8 week courses (\$200) prior to the beginning of the course. If your payment is postmarked by the due date (due date is the last day of the previous session or 15 days from when the invoice is mailed) on your invoice we will offer you a \$20 discount (total cost of 8 week session with discount = \$180). The cost for the **Hippotherapy** program \$50 for each 30 minute riding session. All hippotherapy sessions will be billed on a weekly basis and is due by the due date posted on your bill. **Any rider (in either program) with an outstanding balance from the previous course will not be allowed to ride until the balance on the account has been paid or payment arrangements have been made. In addition, all student fees that are not paid according to the previous payment arrangements, will be assessed a minimum of \$5.00 charge per month to cover administrative expenses on the balance.**
5. Cancellations:
If HETRA should cancel a riding session (due to weather or instructor illness, etc.):
Therapeutic riding students your fees will be credited toward the next 8 week course. **Hippotherapy** students you will not be billed for HETRA cancellations. **All weather cancellations will be posted on our barn line (402) 359-8830,** please check this number 1 hour before you are scheduled to ride. You will **not** be notified in any other way for weather cancellations. There will be a notice on the answering machine stating we are cancelled for that day, if it is the regular HETRA message then sessions are still on. If HETRA cancels for any other reason you will be notified by an HETRA employee. **If you cancel a riding session:** **Therapeutic riding** students this session will not be refunded, but can be made up. **Hippotherapy-** You will not be billed for this session.

HETRA running late: Any time the HETRA program is running late (as we will at times) we will do our best to get back on schedule however, we will offer the clients their full session time. We will attempt to notify you upon arrival regarding the length of wait before your student will ride.

Client tardiness: Any time a rider is late their session time will be decreased accordingly in order for the schedule to remain intact. **If a rider is 15 or more minutes late for a session they will NOT be allowed to ride for that session.** We will do our best to provide other activities for the client to participate in while at the barn such as grooming.

6. Make-Up's: **Therapeutic Riding**: Instructors will offer make up sessions on the first Saturday of every month (Please contact Edye 708-6433 to schedule a make up). Only student cancelled sessions are eligible to be made up. If a rider is a no-show (no previous notice given), this session will not be eligible to be made up. **Hippotherapy**: Please contact your therapist to schedule make up sessions.
7. Scholarships: HETRA will still be offering scholarships to all those who need them. Scholarship levels will be approved according to the federal poverty guidelines. **If you do not qualify for a discount based on the guidelines but still need assistance please contact Edye Godden, we will be happy to work with you.** We also require that all parents/families that participate in the scholarship program assist during the year with 1-2 fundraising activities that help keep the program affordable to all of our students, and provide a minimum of 4 volunteer hours per 8 week session. We will provide a discount form at your request during the initial evaluation along with a list of volunteer activities for your review (these will include activities that can be completed at the barn or at home). HETRA has also instituted a discounted services plan for those that help to raise funds for HETRA or those that volunteer for HETRA. We do have a list of other community resources that may assist with the cost of the program for your students. We do ask that you follow up with these resources if you are in need of discounted services or a scholarship.
8. ATTIRE: No open toe shoes, sandals or clog type shoes. No slick (jogging type) pants. And we would prefer that your student wore pants instead of shorts as the saddle can get very uncomfortable with direct skin contact.
9. CHILDREN: We ask that children be monitored and in direct vision of the adult at all times while at the facility. Please review the barn rules with your children prior to arriving at the barn.
10. DOGS and OTHER ANIMALS: Do not bring dogs or other animals to the barn with you at anytime. The exception to this rule is service animals. Please let your instructor know if you will be bringing a service animal to the session with you.
11. QUESTIONS: Please direct questions to your student's instructor. If you do not get a satisfactory answer to your question please feel free to contact Edye at 708-6433.

Thanks so much for your interest in our program, we look forward to working with you this year. I can be reached and communicate best through email at edye@hetra.org. I can also be reached at 708-6433.

Thank You!

Edye Godden
Executive Director, HETRA

Heartland Equine Therapeutic Riding Academy

*P.O. Box 260
Valley, NE 68064
402-359-8830
www.hetra.org*

Dear _____,

Your patient, _____ is interested in participating or continued participation in supervised equine activities at our facility.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions, if present may represent precautions or contraindications to equine activities. Therefore when completing this form, please note whether these conditions are present, and to what degree.

ORTHOPEDIC

Spinal Joint Fusion/Fixation
Spinal Joint Instabilities/Abnormalities
Atlantoaxial Instabilities (including neurological symptoms)
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation and Dislocation
Osteoporosis
Pathologic Fractures
Coxa Arthrosis
Cranial Deficits

OTHER

Indwelling Catheter/Medical Equipment
Age under 4 years
Medications - ie photosensitivity
Poor Endurance
Skin Breakdown

NEUROLOGIC

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Seizure Disorders

MEDICAL/PSYCHOLOGICAL

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (ie RA, MS)
Hemophilia
Fire Settings
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact me at 708-6433.

Sincerely

Edye Godden

Edye Godden
HETRA
Executive Director

Heartland Equine Therapeutic Riding Academy

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www.hetra.org*

**RIDER'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT
2008**

Name _____ Date of Birth _____ Height _____ Weight _____

Address _____ Name of Parent/Guardian _____

Diagnosis _____ Date of Onset _____

Past/Future Surgeries _____ Medications: _____

***For Persons with Down Syndrome:

_____ Negative Cervical X-ray for Atlantoaxial instability. X-ray date _____
_____ Negative for clinical symptoms of atlantoaxial instability

Seizure Type _____ Controlled Yes No Date of last seizure _____

Shunt Present: Yes No Date of Last Revision: _____ Tetnus Shot _____ No _____ Yes _____ date of last tetnus

Please indicate current or past special needs in the following areas by checking yes or no. If yes, please comment.

AREAS	Yes	No	Comments
Auditory (hearing)	_____	_____	_____
Visual	_____	_____	_____
Speech (communication)	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Pulmonary	_____	_____	_____
Neurological	_____	_____	_____
Muscular	_____	_____	_____
Orthopedic (Bone/Joint)	_____	_____	_____
Allergies (including medication)	_____	_____	_____
Thinking/Cognitive	_____	_____	_____
Emotional/Mental Health	_____	_____	_____
Behavioral	_____	_____	_____
Digestion	_____	_____	_____
Elimination	_____	_____	_____
Pain	_____	_____	_____
Sensation	_____	_____	_____

Mobility Independent Ambulation _____ Crutches _____ Braces _____ Wheelchair _____ Walker _____

Please indicate any special precautions/additional information _____

In my opinion, this person can participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review/screening of the person's abilities/limitations by a licensed/credentialed health professional (PT, OT, or Speech) in the implementing of an effective equestrian program.

Physician Name (please print) _____ Phone _____

Physician Signature _____ Date _____

Address _____ City _____ State _____ Zip Code _____

2008 RIDER'S REGISTRATION & EMERGENCY CONTACT INFORMATION

Client _____ Date of Birth _____ Age _____ Gender: M F

Address _____ City _____

State _____ Zip Code _____ County _____

Ethnicity (optional, this information is often asked for when applying for grants) _____

Client's School or Employer: _____

Mother's Information:

Name _____ Home Phone _____

Home Address _____ Email _____

Place of Employment _____ Occupation _____

Work Phone _____ Cell Phone _____

Father's Information:

Name _____ Home Phone _____

Home Address _____ Email _____

Place of Employment _____ Occupation _____

Work Phone _____ Cell Phone _____

Caregiver Name and Number (if dependent adult) _____

Referral Source: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Heartland Equine Therapeutic Riding Academy to:

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

In the event I cannot be reached,

Emergency contact _____ Relation: _____ Phone _____

Emergency contact _____ Relation: _____ Phone _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Allergies: _____ Current Medications: _____

Client Diagnosis _____

Heartland Equine Therapeutic Riding Academy

2008 Rider's Liability Release & Consent Plan

Liability Release

_____ (client's name) would like to participate in the Heartland Equine Therapeutic Riding Academy program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that 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 Heartland Equine Therapeutic Riding Academy, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and Employees for any or all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Heartland Equine Therapeutic Riding Academy Programs.

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

Photo Release

I hereby consent to and authorize the use and reproduction by Heartland Equine Therapeutic Riding Academy of any or all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or any other use for the benefit of the program.

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

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 parent/guardian or emergency contact is unable to be reached.

Date _____ Consent Signature _____
(Client, Parent or Guardian)

Parent/Guardian Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

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 the agency. The participant's parent or guardian MUST remain on site at all times during equine assisted activities. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date _____ Non-Consent Signature _____
(Client, Parent or Guardian)

Parent/Guardian Name _____ Address _____

Phone _____