



P.O. Box 463
Maple Plain, MN 55359
(952) 934-0057
Fax: (952) 974-9688
clients@wecanride.org

2022 Session Dates

Please keep for your own record

Saturday	Session I:	Jan. 8, 15, 22, 29, Feb. 5. Make-up Feb. 12th.
	Session II:	March 12, 19, 26, April 2, 9, (Off April 16th) 23, 30, May 7. Make-up May 14 th .
	Session III:	June 11, 18, 25, (Off July 2nd) July 9, 16, 23, 30, Aug. 6, 13, Make-up Aug. 20th.
	Session IV:	Sep. 17, 24, Oct. 1, 8 (Off Oct. 15th) 22, 29, Nov. 5, 12, 19. Make-Up Dec. 3rd.
Sunday	Session I:	Jan. 9, 16, 23, 30, Feb. 6. Make-up Feb. 13th.
	Session II:	March 13, 20, 27, April 3, 10, (Off April 17th) 24, May 1, 8. Make-up May 15 th .
	Session III:	June 12, 19, 26, (Off July 3rd) July 10, 17, 24, 31, Aug. 7, 14. Make-up Aug. 21st.
	Session IV:	Sep. 18, 25, Oct. 2, 9 (Off Oct. 16th) 23, 30, Nov. 6, 13, 20, Make-up Dec. 4 th .
Monday	Session I:	Jan. 10, 17, 24, 31, Feb. 7. Make-up Feb. 14th.
	Session II:	March 14, 21, 28, April 4, 11, (Off April 18th) 25, May 2, 9, Make-up May 16 th .
	Session III:	June 13, 20, 27, (Off July 4th) July 11, 18, 25, Aug. 1, 8, 15. Make-up Aug. 22nd.
	Session IV:	Sep. 19, 26, Oct. 3, 10, (Off Oct. 17th) 24, 31, Nov. 7, 14, 21, (Off Nov. 22nd) Make-up Dec. 5 th .
Tuesday	Session I:	Jan. 11, 18, 25, Feb. 1, 8. Make-up Feb. 15th
	Session II:	March 15, 22, 29, April 5, 12, (Off April 19th) 26, May 3, 10. Make-up May 17th.
	Session III:	June 14, 21, 28, (Off July 5th) July 12, 19, 26, Aug. 2, 9, 16. Make-up Aug. 23rd.
	Session IV:	Sep. 20, 27, Oct. 4, 11, (Off Oct. 18th) 25, Nov. 1, 8, 15, (Off Nov. 23rd) 29, Make-up Dec. 6 th .
Wednesday	Session I:	Jan. 12, 19, 26, Feb. 2, 9. Make-up Feb. 16th.
	Session II:	March 16, 23, 30, April 6, 13, (off April 20th) 27, May, 4, 11. Make-up May 18th.
	Session III:	June 15, 22, 29, (Off July 6th) July 13, 20, 27, Aug. 3, 10, 17. Make-up Aug. 24th.
	Session IV:	Sep. 21, 28, Oct. 5, 12 (Off Oct. 19th) 26, Nov. 2, 9, 16 (Off Nov. 24th) 30. Make-up Dec. 7 th .
Thursday	Session I:	Jan. 13, 20, 27, Feb. 3, 10. Make-up Feb. 17 th .
	Session II:	March 17, 24, 31, April 7, 14, (Off April 21st) 28, May 5, 12. Make-Up May 19th.
	Session III:	June 16, 23, July 30, (Off July 7th) 14, 21, 28, Aug. 4, 11, 18. Make-up Aug. 25th.
	Session IV:	Sep. 22, 29, Oct. 6, 13, (Off Oct. 20th) 27, Nov. 3, 10, 17 (Off Nov. 25th) Dec. 1. Make-up Dec. 8th.

Days Off in the 2022 Riding Season:

- Saturday April 16th through Friday April 22nd.
- Saturday July 2nd through Friday July 8th.
- Saturday October 15th through Friday October 21st.
- Monday November 21st through Friday November 25th.



Riding & Hippotherapy Guidelines

In order for We Can Ride to provide a safe environment for all individuals involved in our programs and to accommodate and adapt to specific needs within our programming and client base, We Can Ride abides by the following riding guidelines.

It is We Can Ride's goal to be able to offer services to all those in need. If possible, we may be able to make exceptions to some of the precautions listed based on diagnoses, age, height and weight.

Physical Precautions:

In order for a client to participate in riding lessons, the following requirements in his/her weight category are required:

Weighs 100 pounds or less:

- A. The ability to safely mount/dismount the horse with support provided (2 staff maximum).
- B. If client needs more support during mounting, accommodations will be discussed and provided if safe to do so.
- C. An appropriate horse is available for the client.

Weighs 101-150 pounds:

- A. The ability to safely mount/dismount the horse with support provided (2 staff maximum).
- B. If client needs more support during mounting, accommodations will be discussed and provided if safe to do so.
- C. Client is able to assist with repositioning while mounted.
- D. An appropriate horse is available for the client.

Weighs 151-190 pounds:

- A. The ability to safely assist with the mount/dismount with support provided.
- B. An appropriate horse is available for the client.
- C. Client is able to self-adjust while mounted 100% of the time.

D. Neck Control:

- a. Ability to independently turn head.



- b. The ability to hold head in an upright position with a helmet on, without uncontrolled falling, snapping, or tilting of the head forward or backward.

Weight Bearing:

- a. The ability to stand on one foot with moderate assistance or both feet and the ability to take steps backwards.
- b. Exceptions may be made if client has a strong upper body and can help transfer.

Trunk Control:

- a. The ability to bench sit for 2 minutes without assistance.
- b. The ability to sit moderately balanced while astride the horse.

Behavior/Cognitive:

- a. Does not have strong or violent emotional outbursts.
- b. Does not pursue movement to the point of interfering with daily life.
- c. Does not take excessive risk that puts self or others in danger.
- d. Does not have behavior that injures the horse, volunteers, instructor or self. Behaviors to include hitting, kicking, spitting, hair pulling, scratching, screaming, pushing, removing helmet, self-dismounting, bouncing, rocking, excessive movement.

*If the client does not meet the above requirements, he/she will not be able to participate in mounted therapeutic riding or hippotherapy but may be appropriate for **UNMOUNTED** lessons.

*If a client exhibits any of the aforementioned precautions and are currently participating, a re-evaluation by a therapist will take place. The client may be required to change type of programming or discontinue participation.

*If the client is new to the program, they will be screened for all precautions previously mentioned.

It is our intention that We Can Ride programming will be as adaptable as possible and will have the ability to serve a wide range of disabilities and special needs. If you believe you/the client fits into one of the above mentioned categories, please contact the Program Director to discuss further.

**We Can Ride reserves the right to deem programming inappropriate for a client, at any time.*

We Can Ride New Client Registration 2022

Return to office

Client Information

NAME _____ Gender _____ DATE OF REGISTRATION: _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

PARENTS/GUARDIAN NAME (IF APPLICABLE) _____ EMPLOYER _____

ADDRESS _____

CITY _____ ZIP CODE _____

CONTACT: HOME _____ WORK _____

CELLS _____ EMAILS _____

REFERRAL SOURCE: _____

GROUP HOME NAME (IF APPLICABLE) _____

GROUP HOME ADDRESS _____

GROUP HOME PHONE _____ GROUP HOME FAX _____

EMERGENCY CONTACT: NAME _____ PHONE _____

DIAGNOSIS/ES: _____

DATE OF ONSET _____

EFFECT(S) OF DIAGNOSIS/ES: _____

SPECIAL ASSISTANCE NEEDED TO SIT, STAND, MOVE, OR COMMUNICATE: _____

PLEASE COMPLETE & SIGN OTHER SIDE

Class Type Preference (Please Circle)

1. PT/OT/SLP 2. Private 3. Semi-Private

4. Group Therapeutic Riding 5. Ground Lesson

Days/Times that do not work for you: _____

Responsibility for Payment. I hereby acknowledge that I am ultimately responsible for **all** charges applied to my account **whether or not covered by insurance or waiver.** I further acknowledge that I have read, understand and agreed to the Payment Policy Notice (separate form) as well as all additional policies and procedures regarding class cancellation and payments.

Guardian/Parent Signature: _____

Payer: _____ Payor Preferred Phone: _____

Payer Billing Address: _____

Payer E-mail Address: _____ Date: _____

Third Party Information: (WCR does NOT 3rd party bill – you will need to forward the invoice to them).

Third-Party Payer/Waiver Name: (If Applicable) _____

Third-Party Contact: _____ Third-Party Phone: _____

Third-Party Email Address: _____

Third-Party Billing Address: _____

Please provide credit card information: this will automatically be charged if the 3rd party doesn't pay within **45** days of invoice due date.

Name on credit card: _____ Billing zip code: _____

Credit card type: _____ Credit card number: _____ Exp. Date: _____

CVV Code: _____ Signature: _____

POLICIES AND PROCEDURES

Keep for your records

1. Loss of Class Participation. We Can Ride may remove a client from participation if: (a) if there are more than two no-shows for class per session, (b) payment arrangements have not been made on an outstanding balance; (c) yearly required paperwork has not been turned into the office; (d) our instructors and/or therapists believe that participation would be contraindicated or causes a safety concern. See your Client Handbook or call for more information about our policies.

2. Registration & Screening Fee. In order to register for classes with We Can Ride, you must pay a yearly registration fee of \$66.00. A screening fee of \$75.00 is due at the time of the screening.

3. Billing Information. You will be billed directly from our finance department. Bills generally go out 1.5 months before the start of the session and are due a month ahead of time. There is a \$25.00 late fee if payment isn't received before or on the due date. If you are paying through a 3rd party waiver or grant, you are still responsible for making sure the payment comes in. You will be billed directly even if a 3rd party is paying, then you can forward on to the 3rd party, and they pay us directly.

4. Cancellation Policy. You must notify We Can Ride of a session cancellation at least **30 days** prior to the start of the session. We reserve the right to charge you for a cancelled session if less than **30 days'** notice is given. The \$100 deposit will be retained if the session is cancelled with less than 30 days to the start date. If you sign up for a session within the 30 day window, the \$100 will apply for any cancellations made and cannot be used for a different session deposit. If a cancellation is made during the session, all class fees will be retained whether or not they are attended.

5. Confidentiality. We can ride is bound by confidentiality requirements of state and federal law and does not disclose confidential client information without permission. All clients, parents, guardians, and other caregivers agree to abide by confidentiality rules.



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We Can Ride 2022
Authorization for Emergency Medical Treatment
Submit to office

Client's Name: _____ DOB: _____ Phone: _____

Address: _____

Clinic Phone: _____ Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

Please list two people who may be contacted in case of emergency (these may include guardian)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 *We Can Ride, Inc.* 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.
3. To take all other reasonable measures to secure medical aid for the emergency.

Photo Release

Circle one: I hereby **do consent / do not consent** to and authorize the use and public distribution of any and all photographs of myself or others for whom I am authorized to give consent, including the use of audio/visual materials for promotion, education or exhibition or any other use to benefit *We Can Ride, Inc.*

I have read, and understand all the material in this document. I hereby consent and agree to the conditions set forth herein.

Signature of Release x _____ Date _____

Client, Parent or Guardian



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We Can Ride
2022 Medical History Form
Physician Signature Required
Submit to office

NAME:: _____ GENDER: _____ DOB: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 PARENT/GUARDIAN: _____
 DIAGNOSIS: _____
 SCOLIOSIS: YES ___ NO ___ (DEGREE & REGION) _____
 IMMUNIZATIONS UP TO DATE: YES ___ NO ___ HEIGHT: _____ WEIGHT: _____ (MUST BE FILLED TO PARTICIPATE)
 Allergies: Yes ___ No ___ If yes, to what?: _____

SEIZURES: YES ___ NO ___ SEIZURE TYPE: _____
 CONTROLLED: YES ___ NO ___ DATE OF LAST SEIZURE: _____

Indicate any problems and/or surgeries in any of the following areas by checking Yes or No; If yes, please comment.

Area	Yes	No	Comments
Vision or Auditory			
Speech Delay			
Attention, Learning			
Cognitive Delay			
Psychological			
Cardiac, circulatory			
Pulmonary			
Neurological			
Orthopedic - scoliosis, subluxation/dislocation, osteoporosis			
Pain			
Tactile Sensation			
Muscular/Balance			
Immunity			
Breathing			
Digestion/Elimination			

MOBILITY (PLEASE CIRCLE): INDEPENDENT CANE CRUTCHES BRACES WALKER WHEELCHAIR

PLEASE INDICATE ANY SPECIAL PRECAUTIONS: _____

In my opinion, this patient can receive horseback riding therapy or participate with an equine on the ground, under appropriate supervision. However, I understand that *We Can Ride, Inc.* will determine whether they can safely provide services.

Doctor Name (Print): _____ Signature: _____
 Date: _____ Stamp Address Here: _____
 Clinic Name: _____
 Phone : _____

We Can Ride
2022 MEDICAL HISTORY
INFORMATION PAGE

Dear Client/Parents:

In order to safely provide equine activities, we request that you complete the attached Medical History form. Note that the following conditions may suggest precautions and contraindications to equine activities. Please review and indicate any precautions or contraindications on the attached form.

Orthopedic:

Atlantoaxial Instability - include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic:

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chari II Malformation/Tethered Cord/Hydromyelia

Other:

Age - Under 4 years old
Indwelling Catheters/Medical Equipment
Medications
Poor Endurance
Skin Breakdown

Medical/Psychological:

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (RA, MS, etc.)
Fire Setting
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Please keep for your reference unless above conditions apply

2022 Release and Waiver of Liability

The undersigned Participant (the "Participant" or "I") desires to participate in the activities with We Can Ride, Inc., a Minnesota nonprofit corporation, including without limitation, being on property owned or used by We Can Ride, Inc. and engaging with or being near horses (the "Activities"). In consideration for being allowed to participate in the Activities, Participant hereby agrees, on behalf of Participant, and Participant's personal representatives, assigns, heirs, next of kin and any other successors-in-interest who are bound by the terms of this Release, as follows:

1. **ACCEPTANCE OF RISK. I UNDERSTAND THAT EQUINE ACTIVITIES, INCLUDING WITHOUT LIMITATION, RIDING, HANDLING AND BEING NEAR HORSES, AND BEING ON THE PROPERTY OF WE CAN RIDE, INC. HAVE MANY DANGERS AND RISKS AND CAN RESULT IN PERSONAL INJURY, DEATH AND/OR PROPERTY DAMAGE.** I desire to be a part of the Activities and understand and accept that participating in the Activities may entail risks to myself, to others and to property, and that my participation in the Activities is at my own risk.

Under Minnesota law, We Can Ride, Inc. is not liable for personal injury, death or property damage resulting from the inherent risks of equine activities. Pursuant to Minn. Stat. § 604.055, nothing in this Release purports or intends to waive liability for damage, injuries, or death resulting from conduct that constitutes greater than ordinary negligence.

2. **RELEASE AND INDEMNITY.** I agree to release, hold harmless and indemnify We Can Ride, Inc. and each of its owners, agents, employees, officers, directors, representatives, therapists, volunteers, assigns, members, owners of premises and trails, affiliated organizations, insurers and other acting on its behalf ("Representatives") from any and all present or future claims, losses, liabilities, costs and expenses of whatever kind of nature, including attorneys' fees ("Liability"), whether in law or in equity, arising from the Activities, including without limitation We Can Ride, Inc.'s alleged failure to comply with applicable laws and regulations or any Liability for personal injury, communicable diseases, death or property damage which results from the ordinary negligence of We Can Ride, Inc. or its Representatives. **IN NO EVENT SHALL WE CAN RIDE, INC. HAVE ANY LIABILITY FOR ANY CONSEQUENTIAL, INDIRECT, SPECIAL OR PUNITIVE DAMAGES, WHETHER BASED ON TORT OR CONTRACT, OR WHETHER WE CAN RIDE, INC. KNEW OR SHOULD HAVE KNOWN THE LIKELIHOOD OF SUCH DAMAGES.**
3. **OTHER.** We Can Ride, Inc. does not assume any responsibility to provide Participant with financial or other assistance, including but not limited to medical insurance, health insurance, or disability benefits (other than as may be specified in a written employment agreement). We Can Ride, Inc. shall not be liable for the loss of,

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2022 Release and Waiver of Liability page 2

theft of, or damages to any personal property of Participant. This Release shall be governed by and construed in accordance with the laws of the State of Minnesota and is intended to be as broad and inclusive as permitted by law. If any provision of this Release is held invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall not be affected.

BY SIGNING THIS RELEASE, I EXPRESSLY STATE THAT I HAVE READ AND UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND I INDICATE MY INTENT TO ENTER INTO THIS RELEASE KNOWINGLY AND VOLUNTARILY.

Participant Name

Participant Signature

Date

PARENT OR GUARDIAN SIGNATURE

(Must be completed by all parents and guardians for participants under the age of 18)

BY SIGNING THIS RELEASE, I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, THAT I HAVE LEGAL AUTHORITY OVER PARTICIPANT, THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE, AND THAT I FREELY SIGN THIS RELEASE AND WILL ABIDE BY ITS TERMS FOR MYSELF AND ON BEHALF OF PARTICIPANT.

Parent or Guardian Print Name

Relationship to Participant

Parent or Guardian Signature

Date

2022 Confidentiality & HIPPA For PT/OT/SLP Clients

From the WCR's Employee Handbook regarding confidentiality:

WCR's policy is to ensure that the operations, activities, and business affairs of WCR and its clients are kept confidential to the greatest possible extent. WCR recognizes the right of riders and their families for privacy and control over any information about them that might be personal or sensitive. In order to respect that right, WCR has adopted this policy regarding confidentiality. If during their association with WCR, individuals acquire confidential or proprietary information about WCR and its clients; such information is to be handled in strict confidence and not to be discussed with persons not connected with WCR activities.

Those bound by the directives of this policy are all persons in any way connected with WCR, including but not limited to: full and part time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any individuals violating this policy will be subject to disciplinary action including reprimand, alteration of job responsibilities, and termination of employment or volunteer responsibilities.

Information considered to be confidential includes all medical, social, referral, personal, and financial concerns regarding a rider and his or her family. Such information is considered confidential regardless of how it is obtained, whether directly from the rider or family or inadvertently from a chart, computer screen, or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photograph and videotapes, should be obtained in writing from the proper legal representative. For most children under the age of 18, this would be the parent or legal guardian. Adults over 18 with developmental disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision maker is assigned, and consent must be obtained from that person.

CONFIDENTIALITY

In day to day center operations WCR will do the following to safeguard participant confidentiality:

1. Ensure that all fellow employees, volunteers, and visitors read and sign the confidentiality policy.
2. Conduct conversations about participant's progress, medical changes, goals, or anything else that might be considered private, in a confidential and private place.
3. Posted information will not include the participant's last name unless express permission has been obtained.
4. The drawers containing participant files will be locked as part of the daily closing procedures.
5. Instructors will share with volunteers only what they need to know to be safe and effective in their role as horse leader or side walker.

HIPPA

In addition to the above, all participants who are seen at WCR by a therapist (e.g. hippotherapy) must also, by law, sign a WCR HIPPA form (outside agencies sometimes also require their own form to be signed), the text of which follows below.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO HIPAA (Health Insurance Portability and Accountability Act of 1996)

I give permission for the staff and therapists of the We Can Ride Inc. to contact appropriate physicians and health care providers as necessary and related to my treatment at WCR. I give permission for WCR staff and therapists to share information with one another as appropriate and related to treatment. I authorize WCR staff and therapists to perform treatments necessary and to make referrals as needed. I understand that the medical information released by this authorization may include information concerning treatment of physical and mental illness, alcohol/drug abuse and past medical history.

I agree that these provisions will remain in effect until I provide written revocation to WCR. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I understand that revocation will not apply to information that has already been released as specified by this authorization.

I understand that treatment, payment, enrollment or eligibility of benefits may not be conditioned upon my execution of this authorization. I understand that authorization for the disclosure of this health information is voluntary and I can refuse to sign this authorization. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Client Name: _____ Date: _____

Self or Guardian Printed Name: _____

Signature(Guardian signature required if under 18): _____



IMPORTANT

We Can Ride - 2022 Payment Policy

Clients, Families and Caregivers:

We appreciate having you as part of our We Can Ride family! Please read this **2022 Payment Policy Notice** carefully and contact the office if you have any questions (finances@wecanride.org). Fee changes reflect changes in prices for horse care and upkeep of programming.

2022 Fees:

Ground Lessons:

Group Ground Lessons:	Winter - \$330.00 five-week session Spring - \$528.00 eight-week session Summer, Fall - \$594.00 nine-week session
Private Ground Lesson:	Winter - \$395.00 five-week session Spring - \$632.00 eight-week session Summer, Fall - \$711.00 nine-week session
60 Min. Private Ground Lesson:	Winter - \$495.00 five-week session Spring - \$792.00 eight-week session Summer, Fall - \$891.00 nine-week session

Therapeutic Riding:

Group Therapeutic Riding:	Winter - \$395.00 five-week session Spring - \$632.00 eight-week session Summer, Fall - \$711.00 nine-week session
60 Min. Riding & Ground Group:	Winter - \$505.00 five-week session Spring - \$808.00 eight-week session Summer, Fall - \$909.00 nine-week session
Semi-Private:	Winter - \$450.00 five-week session Spring - \$720.00 eight-week session Summer, Fall - \$810.00 nine-week session
60 Min. Riding & Ground Semi-Private:	Winter - \$580.00 five-week session Spring - \$928.00 eight-week session Summer, Fall - \$ 1044.00 nine-week session
Private:	Winter- \$525.00 five-week session Spring, Summer - \$840.00 eight-week session Fall - \$945.00 ten-week session
60 Min. Riding & Ground Private:	Winter - \$660.00 five-week session Spring - \$1,056.00 eight-week session Summer, Fall - \$1,188.00 nine-week session



Hippotherapy:

Specialty PT/OT/SLP:	Winter - \$1,165.00 five-week session Spring - \$1,864 eight-week session Summer, Fall - \$2,097 nine-week session
NEW Client Screening:	\$75.00 due at the time of the screening
Annual Registration:	\$66.00 due with registration paperwork (nonrefundable)
Family Registration (2 or more):	\$80.00 due with registration paperwork
Session Deposit:	\$100.00 due with registration paperwork

Responsibility: A \$100 per session deposit must be made in order to register for each session. This deposit will go toward the total session fee.

- A \$25.00 late fee will be assessed if payment has not been received within a week following each session's due date.
- The deposit is refundable if a cancellation is made **30 days prior to class start date**.
- If a cancellation is made less than 30 days prior to the class start date, the remaining class fee remains the client's responsibility and must be paid in full prior to attending another session. **The entire \$100 deposit is NOT refundable.**
- If you sign up for a session within the 30 day window, the \$100 deposit will apply for any cancellations made and cannot be used for a different session deposit.
- Exceptions will be made for individuals who pay through a 3rd party & on a case by case basis.
- There will be a \$20.00 admin. fee assessed for **refund** checks, when requested.

The full **Session Fee** **must be paid three weeks prior to the start of the Session.** Please contact the Finance Manager at finances@wecanride.org prior to the payment due date if you need to make arrangements due to financial hardship. **All credits will expire at the end of the current calendar year. Unless otherwise instructed, credits will be used to support We Can Ride's program operation.**

If the client is scheduled for more than one session, payment is due only for the immediately upcoming session; payment for the next enrolled session will be due three weeks prior to that session's start date.

We Can Ride does not administer third party billing. You will be invoiced directly. **You are responsible for all charges due on your account, even if you are seeking insurance coverage or waiver services.**

If the session fee is not paid in full by the payment due date, or arrangements have not been made with the Finance Manager by that date, the client will be removed from class for that session and their spot given to another client.

By signing the registration form, you are agreeing that you have read and understand the payment policy and will pay all fees applied to your account

2022 Physical, Occupational and Speech Specialty Therapy Policy

In order to maximize therapy progress, it is critical that you attend all therapy appointments. Missing therapy appointments not only impairs progression, it also disrupts schedules, limits services available to others and may affect your ability to receive agency coverage. It is important that therapy appointments are maximized due to costs.

Please note the following policy:

1. Physical, Occupational & Speech charges will be billed by 15 minute increments. Billing time includes consultation time, as well as time on/with the horse.
 2. A variable facility fee will be charged in conjunction with the PT/OT/SP charges to equal the total fee (listed on payment policy) for an hour session.
 - a. If you are scheduled for a shorter session, that will be reflected in both charges.
 - b. Example of charges: If the client rides for 30 minutes, you will be charged a PT/OT/SP fee for the 30 minutes, the remaining 30 minutes will be charged as the variable facility fee (at the same cost as the PT/OT/SP charges).
 2. If proper notice is given, clients are allowed one, uncharged absence per session. All other absences will reflect a 100% facility fee charge. For the one allowed absence - \$58.25 fee will be charged for the absence where proper notice is **not** given.
 3. If no classes were cancelled for weather or staff absences, a make-up may be offered at the end of the session and will go towards offsetting the allowed absence. Clients are encouraged to attend.
4. We Can Ride must be notified **at least 24 hours in advance for planned absences** 952-934-0057. For all other absences, please let us know as soon as you are aware of a conflict. Last minute cancellation number is 612-268-2735.
3. Unless prior arrangements have been made, all clients paying out of pocket and at the time of service will be required to have a credit card on file. Credit cards will be charged for therapy proceeding each week.
5. If a cancellation for the remainder of a session is made, without medical necessity, a 100% facility fee will be charged for each remaining appointment.
7. 2 cancellations/no shows per session OR 5 cancellations per year could result in the loss of your therapy sessions and scholarship for the remainder of the year. If it is necessary for WCR to cancel the remainder of your session due to absences, clients will be charged a 100% facility fee for the remainder of the session.
8. Clients submitting to third party payers should assume that the agencies will not pay these charges so families should be prepared to pay out of pocket.
9. **Cancellation fees are due upon receipt of bill; unpaid fees will result in forfeiture of future classes.**

Client Name: _____

Parent/Guardian/Self Signature: _____ Date: _____



We Can Ride Weight Limits

In keeping with our veterinarian's' recommendations, the following rider weight limits have been established. Depending on horses and volunteers available, WCR reserves the right to refuse service to anyone in order to provide the safest service. Special consideration will be made, if necessary, based on muscle tone and mobility. **Please be sure the medical history form height/weight is listed and accurate!**

***Weights for hippotherapy follow different guidelines.**

<u>Height</u>	<u>Maximum weight</u>
Under 5 feet	- 150 lbs
5' – 5'6"	- 165 lbs
5' 7" – 6'	- 180 lbs
6'1" – 6' 5"	- 190 lbs