



Mailing address: PO Box 30662, Santa Barbara, CA 93130  
Physical address: 4420 Calle Real, Santa Barbara, CA 93111

Phone: 805-964-1519 Fax: 805-967-6365 Website: [www.Heartsriding.org](http://www.Heartsriding.org)

Dear New Student/Family/Caregiver,

Thank you for your interest in Hearts Therapeutic Equestrian Center, a non-profit organization dedicated to enhancing the capabilities of children and adults with special needs in the Tri-county area.

HEARTS is proud to provide the industry's best practices in Equine Assisted Activities and Therapies as a Premiere PATH International (Professional Association of Therapeutic Horsemanship) accredited center.

Hearts Therapeutic endeavors to keep our fees as low as possible as a service to our riders, while maintaining the optimum health of our horses and the provision of professional services. Rider tuition covers only 30 % of the actual cost of each lesson. The remaining cost is funded through donations, grants and fundraising events to ensure an affordable program for the riders.

Hearts mission is to serve people with disabilities. We also accommodate riders without disabilities in a limited number of classes. Persons with disabilities are always given priority when space is limited, and are the sole recipients of scholarship assistance.

All rider applications must be completed, signed and dated by the appropriate rider, parent, caregiver and physician as indicated on the application, and submitted prior to booking an assessment. The applicant will receive communication from the HEARTS office to book an assessment once the completed application has been received. The assessment will determine the suitability of the applicant and the best placement for the rider in the HEARTS program.

**Enclosed please find the attached forms:**

- ♥ Student Application.
- ♥ Medical History Form; *must be filled out and signed by the student's physician.*
- ♥ Waiver and Release of Liability.
- ♥ Confidentiality agreement
- ♥ Photo Release.
- ♥ Code of Conduct form
- ♥ Fee Agreement.

Please complete, sign, date and return to HEARTS to begin the application process.

**Please keep for your reference:**

- ♥ Lesson Information.
- ♥ Tuition Information
- ♥ A Hearts Therapeutic Annual Calendar for the current year is available on the website:[www.heartsriding.org](http://www.heartsriding.org)

We look forward to working with you!

## **Lesson Information**

- ♥ Riders are placed in classes based on similarities in age, abilities and goals.
- ♥ Lessons include horsemanship skills, grooming and tacking, mounting, riding, wrap-up exercises and dismounting. All components of a lesson are purposefully educational and include physical, cognitive and social skills that target the rider's individual life goals.
- ♥ Lessons are scheduled according to the riders abilities and stamina.
- ♥ Generally lessons are delivered in small groups that allow for social interaction and teaching to all learning styles.
- ♥ Lessons with 4 or less riders will be 45 minutes in length
- ♥ Lessons with 5-6 riders will be 60 minutes in length
- ♥ Private lessons are up to 30 minutes, depending on the rider's mental and physical stamina
- ♥ Unmounted lessons will be offered in case of inclement weather which will take into account the riders goals and level of education.

## **Lesson Policies**

- ♥ Riders must be a minimum of 4 years old or older
- ♥ Students should arrive at least 15 minutes prior to their scheduled lesson time to fit their helmet and to meet their Instructor and volunteer team.
- ♥ A parent or guardian is **required** to remain on the Hearts property during lessons if students are not able to drive themselves. **No student drop-offs are permitted.**
- ♥ All students must wear long pants (no shorts, capris, etc.) and closed-toed shoes, preferably with a heel. ASTM-SEI riding helmets must be worn and can be provided. Young siblings or friends are welcome as long as they are under the supervision of an adult in the designated waiting area for the safety and quality of the lessons.
- ♥ Please leave all dogs at home unless service dogs.

## **Weight and Eligibility**

Unfortunately, mounted activities are not an appropriate activity for every individual. Hearts may offer unmounted activities or decline services to those for whom riding is contraindicated. As a PATH INTERNATIONAL premier accredited center, we must follow PATH INTERNATIONAL standards. According to PATH INTERNATIONAL guidelines, mounted activities are contraindicated if:

The certified instructor and volunteer team are unable to safely manage the client in any mounted situation, including an emergency dismount.

People who are at or above the maximum weight limit of 200 pounds are not eligible for mounted lessons but may participate in un-mounted lessons. People who are under the maximum weight limit of 200 pounds will be initially assessed by a certified instructor to determine if riding is a safe and appropriate activity. Riders' suitability for mounted lessons will be assessed periodically.



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### **TUITION AGREEMENT**

Students are enrolled at Hearts on an annual basis and assume responsibility for the full tuition of the months in which they are enrolled.

Hearts will deliver 47 weeks of riding in 2014. To establish monthly fees, tuition for 47 weekly lessons was pro-rated across the 12 months of the year. Therefore, monthly tuition remains consistent throughout the year, regardless of when any lesson breaks occur.

#### **Tuition Fees**

There is a one-time assessment fee of \$50.00, due at the time of the initial assessment.

**Group Lesson Tuition = \$240 per month**

**Private Lesson Tuition = \$320 per month**

#### **Billing Information**

Riders who enroll at Hearts after January 1, 2014 will be automatically billed through the auto-billing system. Please complete the following Credit Card Authorization Form.

**Please provide a 30 day notice if you wish to discontinue participation at Hearts.**

NO make-up lessons are provided, whether a rider cancels for personal reasons, or Hearts cancels lessons, which may occasionally happen in very poor weather conditions. If there are any questions as to whether Hearts is open due to inclement weather or otherwise, call the office at (805) 964-1519.

Adjustments to tuition will be negotiated on an individual basis in the case of extended, unexpected medical conditions that prevent riding.

**Financial assistance may be available. Please contact the office for details.**

The signature of the financially responsible party below signifies an understanding of and agreement to pay tuition according to the guidelines listed above.

**E-mail address for billing (Must be the financially responsible party)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Rider's Name \_\_\_\_\_



## Automatic Credit/Debit Card Deduction Authorization

Card Holders Name: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Credit or Debit (please circle one)

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Visa \_\_\_\_ MC \_\_\_\_ Discover \_\_\_\_

I authorize Hearts Therapeutic Equestrian Center to charge my card \$\_\_\_\_\_ on a monthly basis.

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Signature of Card Holder

Date

*For Office Use Only*

Participant Start Date:

**HEARTS Participant's Application**  
*To be filled out by Parent/Caregiver/Rider*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Primary Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Secondary: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian/Caregiver: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Referral source: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our program: \_\_\_\_\_?

Previous horse/riding experience: \_\_\_\_\_

**Rider Health History**

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/joint			
Muscular			
Thinking/Cognition			
Allergies			

**Medications** (include prescription, over the counter, name, dose and frequency):

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**Please describe your abilities/difficulties in the following areas (include assistance required or equipment needed)**

**Physical Function** (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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Right handed

Left handed

Affected side: Right Left

**Psycho/social Function** (i.e. work/school including grade completed, leisure interests, relationships/family structure, support systems, companion animals, fears/concerns, etc)

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Learning style: visual auditory hands-on

**General Goals (i.e. Why are you applying for participation?) What would you like to accomplish?)**

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**Life Goals: (i.e. What would you like to improve in your everyday life or your child's life?)**

Examples: Improved confidence, Endurance, Posture, Ride a bike, Make a friend, Appropriate Behavior)

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Signature \_\_\_\_\_ Date: \_\_\_\_\_





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Dear Health Care Provider:

Your patient is interested in participation in supervised equine activities. In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Completed forms may be faxed (805-967-6365) or returned to participant.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Medications (type, purpose, & dose): \_\_\_\_\_

If Down Syndrome, Atlanto-Axial Subluxation? Yes \_\_\_\_\_ No \_\_\_\_\_

All students with Downs Syndrome must have written, signed documentation as a result of a neurological exam.

Results: Positive \_\_\_\_\_ Negative \_\_\_\_\_ Exam date: \_\_\_\_\_

Tetanus Shot: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing the form, please note whether these conditions are present, and to what degree.

**Orthopedic**

- Atlantoaxial Instability (include neurologic symptoms)
- Coxa Arthrosis
- Cranial Defects
- Heterotopic Ossification/Myositis Ossifications
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Join Fusion/Fixation
- Spinal Joint Instability/Abnormalities

**Neurologic**

- Hydrocephalus/Shunt
- Seizures
- Spina Bifida/Chiari II Malformation
- Tethered Cord/Hydrromyelia

**Other**

- Age- under 4 years
- Indwelling Catheters

- Medications- i.e. photosensitivity
- Poor Endurance/Skin Breakdown

**Medical/Psychological**

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



**Hearts Therapeutic Participant Medical History (to be filled out by Physician)**

PROBLEM	YES	NO	IF YES, DESCRIBE
AUDITORY IMPAIRMENT	_____	_____	_____
LEARNING DISABILITY	_____	_____	_____
MENTAL IMPAIRMENT	_____	_____	_____
PSYCHOLOGICAL IMPAIRMENT	_____	_____	_____
SPEECH IMPAIRMENT	_____	_____	_____
VISUAL IMPAIRMENT	_____	_____	Glasses: _____
ALLERGIES	_____	_____	_____
CARDIAC	_____	_____	_____
CIRCULATORY	_____	_____	_____
PVD	_____	_____	_____
Postural Hypotension	_____	_____	_____
Hemophilia	_____	_____	_____
PULMONARY	_____	_____	_____
Asthma / COPD	_____	_____	_____
NEUROLOGICAL	_____	_____	_____
Seizures	_____	_____	_____
Controlled?	_____	_____	Type: _____
Last Seizure:	_____ / _____ / _____	_____	_____
Hydrocephalus	_____	_____	_____
Shunt	_____	_____	# Revisions: _____
Sensory Loss	_____	_____	_____
Pain	_____	_____	_____
MUSCULAR	_____	_____	_____
Contractures	_____	_____	_____
SKELETAL	_____	_____	_____
Spinal Column Injury	_____	_____	_____
Subluxing Joints	_____	_____	_____
Dislocating Joints _____	_____	_____	_____
Laminectomy / Fusion	_____	_____	_____
Scoliosis	_____	_____	Degree: _____ Type: _____ Brace: _____ Last X-ray: _____
Kyphosis / Lordosis	_____	_____	Degree: _____ Type: _____
Spondylolisthesis	_____	_____	_____
Spinal Abnormality	_____	_____	_____

Osteoporosis \_\_\_\_\_  
Heterotrophis Ossification \_\_\_\_\_  
Joint Disease \_\_\_\_\_

**MOBILITY STATUS**

Ambulatory Yes \_\_\_\_\_ No \_\_\_\_\_ Can the student ambulate independently? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, describe: \_\_\_\_\_

**PROSTHETICS / ORTHODONTICS**

Type: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Physician Statement:**

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Titles: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

Please fax the three medical history forms to Hearts Therapeutic Equestrian Center at (805)967-6365 or call the Hearts office at (805)964-1519 for more information.

## Participant's Consent for Release of Information

I hereby authorize: \_\_\_\_\_

To release information from the records of \_\_\_\_\_  
Participant

The information is released to: \_\_\_\_\_  
Hearts Therapeutic Equestrian Center

For the purpose of developing an equine activity program for the above named participant.  
The information is indicated below: (please check)

- Medical history
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-behavioral management plan
- Other \_\_\_\_\_

This release is valid for one year and can be revoked, in writing at my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Please send materials to:

HEARTS Therapeutic Equestrian Center Center

PO Box 30662, Santa Barbara, CA 93130

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## HEARTS CODE OF CONDUCT

The Hearts Mission to “Employ the power of the horse to enhance the capabilities of children and adults with special needs” depends on all members of the Hearts community adhering to a strict code of conduct that can withstand the closest possible public scrutiny of all our actions. Our community must do so because it is the right thing to do and because public trust in our performance is the foundation of our legitimacy. Donors and volunteers support charitable organizations because they trust them to carry out their missions, to be good stewards of their resources, and to uphold rigorous standards of conduct. To this end, each member of the Hearts community is required to read, agree to, and sign the following Code of Ethics. Failure to adhere to this Code may result in dismissal.

### STATEMENT OF VALUES

Any Code of Ethics is built on a foundation of shared values. At Hearts, we value:

- Accountability and Integrity (including openness, honesty, fairness, transparency and trust)
- Diversity and inclusiveness
- Respectful, professional interaction (no disparaging remarks; always putting people first, disabilities second)
- Confidentiality regarding personal information
- Commitment to continuous improvement and excellence in the provision of all our services.

### CODE OF CONDUCT

#### A. Personal Conduct

1. Hearts staff, volunteers, and riders must, at all times, comply with all applicable laws, and regulations, as well as Hearts policies and procedures.
2. Staff and volunteers and riders who are uncertain about the application or interpretation of any regulation, policy or procedure should refer the matter to their supervisor, who, if necessary, will seek appropriate guidance from the Executive Director and Associate Director.
3. Hearts staff, volunteers and riders must conduct themselves in a professional manner. Drinking, gambling, fighting, swearing, and similar unprofessional activities are strictly prohibited. Staff, volunteers, and riders under the influence of alcohol, illegal substances are prohibited from participating in Hearts sponsored activities and are subject to Hearts disciplinary procedures.
4. Hearts staff, volunteers, and riders must not engage in harassment of any kind including racial, sexual, age related. Nor will they conduct themselves in a way that could be construed as such, including, but not limited to:
  - a. Using inappropriate language,
  - b. Keeping or posting inappropriate materials in their work area, or
  - c. Accessing inappropriate materials on a Hearts computer.

Questions regarding what constitutes inappropriate behavior should be brought immediately to the Executive Director and the Associate Director.

5. Hearts staff, volunteers and riders must conduct themselves conscientiously, honestly, and in accordance with the best interests of the Organization. Therefore, it is imperative that:
  - a. Information regarding riders be kept confidential
  - b. Information regarding incidents involving horses, riders or volunteers be restricted to Incident Reports
  - c. Concerns or criticisms of a person's behavior is discussed with that person directly and not behind his or her back. Only after such a discussion is held, and if further action is warranted, shall the matter be referred to a supervisor.

#### B. Communications

1. All Hearts staff, volunteers and riders share a critical responsibility for the Organization's good public relations. When communicating publicly on matters that involve the Organization, Hearts staff and volunteers must not speak on behalf of the Organization on any topic, unless expressly authorized to do so by the Executive Director.
2. When dealing with anyone from outside the Organization, (such as public officials, any outside individual, business, or government body), Hearts staff, volunteers, and riders must not compromise the integrity or damage the reputation of the Organization, or its members.
3. Hearts staff, volunteers and riders will promptly and courteously refer legitimate requests for information, kudos and complaints to the appropriate staff member.
4. Hearts staff shall respond to reasonable requests by the public, the media, stakeholders, and others with information that is timely, comprehensive and in accordance with Hearts policies and procedures.

#### C. Finance

1. Hearts staff and volunteers must not accept entertainment, gifts, or personal favors that could, in anyway, influence, or appear to influence decisions made at Hearts in favor of any person or organization. In particular, the Organization strictly prohibits the acceptance of kickbacks and secret commissions from suppliers or others.
2. Hearts staff and volunteers who have access to Organization funds in any form must follow the practices for recording, handling, and protecting money as detailed in our policies and procedures.
3. Hearts staff and volunteers must not make or engage in or disseminate any false record of any kind, whether internal or external, including but not limited to:
  - a. False expense, attendance, time sheets, production, financial, or similar reports and statements.
  - b. False advertising, deceptive marketing practices, or other misleading representations.

#### D. Equine Treatment

1. Our horses are one of the most crucial components of our Organization. Without them, we would have no program. Therefore:

- a. No one is permitted to harass, kick, strike, or otherwise harm or mistreat a Hearts equine.
  - b. Heart staff, volunteers, and riders are expected to read and become familiar with policies and procedures regarding our equines and to comply with them.
  - c. Heart staff, volunteers, and riders are expected to follow written and verbal directions from the Barn Manager, the Associate Director, or an Instructor regarding the feeding (including treats), handling, and care of each horse.
  - d. Any perceived conflict between verbal instructions regarding equine care and management and our policies and procedures promptly will be reported to the Executive Director and Associate Director for resolution.
  - e. Heart staff, volunteers, and riders are expected to immediately report instances of inappropriate treatment of our equines to their supervisor.
2. To avoid misunderstandings regarding our equines, Heart staff, volunteers, and riders are expected to maintain confidentiality outside our Organization regarding their health, condition, behavior, use in lessons.

E. Continuous Improvement

1. Hearts is committed to ensuring that our services provide the best possible benefit for our riders and horses. To this end, Hearts staff, volunteers and riders shall periodically examine our practices to identify opportunities for improvement in how we conduct our business.
2. When appropriate, Hearts staff and volunteers shall revise our policies and procedures so as to improve our Organization.

***I have read and understood Hearts Code of Conduct. By signing my name below, I agree to adhere to this Code of Conduct and the Values that are its foundation.***

**Printed**  
**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_