



## 2020 Partners For Progress Registration Information

**Organization Info:** Partners For Progress NFP Therapeutic Riding Center  
23525 W. Milton Road, Wauconda, IL 60084  
FON: 847-438-5400 FAX: 847-438-5401  
Email: [partnersforprogressnfp.org](mailto:partnersforprogressnfp.org)  
Web: [www.partnersforprogressnfp.org](http://www.partnersforprogressnfp.org)

**Fees:** \$50 evaluation fee is payable at time of the initial evaluation by therapist/instructor  
\$50 annual fee is required for each rider at time of first ride and annually on January 1<sup>st</sup>  
\$60 an hour riding fees (\$48 an hour riding fees if parent contributes to fund raising)

**Financial Aid:** Limited opportunities exist for financial aid. Applications can be requested at the PFP office and can be submitted to the PFP office once it is completed.

**Invoicing Fees:** There are 5 riding sessions during the year with each session having approximately 10 weeks. Invoices are emailed (email address must be on file) prior to each session.

Payments for the entire session are due prior to the session start.

2020 Session Start Dates: January 1<sup>st</sup>, March 9<sup>th</sup>, May 18<sup>th</sup>, August 3<sup>rd</sup>, October 19<sup>th</sup>

**Payments:** Partners For Progress accepts cash, check or credit card for payments. **A credit card processing fee of 2.5% (this equals \$12.00 for a typical \$480 invoice) will be added to any invoice paid by credit card.**

If payment is not received by the first week of the session, a \$50 late charge can be assessed. Unpaid balances can be charged to credit card on file if account is not paid by 14 days after session start.

Payments may be mailed to the facility, 23525 W. Milton Road, Wauconda, IL 60084 or dropped off at the PFP office. (Checks made out to Partners for Progress)

**Fundraising:** PFP has two major fundraisers to help with the annual costs of the program. The session fees charged for our programs are considerably less than the costs Partners For Progress NFP incurs to provide these services. The generosity and hard work of many volunteers and others for donations and fundraising are what keep rider costs low. **Participation in fundraising is required of all families riding with reduced rate.**

Our first raffle fundraiser, Plop O'Gold, is scheduled for March 8, 2020. The second fundraiser of the year is the Hoe Down Barn Dance which is scheduled for September 12, 2020. Of course, we hope you will still participate in all our fundraising endeavors throughout the year.





**Missed Lessons:** It is very difficult to schedule make-up classes for riders because volunteers have other time commitments and instructors have other classes and duties. If we receive notice at least 24 hours in advance, we will work with you to schedule a make-up time. If Partners For Progress NFP or Pediatrics in Motion cancels a ride, make-up times will be available. **Credit for services is not available as riders already ride at a reduced price.** Please speak with your instructor or contact Amanda at 262-206-1567 to schedule a make-up lesson.

**Paperwork:** The following paperwork must be completed prior to the client starting:

- 1) Client Information form
- 2) Participants Release form
- 3) Medical history (Physician statement must be completed within 30 days of starting)

## **2020 Facility Rules and Regulations**

For your information and safety, below are our facility guidelines and rules. Thank you for your cooperation.

1. Observation of Therapy: We are happy to have family and friends of clients observe riders as long as it does not distract the rider. In order to keep the integrity of the session, we ask that you do not interrupt. Viewing areas are provided; please remain in these areas during each session.
2. Supervision of Children: Children are welcome to come to the therapy sessions, but please keep them with you at all times. Due to safety factors they must be with an adult and remain reasonably quiet at all times.
3. Pets: Due to our commitment to the safety of our clients and horses, no pets are allowed on the premises.
4. Parking: Park in areas designated only for parking. Drop off by the barn is reserved for non-ambulatory clients.
5. Alcohol/Smoking: Absolutely no smoking or drinking is allowed on the grounds, or within this facility during sessions.
6. Entering and leaving from barn: For the safety of all, we ask that you enter and leave keeping your speed limit at 5 mph
7. All riders should wear:
  - Long pants with comfortable fit to cover legs (weather permitting)
  - Shoes or boots
  - No loose or hanging clothing, rings, necklaces or dangle earrings
  - Independent riders must have their own riding shoes with heels (see your instructor for more information)





## 2020 Client Information Sheet

### Client Name/Address:

Client First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

County: \_\_\_\_\_ Year Born: \_\_\_\_\_

Ethnicity:  Caucasian  Middle Eastern  
 African American / Black  Pacific Islander  
 Hispanic / Latino  Native American / Alaskan  
 Asian  Other: \_\_\_\_\_

### Parent / Guardian Contact Information:

If Client is under 18 or has a guardian enter information below

Address is only needed if different from client address

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Employer Name: \_\_\_\_\_

Employer City/Zip: \_\_\_\_\_





## Second Parent / Guardian Contact Information:

If Client is under 18 or has a guardian enter information below  
Address is only needed if different from client address

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Employer Name: \_\_\_\_\_

Employer City/Zip: \_\_\_\_\_

## Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Secondary Emergency Contact Phone: \_\_\_\_\_

## Photo Release:

I authorize the use and reproduction by Partners for Progress NFP and/or Pediatrics in Motion of any photographs and any other audio-visual materials taken of me for promotional materials, education activities, exhibits or for any other use for the benefit of the program.

\_\_\_\_\_ I consent

\_\_\_\_\_ I do NOT consent





## Billing Information:

Invoices are emailed two weeks prior to each session.  
Please provide the billing contact information below:

Name of Contact for Billing: \_\_\_\_\_

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

If you would like your credit card charged automatically when session fees are due. Provide your credit card information below. An additional charge of 2.5% will be added to each charge to cover credit card processing fees. (i.e. charge of \$12.00 for a \$480 invoice)

I would like my credit card charged automatically when session invoices are due

Credit card information:

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

eMail to notify of charge: \_\_\_\_\_

## Fundraising Options:

You MUST choose an option below. If an option is not chosen it will be assumed that the \$60 per ride should be charged.

I agree to participate in fundraising by selling raffle tickets for the Plop to raise \$400 and contributing to the Hoe Down fundraiser. Session fees will be \$48 a ride.

I choose not to participate in the fundraising events and will be charged \$60 a ride.





## 2020 Rider's Medical History and Physician's Statement

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

**\*\* For Persons with Down Syndrome**

- Cervical X-ray for Atlantoaxial Instability: Positive\_\_\_\_ Negative\_\_\_\_ X-Ray Date: \_\_\_\_\_

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

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

Medications: \_\_\_\_\_

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking yes or no. If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			
Other			

**Mobility:**

Independent Ambulation: Yes\_\_\_\_ No \_\_\_\_

Crutches: Yes\_\_\_\_ No \_\_\_\_

Braces: Yes\_\_\_\_ No \_\_\_\_

Wheelchair: Yes\_\_\_\_ No \_\_\_\_

Please indicate any special precautions: \_\_\_\_\_

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Partners For Progress NFP and/or Pediatrics In Motion will weigh the above medical information against the existing precautions and contradictions.

I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



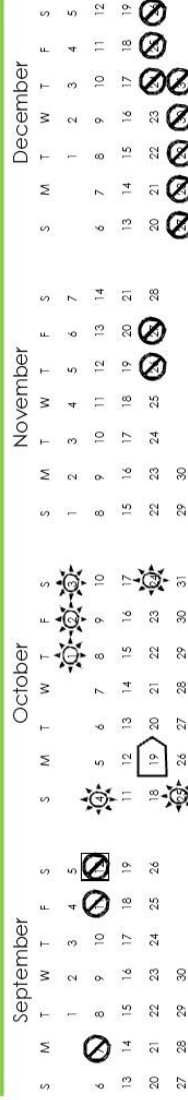
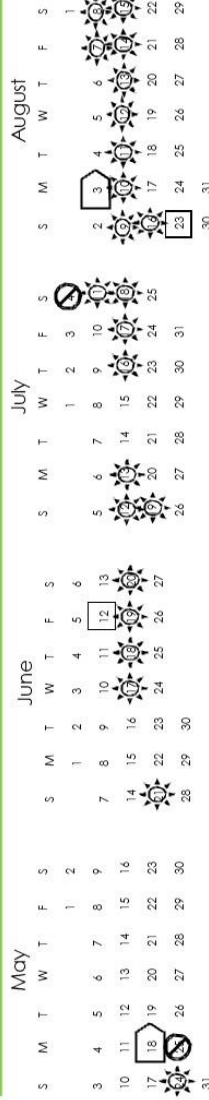
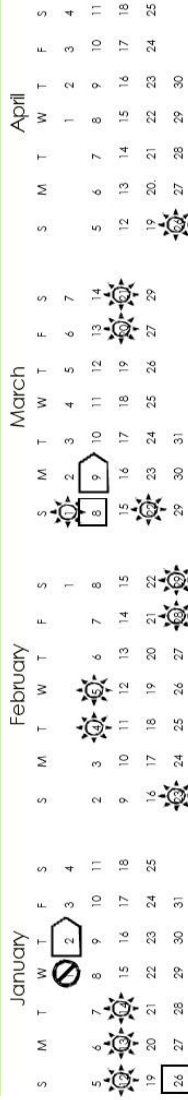


PARTNERS FOR PROGRESS

2020

# Partners For Progress, NFP

*challenging therapy that's changing lives....*



## Schedule of Events

- SESSIONS**
  - 1: January 2 - March 7
  - 2: March 9 - May 16
  - 3: May 18 - August 1
  - 4: August 3 - October 17
  - 5: October 19 - December 23
- EVENTS**
  - January 24** - Meat Raffle
  - March 8 - Plop O'Gold & Chill Cook-Off Open House
  - June 12 - Dance Bash
  - August 23 - Familyfest
  - September 12 - NSBA World Show
  - October - All American Quarter Horse Congress
  - October - Special Olympics
- KEY**
  - ☀ - Start of Session
  - 🏠 - Event
  - ⊘ - No Riding
  - ☀ - Show Team Horse Shows



**MAILING ADDRESS:**  
 Partners For Progress, NFP  
 23525 W. Milton Road  
 Wauconda, IL 60084

**FACILITY LOCATION:**  
 PFP Therapeutic Riding Center  
 23525 W. Milton Road  
 Wauconda, IL 60084

**CONTACT:**  
 Fon: 847-438-5400  
 Web: www.partnersforprogressnfp.org  
 Email: info@partnersforprogressnfp.org  
 FB: Partners For Progress NFP Therapeutic Equestrian Center



Mailing Address & Location: 23525 W. Milton Road - Wauconda, IL 60084  
 Phone: 847.438.5400 • Website: www.partnersforprogressnfp.org • Tax ID # 20-2375514

