



December, 2020

To All of the Families and Participants of Partners For Progress and Pediatrics In Motion,

It is hard to believe all of the things that have happened since this time last year. We doubt that anyone could have predicted any of it. We are deeply grateful for all of your understanding and patience as we have navigated through codes and mandates and restrictions in order to keep our staff, volunteers, and you safe. Although we are all hoping for an end to all of this COVID stuff soon, we have to be forthcoming about how we will keep everyone safe and comply with codes going forward.

First, Partners For Progress cannot continue to purchase PPE (Personal Protective Equipment) supplies without asking for support from each rider. We now have a good handle on the costs to source everything that we need – gloves, masks, gowns, etc. – through multiple vendors. Instead of increasing your treatment and horse fee charges, the decision was made to implement a one time, per rider PPE charge at the beginning of the year. This charge will be a one-time, \$50.00 per rider per treatment session per week fee.

So, if you or your child rides one time per week, you will be invoiced \$50.00. If you or your child rides two times per week, you will be invoiced \$100.00. If you or your child rides three times per week, you will be invoiced \$150.00. This one-time fee will be charged to you on a separate invoice that will be sent to you along with your invoice for Session #1 and Annual Registration Fees. We all wish circumstances were different, but the situation has left us no choice.

Second, under the current COVID Level of restriction in Illinois, there will be no children or family members currently allowed in the viewing area. There is also still a ban on anyone using the bathrooms other than staff, volunteers, and clients. If and when these restrictions change, we will certainly make you aware of it.

Attached is your client paperwork for 2021. It is imperative that you **complete all** of the needed forms and return them to your therapist or riding instructor by January 1st. We know that some of you have moved, changed phone numbers, changed email addresses, etc., and we need to insure that we have all of the correct information on file.

If you have any questions, please do not hesitate to ask. Thank you again for all of your understanding, and thank you for allowing us to help you and/or your child. Stay well.





## 2021 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.

2021 Session Start Dates: January 4<sup>th</sup>, March 15<sup>th</sup>, May 25<sup>th</sup>, August 2<sup>rd</sup>, October 11<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 7, 2021. The second fundraiser of the year is the Hoe Down Barn Dance which is scheduled for September 11, 2021. 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)

## **2021 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)





## 2021 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





## 2021 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.





## 2021 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







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2021

# Partners For Progress, NFP

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

## Schedule of Events

**SESSIONS**

- 1: January 4 - March 13
- 2: March 15 - May 22
- 3: May 25 - July 31
- 4: August 2 - October 9
- 5: October 11 - December 23

**EVENTS**

- Feb 6 or 7** - **Meat Raffle / TBD**
- March 7 - Plop O'Gold & Chili Cook-Off Open House
- TBD** - **Dance Bash**
- TBD - Summer Camps, Job Skills
- TBD** - **Familyfest**
- August - NSBA World Show
- September 11** - **Hoe Down Gala**
- October - All American Quarter Horse Congress
- October** - **Special Olympics**

**KEY**

- Start of Session
- Event
- No Riding

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	11	12	13	4	5	6	7	8	9	10	
10	11	12	13	14	15	16	8	9	10	11	12	13	14	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	15	16	17	18	19	20	21	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	22	23	24	25	26	27	28	28	29	30	31	25	26	27	28	29	30	31			

May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
9	10	11	12	13	14	15	6	7	8	9	10	11	12	11	12	13	14	15	16	17	8	9	10	11	12	13	14
16	17	18	19	20	21	22	13	14	15	16	17	18	19	18	19	20	21	22	23	24	15	16	17	18	19	20	21
23	24	25	26	27	28	29	20	21	22	23	24	25	26	25	26	27	28	29	30	31	22	23	24	25	26	27	28
30	31						27	28	29	30	31								29	30	31						

September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	19	20	21	22	23	19	20	21	22	23
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	26	26									



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

Font: 847-438-5400

Web: [www.partnersforprogressnfp.org](http://www.partnersforprogressnfp.org)  
Email: [info@partnersforprogressnfp.org](mailto: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](http://www.partnersforprogressnfp.org) • Tax ID # 20-2375514





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## **PARTNERS FOR PROGRESS & PEDIATRICS IN MOTION (“PFP/PIM”) COVID-19 POLICIES FOR CLIENTS & VOLUNTEERS**

### **Precautions Regarding Persons Who Enter PFP Horse Related Facility**

1. No visitors are allowed into the Partners For Progress (PFP) Barn or surrounding PFP property, except for the following groups of persons who perform essential functions:
  - a. Cleaning, maintenance, repairs;
  - b. Approved veterinarians and/or farriers;
  - c. Assigned Volunteers.
  
2. PFPs’ facilities (e.g. barn) and grounds (e.g. outdoor arena & paddocks) at the Partners For Progress Therapeutic Riding Center are closed to persons who are not clients, volunteers and staff of PFP/PIM (Pediatrics In Motion).
  
3. Clients, volunteers, staff, and approved essential function visitors must fill out a viral screen survey which is reviewed pending admittance to PFP barn and horse areas. The questions which are informed by the Center for Disease Control guidance include:
  - a. Have you had any of the following symptoms in the last 14 days:
    - i. Cough,
    - ii. Fever,
    - iii. Sore throat,
    - iv. Shortness of breath or difficulty breathing, and/or
    - v. Loss of taste or sense of smell?
  - b. Have you been in contact with anyone who has tested positive for COVID-19 in the past fourteen days?
  - c. In the past fourteen days, have you traveled outside the U.S. or in an area in the U.S. with widespread COVID-19 as identified by the Center for Disease Control?
  
4. Clients, volunteers, staff, and approved essential function visitors have their temperatures taken pending admittance to the barn and horse area. The following process is followed:





## **PARTNERS FOR PROGRESS & PEDIATRICS IN MOTION (“PFP/PIM”) COVID-19 POLICIES FOR CLIENTS & VOLUNTEERS**

- a. The temperature will be recorded.
  - b. If the temperature is 100 degrees or higher, the person will not be admitted into the facility.
5. In the case of an emergency, staff, veterinarian, police officers, and fire safety officers may enter the barns without the viral screen survey.
6. Volunteers will don the following PPE (Personal Protective Equipment), during their time within the PFP facility:
- a. Mask
  - b. Gloves, and
  - c. Gown when appropriate.

### **Infection Prevention Precautions Related to Horse Equipment**

1. Staff will brush and tack each horse in the horse’s stalls, not using cross ties.
2. Horses will be tied with rubber ties to the arena wall before lessons and between lessons.
3. Saddles and bridles:
  - a. Only staff or an assigned volunteer using PPE will be tacking horses for all sessions;
  - b. Leather saddles, bridles and reins will be cleaned with saddle soap between uses.
4. Cloth saddles:
  - a. Only staff or an assigned volunteer using PPE will be tacking horses for all sessions;





## **PARTNERS FOR PROGRESS & PEDIATRICS IN MOTION (“PFP/PIM”) COVID-19 POLICIES FOR CLIENTS & VOLUNTEERS**

- b. Each client will have a designated towel or fabric covering, that will be used over the saddle;
- c. Cloth saddles will be disinfected between uses of clients.

### 5. Brushes:

- a. Brushes have been put into buckets on the wall in the storage room:
  - i. Each staff member will get a bucket of brushes to use for the day, upon completing their shift, staff person will be responsible for disinfecting their equipment;
  - ii. No sharing of brushing equipment between staff or assigned volunteers;
- b. Brushes are to be disinfected with bleach water and rinsed.

### 6. Lead Ropes

- a. Staff have been assigned a lead rope to use while in the back. This lead rope should be kept only for the assigned person to use.
- b. Volunteers will use the leather lead ropes that are provided by the light switches.
  - i. Lead ropes should be disinfected by volunteer upon completion on their shift;
  - ii. No sharing of lead ropes between volunteers.

### 7. Turnouts

- a. Turnouts will be completed by staff members or an Assigned Volunteer; and
- b. Gates and latches will be disinfected daily.

### 8. Cleaning of Stalls and Feeding/Watering of horses

- a. Watering of horses:
  - i. Watering for turnouts and stalls will be completed by a staff member or assigned volunteer using disinfecting procedures on all spigots and hoses upon completion.
- b. Feeding of horses:





## **PARTNERS FOR PROGRESS & PEDIATRICS IN MOTION (“PFP/PIM”) COVID-19 POLICIES FOR CLIENTS & VOLUNTEERS**

- i. Hay will be fed by staff member or assigned volunteer;
- ii. Wheelbarrows, pitch forks and brooms will be disinfected after each use; and
- iii. Stalls door handles will be disinfected after each feeding.
- c. Cleaning of Stalls:
  - i. Staff or assigned volunteer will clean horse stalls; and
  - ii. Wheelbarrow handles, brooms, pitch forks will be disinfected after use.

### **Infection prevention precautions during sessions**

1. Horses will be brushed and tacked by staff members in their stalls.
2. Horses will be tied to rubber ties in the arena for assigned volunteers to get for each session.
  - a. Volunteers will use leather lead ropes that are hanging by light switches; and
  - b. Volunteers will be assigned one horse for the time they are volunteering.
3. Staff will be in charge of checking all equipment before riders mount horses.
4. Assigned equine volunteer will be responsible solely for the horse and will refrain from touching any unnecessary equipment during sessions.
5. Upon completion of the session, equine volunteer will tie their horse back to designated spot on the arena wall.
6. Staff member will retrieve the horse if needed to make any necessary changes.

Staff member will be in charge of making sure horses are untacked, brushed, blanketed and equipment is properly disinfected and put away at the end of the night.





## Partners For Progress/Pediatrics In Motion Participants

### Covid-19 Acknowledgement of Risk and Acceptance of Services

I, \_\_\_\_\_ (Patient Name), am aware of the risks of contracting Covid-19 while receiving face to face services from Partners for Progress/Pediatrics In Motion (“PFP/PIM”), at this time of the pandemic outbreak and the Illinois Governor Pritzker’s “Stay at Home” Executive Order (Executive Order 2020-10), and subsequent extensions and modifications thereto.

I am aware of the options for remote services including telephonic and video telehealth as allowed by insurances (Optum, CMS, Blue Cross etc.) and State Licensing Board recommendations during this Pandemic outbreak. I am also aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless PFP/PIM, it’s employees and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by PFP/PIM and my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/vehicle either in person or via telephone; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services during this pandemic.

PFP/PIM will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC and our contracted Veterinarian for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and choice and agree to follow the terms and requirements outlined above and hold harmless all individuals associated with or through my services acquired from PFP/PIM for any and all risk that my child(ren) or I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PFP/PIM may result from the actions, omissions, or negligence of myself and others, including, but not limited to PFP/PIM employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at PFP/PIM or participation in PFP/PIM programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the PFP/PIM, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the PFP/PIM, its employees, agents, and





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# Partners For Progress/Pediatrics In Motion Participants

## Covid-19 Acknowledgement of Risk and Acceptance of Services

representatives, whether a COVID-19 infection occurs before, during, or after participation in any PFP/PIM programming.

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

Client Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

