



Three Gaits, Inc.

Therapeutic Horsemanship Center

Mailing Address:
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Oregon, WI 53575
(608) 877-9086 (office)
3gaits@3gaits.org

Physical Address:
3741 Hwy. 138W
Stoughton, WI 53589
(608) 873-1929 (fax)
www.3gaits.org

THREE GAITS 2012 CLIENT REGISTRATION FORM

Client Name _____ Phone _____

Street _____ City _____ Zip _____

Date of Birth _____ Age _____ Height _____ Weight _____

Parent/Guardian _____ Phone _____

Second phone _____ Email _____

What *phone number* is best used in the event of *lesson cancellation*? _____

What *email* is best used in the event of *lesson cancellation*? _____

Client is: ◇ **New to Three Gaits.** Please also complete Client Release Form and Client Medical History & Physician Release Form. If registering for *Hippotherapy*, please also complete an OT/PT Prescription Form.

◇ **Returning**

If returning: Year last participated _____

Has client had any changes in medical history: ◇ No ◇ Yes

If yes is indicated, please fill out new Client Medical History & Physician Release Form. Three Gaits reserves right to request updated Medical History & Physician Release at any time.

Please indicate which session(s) and program(s) you are registering for:

Therapeutic Riding (Group lessons) .

Carriage Driving

Hippotherapy

◇ Session I (Spring, Feb/Mar-May)

◇ Session I (Late Spring 6 weeks)

◇ Session I (Spring, Mar-May)

◇ Session II (Summer, Jun-Aug)

◇ Session II (Summer 12 weeks)

◇ Session II (Summer, Jun-Aug)

◇ Session III (Fall, Sep-Dec)

◇ Session III (Early Fall 6 weeks)

◇ Session III (Fall, Sep-Dec)

Please indicate weekday and time of day that you are available (flexibility is appreciated) _____

Fees: Therapeutic Riding \$330, Hippotherapy \$750, Driving 6-weeks \$195, Driving-12 weeks \$390

Fees when ***paid in advance***: Therapeutic Riding \$300, Hippotherapy \$650, Driving 6-weeks \$180, Driving 12-weeks \$360

Three Gaits program policies:

- When full payment is made prior to the start of the session, use “Fees when paid in advance” schedule. Payment will be refunded if client is unable to participate in appropriate class and activity, and/or Three Gaits is notified of conflict *prior* to the start of the session. A credit, less any fees will be applied to the account for withdrawal *after* the start of the session. No refunds will be offered for vacations, temporary illness, or unanticipated circumstances. Refunds will be given if a client withdraws for the entire session due to medical necessity with written notification from client’s medical provider.
- Credit will be applied to client’s account when Three Gaits initiates cancellation of lesson or session. Credits *must* be used by end of following calendar year, meaning credits carried from 2011 must be used by end of 2012. *Credits may also be donated to the Three Gaits Scholarship Fund.*
- Scholarship application must be received prior to the session for which you are requesting assistance.
- Clients with inappropriate shoes (including crocs, sandals, open-toed or open-heeled) and clothing, or clients arriving more than 10 minutes late for activities, will not be able to join their class. Fees will not be refunded.
- No dogs allowed on Three Gaits grounds.

I have read, understand and agree to Three Gaits’ lesson policies.

Signed: _____ Date: _____

Authorization for Emergency Medical Treatment (either consent or non-consent is required)

Consent Plan

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 Three Gaits, 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.

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 persons below are unable to be reached.

In the event I _____ cannot be reached, please call:

Client, Parent or Guardian

Contact/Relationship _____ Phone _____

Physician's Name _____

Preferred Medical Facility _____

Health Insurance Co _____

Consent Signature _____ Date _____

Client, Parent or Guardian

Print Name _____ 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. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Non-Consent Signature _____ Date _____

Client, Parent or Guardian

Print Name _____ Phone _____

For all clients:

In order to be more effective when selecting contractors or service providers, and when approaching companies and foundations for financial support, Three Gaits requests information on associations and relationships between businesses and our clients, families and volunteers. We will not contact your place of business or use your name, or the names of your family members, without your prior knowledge and permission. Thank you in advance.

Name _____ Phone _____

Employer _____ Occupation _____

Name _____ Phone _____

Employer _____ Occupation _____

Do you or a family member belong to any organizations that you would like to share with Three Gaits?
