



# Three Gaits, Inc.

## Therapeutic Horsemanship Center

Mailing Address:  
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Stoughton, WI. 53589  
(608) 873-1929  
[www.3gaits.org](http://www.3gaits.org)

### THREE GAITS REGISTRATION – 2010

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

Person Registering Client (if not Client): \_\_\_\_\_ Relation to Client: \_\_\_\_\_

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

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

#### **Please indicate which session(s) and programs you are registering for:**

- **SESSION ONE:** \_\_\_\_\_ Therapeutic Riding (12 weeks) \$300  
                   \_\_\_\_\_ Hippotherapy (OT) (10 weeks) \$650  
                   \_\_\_\_\_ Carriage Driving (6 weeks) \$180

DAY/TIME PREFERENCES: \_\_\_\_\_

REGISTRATION DEADLINE: February 7

LESSON DATES: February 22 through May 15

- **SESSION TWO:** \_\_\_\_\_ Therapeutic Riding (12 weeks) \$300  
                   \_\_\_\_\_ Hippotherapy (OT) (10 weeks) \$650  
                   \_\_\_\_\_ Carriage Driving (12 weeks) \$360

DAY/TIME PREFERENCES: \_\_\_\_\_

REGISTRATION DEADLINE: May 9

LESSON DATES: June 8 through August 30

- **SESSION THREE:** \_\_\_\_\_ Therapeutic Riding (12 weeks) \$300  
                   \_\_\_\_\_ Hippotherapy (OT) (10 weeks) \$650  
                   \_\_\_\_\_ Carriage Driving (6 weeks) \$180

DAY/TIME PREFERENCES: \_\_\_\_\_

REGISTRATION DEADLINE: August 22

LESSON DATES: September 15 through December 18

#### **Three Gaits lesson policies:**

- Full payment or scholarship application must accompany registration for all sessions. 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. 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 a client's account when Three Gaits staff cancels a lesson or a session. Credits *must* be used by end of following calendar year, meaning credits carried from 2009 must be used by end of 2010. Credits may also be donated to the Three Gaits Scholarship Fund.
- Clients with inappropriate shoes (including crocs, sandals, open-toed or open-heeled), 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: \_\_\_\_\_

**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 riders, 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 permission and knowledge. Thank you in advance.

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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? \_\_\_\_\_

**For new and returning clients:**

GOALS (Why are you applying for participation? What would you like to accomplish?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For new clients only:**

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL (Mobility skills such as transfers, walking, wheelchair use, etc)

\_\_\_\_\_  
\_\_\_\_\_

PSYCHO/SOCIAL (work/school, leisure interests, companion animals, fears/concerns)

\_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION YOU WOULD LIKE TO SHARE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_