



Dear Parents of Future Riders,

Thank you for your interest in Ride To Walk. We are a non-profit organization providing therapeutic horseback riding for children and young adults with neurological impairments. Our facility is located in Lincoln, CA at 1630 Highway 193. Our mailing address is P.O. Box 1354 Lincoln, CA 95658. All of our clinical evaluations are done by Sierra Pediatric Clinic, located at 700 Sunrise Blvd., Suite O, Roseville, CA 95661.

The Ride To Walk program is in operation from January through the second week of December. Riding is offered four days a week and is designed to coordinate physical and emotional therapy into a unique experience. The goals of this program are based on therapeutic intervention to achieve balance and postural control, improve language and socialization skills, enhance self-esteem and provide exercise and enjoyment for the riders.

A certified therapist or riding instructor is present at each session and will design a personal and individualized therapy program for your child. Each session is 30 minutes in length and is offered at different times during the week. A riding time will be assigned after the evaluation process is completed and parent/caregiver has taken the Side Walker Training Class at Ride To Walk.

The enclosed application provides additional information on the Ride To Walk program.

After you complete the application, please mail or deliver it to Sierra Pediatric Therapy Clinic. If you have any questions or concerns regarding the application or the program in general, please call Ride To Walk at (916) 434-0693. You can also e-mail us at ridetowalk@sbcglobal.net. More information is also available on our web site at www.ridetowalk.org. We will need a check for \$100.00 at the time of the evaluation.

In closing we would like you to know that if your child wants to ride we will try to the best of our ability to make that happen. The sooner the application is received, evaluation is completed, and you complete the side walker training the sooner your child can begin to enjoy all the benefits that Ride to Walk has to offer. Thank you and we look forward to hearing from you.

Sincerely,

Ride To Walk

Mission Statement

Ride To Walk offers an innovative therapeutic horseback riding program that is adapted to the individual needs and disabilities of neurologically handicapped children and young adults, serving the counties of Placer and Sacramento by providing a positive support system.



PROGRAM CANCELLATION AND ATTENDANCE POLICIES

Ride To Walk operates year-round with the exception of our winter (late December) break and major holidays. There are occasions when Ride To Walk must cancel a riding session due to circumstances beyond our control. Those circumstances include, but are not limited to, extreme weather and/or an insufficient numbers of volunteers. In those circumstances, the riding session for that day will be cancelled for the safety of the riders and the horses. You will not be charged in these instances.

If you must cancel your child's attendance at a riding session, you must call the office (916) 434-0693. You will be charged for the ride, ***unless a doctor's excuse is provided. All excuses must be turned in to the RTW office prior to next ride.***

EXCUSED ABSENCES

You will **NOT** be charged if you provide a doctor's excuse or you make arrangements 30 days in advance for a planned vacation. Please provide us with as much notice of your child's cancellation as possible so that we can make the necessary schedule adjustments. **If your rider is absent without a doctor's excuse or pre-scheduled vacation notice you will still be charged \$50.00 per ride, Ride To Walk continues to incur the normal expenses involved in maintaining the property, the arena, the horses and the administrative costs of the program.**



DIRECTIONS TO LINCOLN RIDING FACILITY

1630 HWY. 193
LINCOLN, CA 95648
(916) 434-0693

Directions To Ride To Walk-Lincoln Property

- Take Sierra College to Hwy 193, take left onto Hwy. 193.

Property is on the Left side (Directly across from the Turkey Creek Golf Club), 1630 Hwy 193, Lincoln.

OR

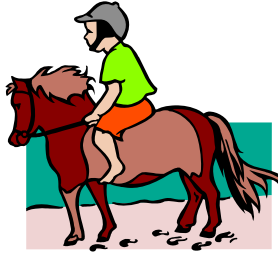
- Take Hwy 80 to Hwy 65 to Lincoln. Turn right at Hwy 193.

Property is on the Right side (Directly across from the Turkey Creek Golf Club), 1630 Hwy 193, Lincoln, CA 95648.

24- HOUR ACCESS INFORMATION LINE: (916) 434-0693

If you have any questions about riding because of weather please call the 24-hour access hotline at least one hour prior to your ride time or volunteer time to see if program has been cancelled due to inclement weather WE CANNOT notify every person so it is your responsibility to call and find out.

HELMET/BOOTS INFORMATION:



Participants riding in program **MUST** wear riding boots or hard-soled shoes with heels.

Participants riding in program **MUST** have an Equestrian approved helmet (**NOT** a Bicycle helmet).

Participants riding in program **MUST** wear long pants.

FITTING:

When looking for the correct helmet for your rider it is important to consider comfort and safety. Look for the following when choosing the proper fit of the helmet.

1. Helmet needs to fit securely on the child's head.

When placed on the head, the helmet should not shift forward or back (The helmet should move with the child's head. You should be able to "wiggle the child's eyebrows" by moving the helmet). Additional foam pads and/or adjusting straps may be required to achieve this correct fit.

2. There are generally 2 types of strapping systems.
 - a. Leather "U" at either side that a chinstrap is attached to.
 - b. A cloth webbing "V" strap that continues into a chinstrap.
Style b is the preferred style for children with very small heads.
3. The chin strap is tightened correctly when you can fit only 2 fingers snugly between the strap and the child's chin.
4. The helmet needs to have a detachable visor if the child has poor head control to increase safety.



ARENA/FACILITY SAFETY RULES

1. HORSES MAY BITE-PLEASE DO NOT FEED WITHOUT STAFF SUPERVISION
2. ALL CHILDREN ON RTW PROPERTY MUST HAVE ADULT SUPERVISION AT ALL TIMES!
3. STAFF & VOLUNTEERS ONLY PERMITTED BEYOND GATES INSIDE THE ARENA.
4. NO RUNNING OR YELLING IN OR AROUND ARENA.
5. NO PETS ALLOWED AT THE RTW PROPERTY WITHOUT PERMISSION.
6. NO SMOKING!
7. **ALL RIDERS MUST WEAR APPROVED HELMETS DURING THEIR RIDING SESSION.**
8. **ALL RIDERS & VOLUNTEERS MUST HAVE APPROPRIATE ATTIRE.**
9. NO ONE IN ARENA UNLESS PARTICIPATING AS A VOLUNTEER, STAFF OR RIDER.
10. NO CHILD LESS THAN 10 YRS. IS PERMITTED BEYOND RESTRICTED AREA OF LAKE. **PLEASE WATCH YOUR CHILDREN AT ALL TIMES.**
11. NO CELL PHONES OR PAGERS ALLOWED INSIDE THE ARENA (*except staff*).
12. PLEASE PICK UP TRASH, KEEP YOUR STABLES BEAUTIFUL.
13. EVERY PERSON WHO ENTERS THIS PROPERTY MUST SIGN A RELEASE OF LIABILITY WAIVER, **NO EXCEPTIONS.**

*IT IS EVERYONES RESPONSIBILITY TO READ THESE RULES AND KNOW THEM.
THANK YOU FOR YOUR COOPERATION.*



Ride To Walk, Inc. General Information

Mission Statement and Goals

Ride To Walk's mission is to enhance the lives of young adults and children with neurological disabilities by providing innovative therapeutic horseback riding activities that are recreational in nature and adapted to the individual's needs and disabilities at a minimum cost.

Current Programs and Activities

Therapeutic Riding Program

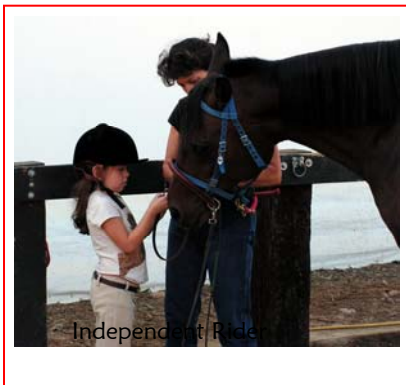
During each 30-minute riding session, the rider is accompanied in the enclosed arena by four highly trained individuals; a licensed therapist or riding instructor, an experienced volunteer equestrian leader, and two volunteer side-walkers. The horse is led through a series of movements tailored individually for the rider, which help to strengthen the rider's muscles and improve the rider's flexibility, range of motion, balance and coordination.

Each rider's individually created program is supervised and evaluated by therapists that are specially trained using the horse as a therapeutic tool. In addition to the physical gains from horseback therapy, parents and teachers often see improved speech patterns and lengthened attention spans. Our riders gain a sense of joy, freedom and empowerment from the therapy sessions, which enable them to sit tall and proud on the backs of our specially screened and trained horses.



Rider and Volunteers

Ride To Walk serves children with disabilities and their families, year round from Placer, Sacramento and Yolo counties. The program serves children with disabilities such as autism, cerebral palsy, muscular dystrophy, attention deficit disorder, head trauma, sensory processing challenges, and genetic disorders. Ride To Walk serves families ranging from low to upper incomes and represents a broad spectrum of ethnicities.



Independent Riding Program

Ride To Walk has increased its service offerings to include an Independent Riding Program. Riders in this program have the mobility, balance and coordination to sit on the horse independently. Riders in this program are taught basic horsemanship skills, including how to tack and groom the horse and how to handle the reins.

Ride To Walk's Relationship with Other Organizations

Ride To Walk became a 501(c) 3 nonprofit organization in 1988 and works in partnership with local school districts and the North American Handicapped Riding Association (NAHRA).

A small number of our riders receive partial assistance through local school districts. If the child has an Individual Education Plan (IEP) that requires adaptive physical education, some school districts will cover a portion of the costs for that rider.

NAHRA is a national non-profit organization that promotes the benefit of the horse for individuals with physical, emotional, and learning disabilities. NAHRA's mission is to foster safe, professional, ethical and therapeutic equine activities through education, communication and research for people with and without disabilities. Ride To Walk is a member of NAHRA, which requires that we comply with certain rules, regulations, training requirements and safety standards. NAHRA demands the complete accountability of Ride To Walk and our responsibility to maintain the utmost level of integrity within our program.



The Need for Ride To Walk

A variety of community-supported activities are available to children without disabilities, from Little League and soccer teams to after-school social activities. Neurologically handicapped children need opportunities to develop their physical skills and learn to interact with their peers in community-supported activities as well. Ride To Walk is one of the few opportunities these children have to participate in a "special activity." It addresses this social need while providing crucial therapy that helps their bodies and minds to develop their fullest potential. While there are a variety of programs that put disabled children on horseback for recreational purposes, Ride To Walk is one of the few programs in this area that also focuses on the therapeutic aspects of this activity.



Volunteers & Therapist with Rider

Ride To Walk Board Members, Staff & Volunteers

The successes of Ride To Walk are the results of many dynamic supporters who contribute tirelessly to the organization. Ride To Walk consists of a volunteer board of directors, part-time employees and many dedicated volunteers who are the backbone of the program. Ride To Walk could not exist without this wonderful support.



Dr. Corn back riding with child

History of Ride To Walk

Ride To Walk began in 1985 when Dr. Kristine Corn, founder, director and primary therapist at the Sierra Pediatric Therapy Clinic, began using a pony at her clinic in Granite Bay, California.

Dr. Corn had one patient, in particular, who was not progressing utilizing traditional therapy practices. Dr. Corn purchased a pony and rode the little girl up and down the driveway at her clinic. The results were profound and unmistakable. Dr. Corn began using her pony with more and more of her patients and found the results equally rewarding. Though there have been many

economic challenges facing the Ride To Walk program over the past years, the program continues to grow. Following years of renting facilities, the program expanded to its own riding facility with an enclosed arena with stables and a covered arena caretaker facilities with stables and a covered arena in the town of Lincoln, CA in February 2003.

The cost of Ride to Walk and how YOU can help:

Therapeutic horse back riding involves significant costs. The minimal fee we request per week from the families of our riders covers less than fifty percent (50%) of the actual cost of each riding session. It is our goal to continue to keep this fee to a minimum as most of the families in our program struggle financially as a result of the many costs incurred with caring for a child with disabilities. **For these reasons we need your participation in fundraising or your skills to offset the costs.**

Ride To Walk was originally funded by bake sales. Today, in addition to seeking funding support from corporate, individual and foundation grant sources, we host the Niello VW Car Show and Ranch Run and an annual Barn Dance and BBQ to help raise the funds necessary to cover the costs of providing therapeutic horseback riding.

WHEN YOU HAVE COMPLETED PAGES 1-9, PLEASE SEND TO SIERRA PEDIATRIC THERAPY CLINIC, 700 Sunrise Blvd., Suite O, Roseville, CA 95661, ALONG WITH THE REQUIRED DOCUMENTATION



Date _____

NEW RIDER APPLICATION

CHILD'S NAME _____ BIRTH DATE _____

DIAGNOSIS _____

HEIGHT of Rider _____ WEIGHT of Rider _____ (RTW Weight Limit for Riders is 180 lbs.)

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____

HOME TELEPHONE NUMBER _____ CITY _____ STATE _____ ZIP _____
COUNTY _____

FATHER'S EMAIL _____ MOTHER'S EMAIL _____

FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

FATHER'S CELL/PAGER _____ MOTHER'S CELL/PAGER _____

BEST NUMBER TO CALL IF PROGRAM IS CANCELLED _____

DOCTOR OR PEDIATRICIAN _____

ADDRESS _____ PHONE _____

SCHOOL _____ CONTACT PERSON _____ PHONE _____

Person or Organization referred by _____ PHONE _____

IF NOT REFERRED, HOW DID YOU LEARN OF RIDE TO WALK? _____



PLEASE ENCLOSE THE FOLLOWING DOCUMENTS ALONG WITH THE COMPLETED APPLICATION:

____ MEDICAL HISTORY FORM ____ PHYSICIAN RELEASE FORM ____ INSURANCE CARD COPY

Enclosed is my \$50.00 payment for my application, which includes an evaluation of the perspective rider.

*** I have read and understand the information, terms & conditions of the program that accompany this application.**

Father/Guardian

Date

Mother/Guardian

Date



Riding Fees and Absence Policy

Invoices are issued monthly. Payments are to be made within thirty (30) days of the date of our invoice (unless other arrangements have been agreed upon in advance).

Please make checks payable to:

**Ride To Walk
P.O. Box 1354
Lincoln, CA 95648**

- \$50 per ride/\$200 per month (or \$250 per month depending on weeks per month), payable on or before the beginning of the previous month.
- Absences will be granted and you will not be charged in the following instances.
 1. A serious illness that requires hospitalization or illness in bed for over a week.
 2. 30 day notice given to RTW for scheduled vacations.
 3. Holiday taken by RTW.
 4. Cancellation by RTW due to inclement weather/smoke, it is your responsibility to call and check on the status of your ride day, do not assume we will cancel just because it is hot or raining.

**** We reserve the right to change these payment options in the event we are unable to obtain the necessary funding through our fundraising efforts to cover the costs of our riding sessions.**

I have read and understand the information and terms of the program that accompanies this application and am willing to accept those terms.

Father/Guardian

Date

Mother/Guardian

Date



MEDICAL HISTORY PHYSICIAN RELEASE FORM

CHILD'S NAME _____

ADDRESS _____

CITY STATE ZIP

DIAGNOSIS _____

MEDICATIONS _____

ALLERGIES _____

BRIEF MEDICAL HISTORY _____

CONTRAINDICATIONS TO RIDING, IF ANY _____

PRECAUTIONS, IF ANY _____

_____ HAS NO PHYSICAL DISABILITIES THAT WOULD INHIBIT HIM/HER FROM
Childs Name

PARTICIPATING IN A THERAPEUTIC HORSEBACK RIDING PROGRAM.

PHYSICIAN'S SIGNATURE

PHYSICIAN'S NAME PRINTED

ADDRESS

CITY/STATE/ZIP

PHONE DATE

(This application is void unless signed)



EMERGENCY AID INFORMATION

CHILD'S NAME: _____ BIRTH DATE: _____

PARENT'S NAMES: _____ & _____ HOME PHONE: _____

HOME ADDRESS: _____

E-MAIL _____ COUNTY _____ CITY STATE ZIP

DIRECTIONS TO HOME (FROM ARENA) _____

MOTHER'S OCCUPATION _____ WORK PHONE _____

WORK ADDRESS _____

FATHER'S OCCUPATION _____ WORK PHONE _____

WORK ADDRESS _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE _____ ADDRESS _____

EMERGENCY FAMILY DOCTOR (1ST CHOICE) _____

PHONE _____ ADDRESS _____

EMERGENCY FAMILY DOCTOR (2ND CHOICE) _____

PHONE _____ ADDRESS _____

DOES THE RIDER HAVE ANY KNOWN CONDITION, WHICH MIGHT REQUIRE EMERGENCY ATTENTION?
If so, please give the details.

In the event of an emergency or an accident, the riding program has my permission to request the services of, or take my child to, any available doctor or hospital. (PLEASE ATTACH A PHOTOCOPY OF THE CHILD'S MEDICAL INSURANCE CARD)

SIGNATURE OF PARENT OR GUARDIAN DATE

SIGNATURE OF PARENT OR GUARDIAN DATE



PARENT INFORMATION

Note: This information is gathered to help Ride To Walk obtain ideas for fundraising and gain contacts in our community. Please keep this in mind as you fill out this portion of the application.

FOR WHAT ORGANIZATIONS DO YOU CURRENTLY WORK?

WHAT SPECIAL TALENTS OR SKILLS DO YOU POSSESS? (I.E. CONTRACTING/BUILDING, CONSTRUCTION, NURSING, COMPUTER KNOWLEDGE, ETC.)

WHAT ORGANIZATIONS, CLUBS, OR PROGRAMS DO YOU BELONG TO THAT MAY BE WILLING TO HELP RIDE TO WALK RAISE FUNDS?

HAVE YOU HELPED WITH FUNDRAISERS? IF SO, PLEASE LIST:

DO YOU KNOW OF ANY COMPANIES, CORPORATIONS, OR RELATIVES WHO WOULD BE WILLING TO HELP RIDE TO WALK WITH FUNDRAISERS, GRANTS OR FUNDING? DO YOU WORK FOR A COMPANY OR KNOW OF SOMEONE WHO WORKS FOR A COMPANY WHO DOES "MATCHING FUNDS"? PLEASE LIST COMPANIES WITH PERTAINING CONTACT INFORMATION (I.E. PHONE NUMBERS, ADDRESSES, E-MAIL CONTACTS, ETC.)



PERMISSION FOR RIDING:

I, _____, the parent/guardian of the registrant, _____, a Minor, agree that the registrant and I will abide by the rules of Ride To Walk and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with riding and in consideration for Ride To Walk accepting the registrant for its programs and activities, I hereby release, discharge, and/or otherwise indemnify Ride To Walk and its employees, volunteers and directors as well as its affiliated organizations and sponsors, their employees and associated personnel, including owners of the facilities utilized for this program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name _____
Parent/Legal Guardian (please print)

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of the above-named registrant.

Signature of Parent or Guardian _____

Address: _____

Phone: Home _____ Work _____ City _____ State Zip _____

Two Alternative Telephone Numbers and Names:

- 1. _____ Phone: _____
- 2. _____ Phone: _____

Diagnosis _____

Medications _____

Physician's Name _____ Phone _____

Date _____

POLICY STATEMENT FOR RIDE TO WALK ON 911 CALLS:

It is the policy of Ride To Walk to treat any falls or injuries seriously. We will ask the consent of the attendant's parent or guardian to call 911. If the parent or guardian refuses, it becomes the sole responsibility of the parent or guardian to care for the rider. If the parent is not in attendance, Ride To Walk will always call 911 using the medical consent forms signed by the parent or guardian.

**** WE MUST HAVE A CURRENT COPY OF YOUR INSURANCE CARD ON FILE AT ALL TIMES!**



PARENT VOLUNTEER INFORMATION FORM

NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL _____

VOLUNTEER PREFERENCES _____

START DAY/DATE AVAILABLE _____

ARENA: DAY(S) AVAILABLE _____

TIME(S) AVAILABLE _____

I AM ABLE TO VOLUNTEER ON THE FOLLOWING DAY(S) ON AN ON-CALL BASIS AT THE ARENA.

HOURS

HOURS

WEDNESDAY _____

FRIDAY _____

THURSDAY _____

SATURDAY _____

I HAVE EXPERIENCE WITH (CHECK ALL THAT APPLY)

- HORSE CARE
- VAULTING
- CPR
- RIDING (TYPE _____)
- RIDING INSTRUCTOR
- HANDICAPPED (TYPE _____)

I hereby grant Ride To Walk permission to use photographs, slides, videos, etc. in which I may appear for the express purpose of promoting the Ride To Walk program, and do not expect, nor shall I receive, any monetary reimbursement for this authorization.

I will not hold Ride To Walk liable for any accident or injury incurred while participating in the Ride To Walk sessions or related activities.

I understand that in the performance of my duties as a volunteer of Ride To Walk I must hold medical/social information in confidence.

DATE

SIGNATURE OF PARENT/VOLUNTEER

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)



By my signature below, I hereby acknowledge that I have read and understand this document in its entirety and that I agree to the terms and conditions set forth herein.

Print Name

Print Name of Rider

Date of Birth

Signature

Date of Signature

Print Name

Print Name of Rider

Date of Birth

Signature

Date of Signature

**"Ride To Walk"
Rider Photo Release
Consent Form**

I _____ Parent/Guardian of _____

Hereby **give Ride To Walk my permission** to use photographs, slides, videos, etc. in which my child may appear for the express purpose of teaching as well as promoting the Ride To Walk program, and do not expect, nor shall my child receive, any monetary reimbursement for this authorization.

Signature _____ Date _____
Parent/guardian

OR

I DO NOT want my child to be photographed or videotaped for public use.

Signature _____ Date _____
Parent/guardian