New Beginnings Therapeutic Riding, Inc.

DLN: I7053060947007
I.D. # 61-1312304

600 B Bill Ferguson Rd.
Bowling Green, KY 42101
Phone: (270) 777-3600
info@nbtr-bg.org
www.nbtr-bg.org

Dear 2026 New, Returning Participant or Parent/Guardian,

Thank you for your interest in New Beginnings Therapeutic Riding, Inc. (NBTR). NBTR is accepting applicants for the **2026** season. Professional Association of Therapeutic Horsemanship, International (PATH, Intl.) our certifying organization, requires that we MUST have forms updated before each season (or year) begins. If at any point in time information changes…contact us immediately.

This packet must be completed in its entirety and returned to NBTR in order to be eligible to participate in our Equine Assisted Activities and Therapies. No participant will be considered for this program without completed paperwork. The sooner the paperwork is returned to NBTR, the sooner we will be able to review the paperwork and schedule lessons. Participants will be scheduled on a first come first serve basis.

Enclosed you will find a Participant's Medical History, Physician's Statement, and Therapist Evaluation. The Medical History and Physicians statement MUST be signed and returned to NBTR before being eligible to participate in our program. This will allow us to evaluate your circumstances according to PATH Intl. standards and ask the physician/therapists for further input if needed. If there is an area that does not apply, please put N/A in the blank.

If you are a **NEW to our program**, once paperwork has been received and reviewed then a evaluation will be scheduled before participating in our program. **There is an evaluation fee of $40.00, payable on the day of evaluation.** This will be scheduled by the head instructor and program director.

***Lesson fees are $40.00 per 45 minutes;** however, the approximate cost of a therapeutic lesson is $95.00. This means a weekly rider who participates in all 40 lessons (1 time per week) during 2026 will pay $1600 out of pocket per year and $2200 is in scholarship. **EVERYONE RIDES ON SCHOLARSHIP!**

It is important that you help us find funding sources. WE DO NOT want to have to raise the fees soon. Please contact Michele for additional information! * MORE INFO ON PG. 2*

If you are unable to pay the lesson fee, there are limited scholarships available, but a scholarship application must be completed and approved by the board of directors prior to an evaluation, please contact our office for additional information.

We appreciate your interest and look forward to working with you.

Please feel free to contact us at 270-777-3600 if you have any questions or concerns.

Sincerely,
NBTR Staff

PARTICIPANT AND PARENT/GUARDIAN GUIDELINES

- All registration materials must be completed before participating in NBTR activities.
- All participants in the program MUST attend a yearly orientation.
- Parent/Guardians/guests will follow the signs on the property for the riders and bring them to the rider entrance and wait for the instructor to receive the student then the parent/guardians/guests will drive to the front of the building and go to the designated areas.
- **Parent/Guardians/Guests MUST always remain on premises unless prior arrangements have been made with NBTR staff**.
- **Parent/Guardians/Guests are to wait in the designated waiting area while participant is in their lesson.**
- Parent/Guardians/Guests MUST be quiet and not cause any distractions to the student, volunteer, instructor and program horse.
- Parent/Guardians/Guests MUST seek permission from the Instructor or Program Director regarding pictures being taken.
- Guests of the participant are welcome and MUST abide by the same rules as the guardian.
- Volunteers assigned to participants will assist them under the supervision of the instructor.
- **No smoking, chewing tobacco or chewing gum on premises.**
- **No pets allowed on the premises (unless they service dogs).**

WEIGHT POLICY

In relation to horse health and safety, NBTR imposes a ruling on weight allowed on horses. In general, and according to most equine research, a horse is able to carry around 20% of its weight without causing pain or long-lasting ill effects over a period of time. This is more difficult if the weight is unstable (unbalanced). Most of our horses' weight is between 800 to 1100 pounds, this means our **participants need to be at or below the weight of 220**. Exceptions can be made if: a) the participants ability to be balanced and in correct position can help the horse stay sound and stable; b) the participant is able to ride independently so volunteer sidewalkers will not be put in an unsafe position; or c) work from the ground pending if they can walk/stand independently or with little assistance until the participant reaches the recommended weight.

PROPER ATTIRE

Participants MUST wear long pants (not sweat pants), NO tank tops or spaghetti strap tops, NO dangly jewelry, NO tops with inappropriate advertisements and closed-toe shoes. A boot with a short heel is recommended, if available. **NBTR has the right to refuse a participant their lesson if not properly attired.** Aftershave and perfumes can attract stinging insects, please be careful of wearing these while at the barn. All participants must wear an ASTM-SEI certified riding helmet. We encourage all participants to purchase their own helmets (helmets are available onsite for use).

WEATHER AND CANCELLATIONS

NBTR follows the Warren County School Polar Report for school cancellations for snow, ice and any inclement weather. Classes will be cancelled if a tornado warning is in our area, if the actual inside barn temperatures reach 90-95 degrees or above, or lower than 40 degrees or if the heat index is above 95 degrees. If anytime you feel uncertain please call the office/check our Facebook page/check your Remind app.

COST & PAYMENT POLICY - EVERYONE RIDES ON SCHOLARSHIP!

- **Lesson fees are $40.00 per 45 minutes.** Lesson payments can be paid weekly or monthly.
- However, the approximate cost of a therapeutic lesson is $95.00. This means a weekly rider who participates in all 40 lessons (1 time per week) will pay $1600 out of pocket per year and $2200 is in scholarship.
- We do ask that you stay current on your lesson payments.
- **It is important that you help us find funding sources. WE DO NOT want to raise the fees. Please contact Michele for additional information!**

FINANCIAL COMMITMENT

NBTR is supported by community donations, grants and fundraisers NOT by participant fees. **We are asking each family to help NBTR by contributing at least $100 per year to support our operating budget.** We realize that not all families can contribute $100 at one time but if you could commit quarterly or help in other areas such as the list below.

Please select 2 areas that you will assist with:

___obtaining monetary donations
___obtaining sponsors for our fundraising activities.
___collecting aluminum cans
___provide professional services
___schedule a fundraiser with a local business/organization/restaurant

SCHOLARSHIPS

The current charge of a lesson is $40.00; however, the "gross cost" of a lesson is $95 per lesson. This means NBTR strives to fundraise to cover most costs for all students. If you are unable to pay the $40.00 lesson fee, there are limited scholarships for reduced lesson fees. Reduced fees are made available through donors who pay sponsorships for specific riders**. Participants who are accepted for reduced fees will pay $10 per lesson.** Due to the overall operating expenses, we are unable to offer lessons at no cost. Please contact our office for a Scholarship Application. All scholarship applications will be submitted to the Board of Directors for review, and you will be notified of their decision. Applicants must qualify using NBTR's Guidelines, which are available in the office. The guidelines were developed by using the U.S. Dept. of Health and Human Services Poverty Guidelines.

LIABILITY RELEASE

_____would like to participate in the New Beginnings Therapeutic Riding, Inc.'s program. I acknowledge the risks and potential for risks of horseback riding and other Equine Assisted Activities & Therapies. I am aware that horses can kick, bite, and throw riders or otherwise cause injury to riders or other people in the vicinity. I am aware that horses can act in accordance with their own will. I am aware that horseback riding or working in proximity to horses is a hazardous activity and care voluntarily participating in this activity with knowledge of the danger involved and accept any and all risks of injury. I hereby, intending to be legally bound, for myself, and, if executing this release on behalf of my child or ward, on behalf of such child or ward, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against New Beginnings Therapeutic Riding, Inc., its board of directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in New Beginnings Therapeutic Riding, Inc.'s program. If executing this release on behalf of my child or ward, I further give permission for my child or ward to participate in tasks related to the maintenance of the program's facilities or grounds, including such grounds as may comprise part of the Pine Spring Stables property owned by Kenny and Jackie Reynolds, and release all parties named herein from any claims or losses associated with such participation, as set forth above.

The following reprint of Kentucky Statute is provided for information:

> **WARNING** Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury or participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities. (Kentucky Statute Title XXI Chap. 247)

PARTICIPANT'S/GUARDIAN'S CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

As a participant/guardian with New Beginnings Therapeutic Riding, Inc. (NBTR), you may obtain information about the medical condition, diagnosis or treatment of program participants. This information is highly confidential, and NBTR makes every effort to protect the confidentiality of program participant medical information. As a participant, we ask you to respect this confidentiality and not share such information with any person or organization outside NBTR without the expressed consent of the people involved.

I do affirm that I will not divulge any medically related information regarding any New Beginnings Therapeutic Riding Inc. (NBTR) program participant to any unauthorized person for any reason. Neither will I directly nor indirectly use, or allow the use of, NBTR information for any purpose other than that directly associated with NBTR. I understand that all program participant information is strictly confidential.

PARTICIPANT'S/GUARDIAN'S DISCLOSURE RELEASE OF INFORMATION TO NBTR AUTHORIZED RECIPIENTS

To comply with PATH Intl. Accreditation standards, a participant/guardian with New Beginnings Therapeutic Riding, Inc. (NBTR) must provide written permission for information to be shared by NBTR with authorized sources such as "judicial officers, caseworkers, therapists/medical practitioners, educators, or other equine-assisted activity centers." All participant information is confidential and will be treated as such. A written copy of the NBTR Disclosure Form will be provided for the participant or guardian upon receipt of such a request by an outside source. "Information covered can include, but is not limited to, contact information, instructor progress reports or equestrian skill goals."

I do affirm that I am providing written permission for information to be shared by NBTR with authorized recipients. I understand all information is confidential, and that I will be provided with a written copy of the NBTR Disclosure Form should any such information be requested. The NBTR Disclosure Form will state exactly what information has been requested, and by whom.

PHOTO/NAME RELEASE

I (CIRCLE ONE) **consent** **non-consent** to and authorize the use and reproduction by New Beginnings Therapeutic Riding Inc. (NBTR) of all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program. I also hereby consent to and authorize New Beginnings Therapeutic Riding, Inc. (NBTR) to identify me/my son/my daughter/my ward

by full name and use my/my son's/my daughter's/my ward's full name for promotional printed material, educational activities or for any other use for the benefit of the program.

ATTENDANCE AND UNEXCUSED ABSENCES

If you need to cancel a lesson, we ask that you notify us at least 24 hours in advance so that we can notify our volunteer(s) accordingly. Please notify NBTR staff of your scheduled date of absence via phone, email, or wall calendar in the office. *Volunteers give their valuable time!*

NOTE: If you have 3 unexcused absences during the season, this will be grounds for dismissal from the program. An excused absence is defined as: written or verbal notification of absence given to the Office prior to your lesson time.

An unexcused absence is defined as: no show, no written or verbal notification of absence given to the Office prior to your lesson time and the participants will be charged for that lesson. Reason is being that the volunteers and staff work very hard to be prepared for your lesson.

Leave of absence, if you are scheduled and want to take a leave of absence of more than 4 weeks and want to keep your day and time reserved then we require a $10 fee per lesson.

Participants who arrive 15 minutes late or more after their scheduled lesson time will not be permitted to ride. The full lesson fee will still apply, as our instructors and horses have been reserved for your scheduled time.

I have read and understood all the above information given to me by New Beginnings Therapeutic Riding Inc. (NBTR) and agree to abide by this. Failure to do so could result in a non-refundable dismissal of the program.

Date: _____ **Signature:** _____
Participant (if adult) or Parent/Guardian (if under 18 yrs)

Participant Name (Please print): _____
Participant (if adult) or Parent/Guardian (if under 18 yrs)

Participant's Name (Please print): _____
Birthdate: _____ Age: _____ Female: _____ Male: _____

Day/Time Availability: check all that apply	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Time(s) available before noon			NA		NA	NA
Time(s) available between noon – 3 PM			NA		NA	NA
Time(s) available between 4 – 7 PM			NA		NA	NA

1ST Choice (note day and timeframe): _____ 2nd Choice (note day and timeframe): _____
3rd Choice (note day and timeframe): _____

If there is an opportunity to ride more than once, how many days a week would you like to ride? _____
And what is your preferred day and time? _____

Participants can ride in session(s). Which session(s) would you like to ride? ALL 40 weeks: ___
Session 1 (Jan – Mar): __ Session 2 (April – July): ___ Session 3 (July – Sep): ___ Session 4 (Sep – Dec): ___

Participant Background and Behavior (To be completed by a Parent/Guardian ONLY)

The more information you supply will help instructors better prepare for the participant's lesson…the more the better!

What is the potential participant's disability? _____

What type of learner is the participant? (Can check more than one)
__Auditory (hear instructions and complete task) __ Visual (see it first then complete the task) __ Kinesthetic (hands on learner)

List likes/dislikes, interests, hobbies, etc…_____

Please list behaviors to be:
Encouraged: _____
Discouraged: _____

Has the participant shown any verbal/physical aggression in the past 6 months? YES NO If yes, please explain why:
_____

Any mobility/behavioral issues (please explain): _____
_____

Are certain colors a distraction? YES NO Do they know directions (right/left)? YES NO Is music a distraction? YES NO
Do they know their numbers? YES NO Are there any vision impairments? YES NO Can they read? YES NO
If volunteers or instructors are switched around, does it cause any issues? _____
How does the participant react to change? _____
Does having a lot of people around cause anxiety? YES NO Does having a lot of people around cause distraction? YES NO

Please provide additional information to assist the instructors in preparation of their lesson: _____
_____

List some goals you would like to see the participant work towards?
_____
_____

Would you like to see certain tasks incorporated into their lesson? EX: student to be more verbal, work on social skills, patience, strengthening, their homework, etc…_____
_____

STAFF USE ONLY: RE: _____ SCH: _____ SESSION: _____

New Beginnings Therapeutic Riding, Inc.

DLN: I7053060947007
I.D. # 61-1312304

600 B Bill Ferguson Rd.
Bowling Green, KY 42101
Phone: (270) 777-3600
info@nbtr-bg.org
www.nbtr-bg.org

Participant Authorization for Emergency Medical Treatment Form
MANDATORY – to be completed by a parent/guardian/caregiver

In the event of 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 New Beginnings Therapeutic Riding, 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.

Participant's Name (Please print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Birthdate: _____ Age: _____ Female: _____ Male: _____

Physician Name: _____

Preferred Medical Facility: _____

Primary Insurance

Insurance Company Name: _____ Policy/Member ID #: _____
Group: _____ Policyholder Name (if different): _____
Relationship to Participant: _____ Insurance Phone: _____

Secondary Insurance (if applicable)

Insurance Company Name: _____ Policy/Member ID #: _____
Group: _____ Policyholder Name (if different): _____
Relationship to Participant: _____ Insurance Phone: _____

List any medications: _____

_____

_____

List any allergies:

_____

_____

_____

What is the participant's disability? _____

Parent/Guardian Name (Please print): _____
Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email address: _____
Occupation: _____ Employer: _____
If above person cannot be reached: Contact: _____ Phone: _____
or Contact: _____ Phone: _____

Attach copies of the front and back of each insurance card.

New Beginnings Therapeutic Riding, Inc.

DLN: I7053060947007
I.D. # 61-1312304

600 B Bill Ferguson Rd.
Bowling Green, KY 42101
Phone: (270) 777-3600
info@nbtr-bg.org
www.nbtr-bg.org

Participant's Medical History and Physician's Statement
MANDATORY – MUST BE SIGNED & APPROVED BEFORE PARTICIPATION

Participant's Name (Please print): _____
Name of Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Birthdate: _____ Age: _____ Female: _____ Male: _____
Diagnosis: _____ Date of Onset: _____
Tetanus shot: ____Yes ____No Date: _____ Height: _____ Weight: _____
Seizure Type: _____ Controlled: _____ Date of last seizure: _____
List of Medications: _____
_____

List any allergies: _____
_____
_____

Please indicate if patient has a problem and/or surgeries in any of the following areas.
Check 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			

****For *persons with Down Syndrome:***
Neurological Exam Date: _____ **Result (Circle one)**: positive negative

Mobility: Independent Ambulation: ____ Yes ____ No Crutches: ____ Yes ____ No
Braces: ____ Yes ____ No Wheelchair: ____ Yes ____ No
Please indicate any special precautions: _____

To my knowledge, this person (circle one) **is able to** **should not** participate in supervised equine assisted activities and therapies. However, I understand that the New Beginnings Therapeutic Riding Inc. will weigh the medical information above against the existing PATH Inc. precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (ex: PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician Name (please print): _____
Physician Signature: _____
Address/City/State/Zip Code: _____
Phone: _____ Date: _____

MANDATORY – MUST BE SIGNED & APPROVED BEFORE PARTICIPATION

Physicians please refer to the next page…

Physicians: Please mark as to what applies.

Please note that the following conditions may suggest precautions and contraindications to equine assisted activities and therapies. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic
__Atlantoaxial Instability - include neurologic symptoms
__Coxa Arthrosis
__Cranial Deficits
__Heterotopic Ossification/Myositis Ossificans
__Joint subluxation/dislocation
__Osteoporosis
__Pathologic Fractures
__Spinal Fusion/Fixation
__Spinal Instability/Abnormalities

Neurologic
__Hydrocephalus/Shunt
__Seizure
__Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Medical/Psychological
__Allergies
__Animal Abuse
__Physical/Sexual/Emotional Abuse
__Blood Pressure Control
__Dangerous to self or others
__Exacerbations of medical conditions
__Fire Settings
__Heart Conditions
__Hemophilia
__Medical Instability
__Migraines
__Pulmonary Vascular Disease
__Respiratory Compromise
__Recent Surgeries
__Substance Abuse
__Thought Control Disorders
__Weight Control Disorder

Other
__Age - under 4 years
__Indwelling Catheters
__Medications - i.e. photosensitivity
__Poor Endurance
__Skin Breakdown

Please provide additional information to assist the instructors when preparing their lesson plans:

_____

_____

New Beginnings Therapeutic Riding, Inc.

DLN: I7053060947007
I.D. # 61-1312304

600 B Bill Ferguson Rd.
Bowling Green, KY 42101
Phone: (270) 777-3600
info@nbtr-bg.org
www.nbtr-bg.org

Therapist Evaluation
OPTIONAL – to be completed by a licensed therapist

Participant's Name (Please print): _____ Birthdate: _____ Age: ____ Female: ___ Male: ___

Please comment on the following as detailed as possible. We are particularly concerned with deficits that interfere with functional abilities.

Coordination (fine and gross motor): _____
_____

Balance (standing and sitting): _____

_____

Mobility: _____

Transfers: _____

Assistive Devices: _____

Self-Help Skills: _____

Posture/Scoliosis: _____

Skin Condition: _____

Assoc. Reactions/Abnormal Reactions: _____

Comprehension of Verbal Instruction: _____

Speech: _____

Psychological/Behavioral: _____

Exercises or Positions to Encourage: _____

Exercises or Positions to Avoid: _____

Other Special Precautions: _____

Present Goals of PT/OT Program: _____

We would like to invite all therapists to attend the participants lesson.
If you would like to discuss this in more detail, please feel free to contact us at (270) 777-3600.

To my knowledge, this person (circle one) **is able to** **should not** participate in supervised equine assisted activities & therapies. However, I understand that the New Beginnings Therapeutic Riding Inc. will weigh the medical information above against the existing PATH Inc. precautions and contraindications.

Therapist Name (Please print)**:** _____ **Date:** _____
Therapist Signature: _____ **Date:** _____
Address/City/State/Zip Code: _____
Phone: _____ Date: _____