



January 22nd, 2021

Dear NTRC Participants, Parents and Guardians,

On behalf of all the NTRC staff, volunteers and critters - welcome! You may be a returning rider this session or someone new to our program but either way, we are so glad to have you here.

In this packet you will find a lot of information that is important to you and your rider having a positive and impactful experience this year so please take some time to look it over carefully and fill everything out thoroughly. If you have any questions, don't hesitate to reach out please. We address emails and messages daily Monday-Friday year-round.

I would also highly suggest you become friends with us on Facebook if you haven't already as we communicate a lot on there about our events, class cancellations or changes, fun pictures and videos. This is one more way to stay in touch with what is going on at NTRC and also to share with others that may have interest in volunteering, riding, donating, etc.

Speaking of volunteers - I also encourage all of you who are caregivers/parents to attend one of our volunteer orientations if possible. Since our program relies heavily on volunteers, there is always the chance that we may have volunteer no-shows or cancellations. It is very helpful to the NTRC staff to know what we have trained parents able to step in for an absent volunteer if need be. While we all try our best to have all lessons staffed, sometimes this does happen. Please reach out to our Volunteer Coordinator Cindy Sahl at volunteertrc@gmail.com to find out how you or anyone else that is interested can attend one!

Lastly, please note that while we feel safe enough to hold classes during these times, we are still maintaining all necessary COVID precautions. This is covered in your packet but please let me know if you have any concerns or questions about anything!

I look forward to hearing your laughter, hello, and "walk on's" in the barn very soon!!

Thank you,

Shaney Othic

Shaney Othic
Executive Director
816-876-6221
edntrc@gmail.com



2021 RIDER PARTICIPATION REGISTRATION PACKET
REGISTRATION DOCUMENTS CHECKLIST

- Participant Registration Information**
- Participant Program Information**
- Precautions and Contraindications Form (*Completed by Physician*)**
- Participant Medical History and Physician Statement (*Completed by Physician*)**
- Emergency Medical Plan and Photo Release**
- Rider Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement**
- COVID Release**
- NTRC Policy of Eligibility for Program Participants**
- Guidelines for Discharge of Participants from Program Activities**
- Rider Absence Policy**
- Other Policies and Procedures**

The documents submitted above have been completed to the best of my knowledge.

Signature _____ Date _____
Participant over 18, Parent or Guardian



PARTICIPANT REGISTRATION INFORMATION

Participant _____ Date of Birth _____ Age _____ Gender: M F

Diagnosis _____ Weight _____

Address _____ City _____ State _____

Zip Code _____ County _____ School or Employer _____

Ethnicity _____ Referral Source _____

Caregiver Name (if applicable) _____ Cell Phone _____

If Independent adult, please provide: Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Mother / Guardian Information: (minor or dependent adult only)

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Father Information: (minor or dependent adult only)

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Individual Responsible for Payment

Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email _____

Cell Phone _____ Home Phone _____ Relationship to Participant _____

Payment for each session is due AT LEAST 2 weeks prior to the start of each session.

County Funding

Has the participant been **APPLIED FOR AND APPROVED FOR** funding for NTRC from one of the following counties? Clay County Clinton County Platte County I don't know



PARTICIPANT PROGRAM INFORMATION

Participant's preferred name (ie. Johnathan goes by John) _____

Caregiver(s) who will be at classes _____

Goals for this Year: Please express what you want to get out of your time here; we want to help our riders reach their goals

Teaching Tips: Please share any teaching or learning techniques that will help your instructor get through to the participant more easily or memorably

Participant Notes: Please let us know any behavioral, communication, physical, or cognitive notes that your instructor should know to most effectively connect with you participant



PRECAUTIONS & CONTRAINDICATIONS FORM

Dear _____,

Your patient, _____, is interested in participating or continued participation in supervised equine activities at our facility. In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician’s Statement Form. Please note that the following conditions, if present may represent precautions or contraindications to equine activities. Therefore, when completing this form, please circle any conditions that are present, and explain below to what degree.

Orthopedic

- Spinal Joint Fusion/Fixation
- Spinal Joint Instabilities/Abnormalities
- Atlantoaxial Instabilities (including neurological symptoms)
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation and Dislocation
- Osteoporosis: T-Score _____
Date of Exam _____
- Pathologic Fractures
- Coxa Arthrosis
- Cranial Deficits
- History of Joint Replacement
- Scoliosis/Kyphosis/Lordosis
- Herniated/Slipped Disc

Neurologic

- Hydrocephalus/shunt
- Spina Bifida
- Chiari II Malformation

Medical/Psychological

- Allergies
- Animal Abuse
- Cardiac Condition
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions (i.e. RA, MS)
- Hemophilia
- Fire Settings
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

Other

- Indwelling Catheter/Medical Equipment
- Age under 4 years
- er** Medications - ie photosensitivity
- Poor Endurance/Fatigue
- Skin Breakdown
- Poor Head & Neck Control

None of these conditions are present

Treating Physician Signature _____ Date _____

Treating Physician Name (Please Print) _____

Thank you very much for your assistance. If you have any questions or concerns regarding this patient’s participation in equine assisted activities, please feel free to contact NTRC at 816-808-1209.



PARTICIPANT MEDICAL HISTORY AND PHYSICIAN STATEMENT

Name _____ DOB _____ Height _____ Weight _____

Address _____ Name of Parent/Guardian _____

Diagnosis _____ Date of Onset _____

Medications _____

*For Persons with Down Syndrome: Neurological symptoms of atlantoaxial instability: _____ Absent _____ Present

Seizure Type _____ Controlled Yes No Date of last seizure _____

Shunt: Yes No Date of last revision _____ Tetanus Shot: Yes No Date of last shot _____

Please indicate current or past special needs in the following areas by checking yes or no. If yes, please comment.

| <u>Areas</u> | <u>Yes</u> | <u>No</u> | <u>Comments</u> |
|-----------------------------|------------|-----------|-----------------|
| Auditory (hearing) | _____ | _____ | _____ |
| Visual | _____ | _____ | _____ |
| Speech (communication) | _____ | _____ | _____ |
| Cardiac | _____ | _____ | _____ |
| Circulatory | _____ | _____ | _____ |
| Pulmonary | _____ | _____ | _____ |
| Neurological | _____ | _____ | _____ |
| Muscular | _____ | _____ | _____ |
| Orthopedic (bone/joint) | _____ | _____ | _____ |
| Allergies (incl medication) | _____ | _____ | _____ |
| Thinking/Cognitive | _____ | _____ | _____ |
| Emotional/Mental Health | _____ | _____ | _____ |
| Behavioral | _____ | _____ | _____ |
| Digestion | _____ | _____ | _____ |
| Elimination | _____ | _____ | _____ |
| Pain | _____ | _____ | _____ |
| Sensation | _____ | _____ | _____ |

Mobility: Independent Ambulation _____ Crutches _____ Braces _____ Wheelchair _____

** Please indicate any special precautions/additional information on the reverse side of this page.

In my opinion, this person can participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications.

Treating Physician Signature _____ Phone _____

Treating Physician Name (Please Print) _____ Date _____



EMERGENCY MEDICAL PLAN AND PHOTO RELEASE

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required for Participant due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Northland Therapeutic Riding Center 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 Name _____ Date _____

Authorization Signature _____ Phone _____
Participant, Parent or Guardian

In the event the above designated person is not available, the following people may be contacted in an emergency situation:

Emergency Contact _____ Relation _____ Phone _____

Emergency Contact _____ Relation _____ Phone _____

Physician Name _____ Phone _____

Preferred Medical Facility: _____

Health Insurance Company _____ Policy # _____

Consent Plan for Emergency Medical Treatment

I give authorization for emergency medical treatment which includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician for Participant. This provision will only be invoked if the person below is unable to be reached.

Participant Name _____ Date _____

Consent Signature _____ Phone _____
Participant, Parent or Guardian

Non-Consent for Emergency Medical Treatment

I **DO NOT** give consent for emergency medical treatment/aid in the case of illness or injury to Participant. In the event of an emergency I wish the following to take place: _____

Participant Name _____ Date _____

Non-Consent Signature _____ Phone _____
Participant, Parent or Guardian

Photo Release

I consent to and authorize I **DO NOT** consent to the use and reproduction by Northland Therapeutic Riding Center of any and all photographs and any other audio-visual materials taken of me, my child(ren), ward or other family member for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____
Participant, Parent or Guardian



RIDER RELEASE AND WAIVER OF LIABILITY

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Whereas, _____
Participant's Full Name - Please Print

will be participating as a rider in lessons and other equestrian activities organized by Northland Therapeutic Riding Center, a Missouri non-profit corporation doing business as "NTRC" and "Northlandtrc" (hereinafter referred to as "NTRC"):

Please initial one of the following:

_____ Now, therefore, I the undersigned parent or legal guardian of the rider named above who is under 18 years of age, for myself and on behalf of the rider named above, his or personal representatives, estate, heirs, assigns, and next of kin,

_____ Now, therefore, I, the rider named above, am 18 years of age or older, and I, my personal representatives, estate, heirs, assigns, and next of kin,

do **hereby agree to give up any and all of my legal rights** against NTRC, its agents, employees, volunteers, officers, directors, representatives, assigns, members, owners of riding premises and trails used in its equestrian activities, affiliated organizations, people with whom it has contracts to provide facilities or services, insurers, and others acting on its behalf ("hereinafter collectively referred to as "RELEASED PARTIES"), as more specifically indicated below:

Acknowledgement of Danger and Assumption of Risk

I acknowledge that riding horses, being near horses, and being at equestrian facilities and on trails, is **inherently dangerous**, and that no amount of care, caution, instruction, or supervision can eliminate such **dangers**.

I acknowledge such dangers include, but are not limited to the following:

1. A horse that may, among other things, buck, stumble, fall, rear, bite, kick, run, stomp, make unpredictable movements, spook, jump obstacles, step on a person's feet, and push or shove a person; saddles, bridles or other equipment that may loosen, break, or otherwise malfunction; other riders who may not control their animals or ride within their ability, and cause a collision or other unpredictable consequence.
2. The negligent or intentional act or omission of RELEASED PARTIES or a third party.
3. Equestrian activities that may be conducted in areas that are subject to change in condition according to weather, temperature, and natural and man-made changes in landscape.
4. An apparent or hidden defect or dangerous condition of the equestrian facilities and trails.

Any of these and other known or unknown **dangers** may cause me to fall or be jolted or injured in another manner, resulting in the possibility of **serious physical and emotional injury, and death**. In addition, I acknowledge that such **injury and death** could result from **self-inflicted injury and death**.

Despite such dangers, I voluntarily assume the risk and danger of serious injury and death inherent in all equestrian activities organized by NTRC.



Helmet Requirement

I acknowledge that NTRC has required me to wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM STANDARD F 1163 equestrian helmet may prevent or reduce the severity of some head injuries.

Release of Liability

I agree to **hold harmless, release and discharge** RELEASED PARTIES **from all claims, demands, causes of action, and legal liability** that I may hereafter have for **injuries, damages, and death** related to NTRC equestrian activities including but not limited to **injury, damages, and death** caused by the negligent or intentional acts or omissions of RELEASED PARTIES or third parties.

I shall **not bring any claims, demands, legal actions, and causes of action** against RELEASED PARTIES for **injury, damage, death, or other losses** sustained by me in relation to NTRC equestrian activities.

Indemnification

I agree to **indemnify and hold harmless** RELEASED PARTIES as to all **claims, actions, damages, costs and expenses, including attorney’s fees sustained**, as a result of my participation in NTRC equestrian activities.

Missouri Law

This agreement is governed by the Laws of the State of Missouri. In the event that any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforcement of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

Under Missouri law, an equine activity sponsor, an equine professional, a livestock activity sponsor, a livestock owner, a livestock facility, a livestock auction market, or any employee thereof is not liable for an injury to or the death of a participant in equine or livestock activities resulting from the inherent risks of equine or livestock activities pursuant to the Revised Statutes of Missouri.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT; I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY AGREEING TO IT.

Dated _____

Rider’s Full Name _____
(please print) (sign if 18 or older and legally independent)

Parent/Legal Guardian _____
(please print) (signature)



INSTRUCTOR CONTACT INFORMATION

Hello NTRC Participants, Parents and Guardians,

On behalf of all the instructors at NTRC, I am excited to get to know you during the coming session.

Communication is paramount for your participant to get the most out of our program. Please, if you have any questions, comments, or concerns about your participant in our program, we need to know about it!

Your first step is always to speak to your instructor. They are always willing to discuss your participant; we all want them to be as successful as possible. That being said, we have a limited time between classes and it may be difficult to connect with your instructor during your regular class time. Please do not mistake this for unapproachability! We are just busy! If you would like to discuss anything with your instructor, feel free to contact them to set up a time to address your concerns.

If your questions cannot be answered by your instructor, the next available channel is to contact me, our program director. We can set up a meeting with your instructor and myself to resolve any issues you may have. I am also very happy to meet with any participant and their support team to discuss how to make our program more effective for everyone involved. That being said, please communicate with your instructor first! Most of the time any questions, comments, or concerns you have can be addressed by your instructor in your class setting.

Please do not hesitate to communicate with us! We spend one hour per week with your participant, which means you know them better than we do. We will always value your feedback and input, whether encouraging or constructive, into your rider's growth at NTRC. Everyone on your participant's team wants them to be successful in our program, and we can't make it happen without YOU!

Yours,

Karalyn Pines

Karalyn Pines
Program Director
pdntrc@gmail.com



NTRC COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

BEGINNING MAY 1ST, 2020

I am aware of the risks of contracting or spreading Covid-19 while working, volunteering, or visiting at Northland Therapeutic Riding Center, attending an event; and/or receiving face-to-face services from Northland Therapeutic Riding Center during the time of a pandemic outbreak, and/or Missouri's or Clay County's declaration of a "stay-at-home" order(s).

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Northland Therapeutic Riding Center and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization. I am aware of the options that may be available for remote services including telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during the Pandemic outbreak.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Northland Therapeutic Riding Center as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the building/arena; maintaining social distance, washing my hands prior to and following each session or activity, use of hand

sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective mask and/or gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, 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 or attendance during this pandemic.

Northland Therapeutic Riding Center will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, doors, bathrooms, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers, visitors and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Northland Therapeutic Riding Center. BY SIGNING BELOW I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS DOCUMENT. *In the event that the undersigned is under the age of 18, the signature of a parent of guardian is required.

PRINT NAME: _____

SIGNATURE: _____ DATE _____

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18, PLEASE PROVIDE NAMES OF ALL YOUTH THIS APPLIES FOR:



NTRC Policy of Eligibility for Program Participants

March 15th, 2021 to November 13th, 2021

The following criteria will be considered for any riders being accepted into the program:

1. Those wishing to ride may participate in NTRC lessons only if their medical, physical, and/or psychosocial condition is within the precautions and contraindications guidelines as defined by the PATH Medical Committee.
2. Students are accepted into NTRC only if there is an adequate number of staff and volunteers to safely serve them.
3. Students must have all required forms completed prior to participation in NTRC lessons/activities.
4. All students will be weighed at the beginning of each riding session prior to classes. This is to ensure they are properly and safely paired with a horse that is within the rider's weight range, and for the safety of the volunteers, staff and horses as well. Students will be served by NTRC as long as there is a horse/pony that is suitable for them to be partnered with. If there is not one available, the student will be put on the current wait list and can return to riding when there is a suitable horse available, can be referred to another possible center, or put in a ground work class. **The current maximum weight limit is 235lbs for balanced and/or unsupported riders. For unbalanced and/or unsupported riders it is 170lbs. THESE NUMBERS CAN CHANGE IF OUR HERD CHANGES. YOU WILL BE NOTIFIED IF THIS AFFECTS YOUR RIDER.**
5. Students may be served by NTRC if their attitude and behavior is of sufficient control to ensure safety for the student, staff, horse and volunteers.
6. Students may be included in NTRC lessons and activities pursuant to time and space availability.
7. Students may be included in NTRC lessons and activities pending adequate facilities and equipment to safely meet their needs.
8. Students may remain participants at NTRC until such a time when he/she no longer meets the program criteria.
9. Students must be current in their payments owed to NTRC prior to each session starting in order to participate in lessons. New riders to the program must have paid their initial invoice 2 weeks before their 1st class.

By signing below, I agree to and understand these terms.

Parent or rider if above 18

Date

Printed name of rider(s)



Guidelines for Discharge of Participants from Program Activities

March 15th to November 13th, 2021

At Northland Therapeutic Riding Center, safety is our primary concern. We must insure the health and wellness of our participants, volunteers, staff, and horses as mandated by PATH Intl. Horses are selected for participants based on a rider's skill set, stability on the horse, equipment available, appropriateness of volunteers available, horse conformation and movement and rider's weight.

NTRC currently has a maximum weight limit of 235lbs for balanced and/or unsupported riders and 170lbs for unbalanced and/or supported riders. **THESE NUMBERS CAN CHANGE IF OUR HERD CHANGES. YOU WILL BE NOTIFIED IF THIS AFFECTS YOUR RIDER.**

All individuals in the mounted program will be evaluated to ensure the safety of their participation in mounted activities and therapies. Among the factors to be considered will be the availability of appropriate horses, volunteers and tack. Please note that the herd, volunteers, and tack at Northland Therapeutic Riding Center is dynamic and due to this fact, we may not always have horses, tack, or volunteers available to safely accommodate every individual who wishes to participate.

The mounted program at NTRC is unable to accommodate unbalanced and/or supported riders above 170lbs. An unbalanced and/or supported rider is an individual who may demonstrate one or several of the following: chronic leaning to one side, unable to consistently sit astride a horse without support, needs help supporting the upper body, needs physical assistance during the

mount or dismount, needs physical assistance during an emergency dismount (or is unable to consent to the risks of being unassisted during an emergency), is easily left behind the horses movement, etc.

When a participant's riding skills reach such a point that NTRC staff can no longer offer them the level of riding lessons needed for progression to the next level, the rider will be referred to another instructor or program who may be able to help them continue with their riding skills.

Participants who exceed our weight limits may be referred to another program better able to assist them such as another center or a ground work class if one is available. Riders who for other reasons, such as behavior which make riding unsafe for the staff, rider, or volunteers may not be able to continue riding. They could be reconsidered in the future if changes in weight or behavior have occurred. When removed from classes for any issues, the rider can be placed on the current wait list and reconsidered once the issues have been resolved.

A private conversation will be had with the client/parent/caregiver, instructor, and Executive Director to help all parties understand the situation before any rider is removed from the program. Any disputes about the decision made can be taken to the Board of Directors for possible resolution.



I understand that by signing this policy that I agree to these terms.

Signature of parent or rider if above 18

Date

Printed name of rider(s)



Rider Absence Policy

March 15th to November 13th, 2021

Attendance is CRITICAL. Each session costs over \$600 per rider. Because of fundraising and donations, we are able to make the program more affordable for the riders. In order to receive funding, we must show your rider being a regular participant in the classes. If we cannot show that, we will not receive the funds necessary to keep the program running. We know that there are times you will need to be gone or something comes up and you can't attend class. It is very important that we know as far ahead of time as possible so that we don't have volunteers or staff show up that aren't needed.

As you know, we have a limited number of slots available for riders so want to ensure that they are being used by those that can attend regularly. So, we have established some rules to follow to make it fair to all who participate. Riders and their families/caretakers are expected to adhere to the following:

1. Arrive on time! When you come late it slows down the rest of the class. If you arrive more than 15 minutes after your scheduled time you will not participate in class.
2. We will allow 3 absences per session. If you have more than 3, a discussion will be had with the family and the Program Manager or Executive Director to discuss alternatives or dismissal from the program. **If you "no call/no show", that will count as 2 absences automatically.** Refunds are not provided unless in this situation. You can report absences by text, phone or email the day of at 816-808-1209 or 816-808-1106. Email is ntrcoffice@gmail.com.
3. Scheduled absences need to be reported at least 1 week before the class or classes you will be missing (i.e. doctor appointment, out of town, school function, etc.) You would report this to our Business Manager at ntrcoffice@gmail.com or call at 816-808-1209.

Parent or rider if above 18

Date

Printed name of rider(s)



Other Policies and Procedures

Attire While on the Farm

No open toe shoes, sandals or clog type shoes. Riders must wear pants instead of shorts as the saddle can get very uncomfortable with direct skin contact.

Dogs and Other Animals

Dogs and other animals are not permitted at the barn. The exception to this rule is service animals. Please let your instructor know if you will be bringing a service animal to the session with you.

Safety First

Many families or guardians have others in their care. Please take care to make sure that these non-riders, as well as riders who are waiting for or have just been released from a class stay clear of the horses unless staff accompanies them. At this time of issues of COVID, we ask that the rider only bring 1 person with them. Others are welcome to wait in their car or outside of the arena socially distanced.

Deadlines

The 2021 Riding season deadlines are as follows:

March 1, 2021-All paperwork and payments due for session I

April 26, 2021- All paperwork and payments due for session II

July 12, 2021- All paperwork and payments due for session III

September 6, 2021-All paperwork and payments due for session IV

These deadlines are FIRM. Please make your rider's doctor appointments appropriately. For example, if your rider will need an updated medical form sometime during the 3rd session, we will need that updated form in hand by July 12. We must have all payments and paperwork turned in ON TIME. Failure to do so, may result in your rider being moved back to the waitlist and their spot filled by a new rider.

Billing/Payments

You should receive your invoice by email no later than 2 weeks before it is due. Should you not be able to locate the invoice in your email, it is your responsibility to contact Michelle at ntrcoffice@gmail.com to have it resent if needed. Payment due dates are listed above Payments may be made the following ways:

Online: go to <https://www.northlandtrc.org/what-we-do/make-a-payment.html>

By Mail:

PO Box 1267

Kearney, MO 64060

In Person: Monday-Friday 9-3 There is a black drop box located just to the right of the office door.

NO PAYMENTS OR PAPERWORK WILL BE ACCEPTED AT THE BARN-NO EXCEPTIONS.



Communication & Inclement weather

Our primary means of communication is email and Facebook. Please save the office email as a contact, otherwise it may go to your spam folder and you will miss important information! ntrcoffice@gmail.com.

Should Inclement weather arise and/or class needs to be cancelled for any reason, it will be communicated through **EMAIL AND FACEBOOK ONLY!** We are unable to call each person individually. I encourage you to check Facebook and email before each class. **Refunds will only be given if NTRC cancels a class.**

I have read and understand the policies and procedures set forth by NTRC.

Parent Signature (or rider if above 18)

Date

Printed Name



IMPORTANT CONTACT INFORMATION

Billing or general NTRC questions:

Contact Michelle 816-808-1209 or ntrcoffice@gmail.com

Same Day Absence from class:

Call or text 816-808-1209 **AND** email ntrcoffice@gmail.com

Advance Notice Absence from class:

Email ntrcoffice@gmail.com

Scheduling (NOT REALTED TO ABSENCES), Class content, or general questions concerning classes:

Contact Karalyn via **text** 816-898-1744 **OR** email pdntrc@gmail.com

Interested in Volunteering or you are a volunteer who cannot make their scheduled shift:

Contact Cindy 816-808-1106 **OR** volunteerntrc@gmail.com

If you wish to mail ANYTHING to the center, PLEASE DO NOT use the physical address. Our mailing address is:

NTRC

PO Box 1267

Kearney, MO 64060