



**2024 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
- NTRC Policy of Eligibility for Program Participants
- Guidelines for Discharge of Participants from Program Activities
- Rider Absence Policy
- Other Policies and Procedures
- Helmet Loan Contract

Participant Name \_\_\_\_\_ Date \_\_\_\_\_



**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 \_\_\_\_\_

My participant is interested in (check one)  Mounted Only  Unmounted Only  First Available

Caregiver Name (if applicable) \_\_\_\_\_ Cell Phone \_\_\_\_\_

If Independent adult, please provide: Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ May we text you? \_\_\_\_\_ Home 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  Self Pay \*Please contact your service coordinator. If we do not have county funding approval in our office from them, you will be billed at the self-pay rate.



**PARTICIPANT PROGRAM INFORMATION**

Preferred name (e.g. Johnathan goes by John): \_\_\_\_\_

Caregiver(s) who will be at classes: \_\_\_\_\_

\_\_\_\_\_

Why do you/your participant attend classes at NTRC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your/your participant's goals? (e.g. To sit up while riding. To hold the reins. To verbalize 'walk on'):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some teaching tips or learning techniques that will help the instructor/volunteers (e.g. visual cues, one-step instructions)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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) \_\_\_\_\_



**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.**

Areas	Yes	No	Comments
Auditory (hearing)	_____	_____	_____
Visual	_____	_____	_____
Speech (communication)	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory	_____	_____	_____
Pulmonary	_____	_____	_____
Neurological	_____	_____	_____
Muscular	_____	_____	_____
Orthopedic (bone/joint)	_____	_____	_____
Allergies (incl medication)	_____	_____	_____
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: **\*\*THIS MUST BE ENTIRELY COMPLETED\*\***

Emergency Contact (Other than parent) \_\_\_\_\_ 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 "Northland Therapeutic Riding Center" (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)





**NTRC Policy of Eligibility for Program Participants  
Revised 12/23**

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

- Those wishing to participate in NTRC lessons, may do so only if their medical, physical, and/or psychosocial diagnosis is within the precautions and contraindications guidelines as defined by the PATH Medical Committee.
- Students are accepted into NTRC only if there is an adequate number of staff and volunteers to safely serve them, an available time slot, a horse deemed acceptable by NTRC staff, and appropriate tack.
- Students must have all required forms completed and turned into the office at least 2 weeks prior to participation in NTRC lessons or activities.
- All students weight will be reviewed at the beginning of each riding session prior to classes and periodically if warranted. This is to ensure they are properly and safely paired with a horse that is within the rider's weight range. 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 participate in a ground work class, if suitable. See Discharge Guidelines for limits.
- 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. (See Discharge Guidelines for what are unacceptable behaviors)
- Students must be current in their payments owed to NTRC prior to each session starting in order to participate in lessons. Participants must have paid their invoice at least 2 weeks before their 1st class. \*See page 15 for due dates.
- The rider is age 4 years and up.
- The rider is willing to wear required safety equipment (closed toed shoes, helmet, weather appropriate clothing, long pants).

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  
Revised 12/23**

At Northland Therapeutic Riding Center, safety is our primary concern. We must ensure the health and wellness of our participants, volunteers, staff, and horses as mandated by PATH Intl. This is why there are guidelines for possible dismissal if not followed. The guidelines are as follows:

- NTRC currently has a maximum weight limit of 235lbs for balanced and/or unsupported riders and 170lbs for unbalanced and/or supported riders for our MOUNTED program. An unbalanced and/or supported rider is an individual who may demonstrate one or more of these: 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/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 horse's movement, etc. **THESE NUMBERS CAN CHANGE IF OUR HERD CHANGES. YOU WILL BE NOTIFIED IF THIS AFFECTS YOUR RIDER.** 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.
- When a rider is unable to control behaviors that could harm themselves, their horse or their volunteers such as intense bouncing or rocking, pulling hair, spitting on others, biting, kicking, self-harm, hitting, and inability/refusal to remain mounted during class.
- When a rider or parent becomes threatening, uses disrespectful language, or violates safety protocols.
- Consistently misses class or doesn't communicate absences

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. Before being dismissed NTRC will refer the rider to alternate local programs, or if appropriate, our groundwork class (if eligible). NTRC may consider placing the rider back on the waitlist if circumstances as to why they were dismissed have changed, but must first be approved by management.

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

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Name of parent or rider if above 18

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Date



**Rider Absence Policy**

**Revised 12/23**

**Attendance is CRITICAL.** In order to receive funding, we must show your rider being a regular participant in their classes. **If part or all of your session fees are paid by the county, we do not receive those funds when you are absent!** We know that there are times you will need to be gone or something comes up and you can't attend class, however, 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.

Riders and their families/caretakers are expected to adhere to the following:

- Arrive on time! If you arrive more than 15 minutes after your scheduled time you will not participate in class.
- 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 in this situation.
- 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](mailto:ntrcoffice@gmail.com).
- Extended medical absences will be reviewed by the Executive Director on a case-by-case basis.
- If you find you are unable to attend on the day of your scheduled class, the NTRC office must be notified by noon the day of the absence. If you ride on Saturday mornings, the NTRC office must be notified by noon on Friday! You may do so by texting 816-808-1209 AND emailing [ntrcoffice@gmail.com](mailto:ntrcoffice@gmail.com). Do not report your absences to instructors, barn assistants, or volunteers! **IF YOU FIND THAT YOU WILL BE UNABLE TO ATTEND AND IT IS PAST NOON THE DAY OF YOUR SCHEDULED CLASS, YOU MUST CALL 816-808-1209 AND LET SOMEONE KNOW. DO NOT JUST NO CALL NO SHOW!**

\_\_\_\_\_  
Parent or rider if above 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of rider(s)



### Other Policies and Procedures

**Safety Protocols-Horses are live creatures who have a brain of their own. We cannot always predict their behavior. Here are a few rules that will help us keep you and your participant safe.**

- Closed toe shoes are required to ride. No open toe shoes or clogs. This protects our feet.
- Long pants are required to ride. Direct skin contact on the saddles can lead to the stirrups pinching our legs and wear our saddles down quicker.
- Only service animals allowed on the property. We have a lot of animals at the barn. So please leave your personal animals at home. If you will be bringing a service animal, please let the Program Director know prior to starting class.
- Be on the property while your participant is present. This ensures we can reach you quickly in case of an emergency.
- The speed limit while on property is 15mph maximum. This ensures the safety of all of our participant and animals.
- No entering the arena without permission from staff (before, during, or after class)
- No drugs, alcohol, chewing gum (while riding), smoking or vaping.

#### Deadlines

The 2023 Riding season paperwork and payment deadlines are as follows:

**February 27, 2023-All paperwork and payments due for session I**

**April 24, 2023- All paperwork and payments due for session II**

**July 10, 2023- All paperwork and payments due for session III**

**September 4, 2023-All paperwork and payments due for session IV**

**These deadlines are FIRM.** Please make your rider's doctor appointments accordingly. NTRC 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/Refunds

You will receive your invoice by email no later than 2 weeks before it is due. Please add ntrcoffice@gmail.com to your contacts to avoid our emails going to spam. Payment due dates are listed above and may be made the following ways:

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

**By Mail:** PO Box 1267

Kearney, MO 64060

**In Person:** Monday-Friday 8-6 and Saturday 8-12. There is a black drop box located just to the right of the office door.

Refunds will only be given if NTRC cancels a class or if a participant withdrawals from the program during the first 2 weeks of a session.

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



**Communication & Inclement weather**

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

**We hold classes in a variety of conditions that may not be conducive to your participant. If it is too hot or too cold for your participant, please use the attendance policy to make the best choice for your participant. Below is our general weather policy.**

**Windchill below 25°F Indoor classe**

**Windchill 25-32°F Ground classes shortened as needed**

**32-90°F Mounted or unmounted classes as indicated by your instructor**

**90-95°F Unmounted and probably in the shade/breeze of the outdoor arena**

**95-100°F Classes may be canceled or held in our air-conditioned classroom depending on how the horses are handling the humidity.**

**100°F Classes canceled.**

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

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**Parent Signature (or rider if above 18)**

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**Date**

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**Printed**

# Helmet Policy

Revised 12/10/23

Safety is very important to us at NTRC. In order to help everyone be safe during their classes, all participants in therapeutic riding (mounted and unmounted) are required to wear a helmet that meets or exceeds the quality standards of the American Society for Testing and Materials – Safety Equipment Institute (ASTM-SEI) and is fitted to the participant’s head.

As a rider, you will be responsible for purchasing a helmet that is approved by NTRC. We have gently used, unexpired helmets for purchase at a discounted price available. There are limited supplies of helmets available and we will sell them until they are gone. This is replacing the check in/check out process that we have done in the past. If you had a helmet in 2023, and it is not expired, you can purchase that one back.

Gently used helmets are priced as follows:

Expires in 2025 - \$20

Expires in 2026 - \$30

Expires in 2027 - \$40

Expires in 2028 - \$50

You may choose to also buy your helmet from another source (Tack stores, Amazon, etc..) but they must be approved by NTRC. For assistance please email Program Director Kirsten French [pdntrc@gmail.com](mailto:pdntrc@gmail.com). Examples of brands are Troxel, Ovation, IRH, and TuffRider.

If you are unable to afford a helmet at this time, NTRC will assist on an individual basis. Contact Kirsten French at [pdntrc@gmail.com](mailto:pdntrc@gmail.com) if assistance is needed.

- I understand it is my responsibility to obtain an ASTM-SEI certified helmet, either from NTRC or another source.
- I will bring my helmet to every class, or I may be unable to ride.

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

\_\_\_\_\_  
Parent or rider if above 18

Date \_\_\_\_\_

\_\_\_\_\_  
Printed name(s) of rider(s)



**IMPORTANT CONTACT INFORMATION**

**Billing or general NTRC questions:**

Contact Stephanie Davis at 816-808-1209 or ntrcoffice@gmail.com

**Same day Absence from class-Must be done BEFORE noon the day of class and for Saturday classes, done before NOON on Friday. If a last-minute emergency should arise, PLEASE still notify us! DO NOT JUST NOT SHOW UP!**

Text 816-808-1209 **AND** email ntrcoffice@gmail.com

**Advance Notice Absence from class:**

Email: ntrcoffice@gmail.com

**Schedule Changes (NOT REALTED TO ABSENCES), general questions concerning your rider or classes:**

Contact our program director via email pdntrc@gmail.com

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

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

**Our mailing address is:**

NTRC

PO Box 1267

Kearney, MO 64060

**Contacting your instructor:**

**PLEASE observe the way they have asked to be contacted. If it says text, please only text instead of calling unless they have directed you otherwise.**

**Program Director: pdntrc@gmail.com**

**Svet Hruda: text 785-550-0207 or email Svetlana.hruda@abilitykc.org**

**Karalyn Pines: text 816-898-1744**

**Kaitie Sanders: call or text 913-904-2316 or email kaitiemarolf@gmail.com**

**Julia Kovac: cometothestable@yahoo.com**

**Amy O'Neal: xsvbmom@gmail.com**

**Rachel Graves: text 816-810-6597 or email rbgraves25@gmail.com**



## NTRC 2023 Calendar of Events

### **January:**

21<sup>st</sup> Volunteer Coffee Meet up 10am-11am

### **March:**

4<sup>th</sup> Back to the Barn 12pm-2pm  
5<sup>th</sup> Volunteer Orientation 1pm-3pm  
11<sup>th</sup> New Volunteer Orientation 1pm-3pm  
11<sup>th</sup> Horse Lead Class 3pm-4pm  
13<sup>th</sup> Session 1 begins!  
27<sup>th</sup> Registration for Summer Camp opens

### **May:**

6<sup>th</sup> Last Day of Session 1  
6<sup>th</sup> New Volunteer Orientation 1pm-3pm  
6<sup>th</sup> Horse Lead Class 3pm-4pm  
8<sup>th</sup> Session 2 begins!  
20<sup>th</sup> Mayfair 9am-2pm  
29<sup>th</sup> NO CLASS Memorial Day  
31<sup>st</sup> Last day to register for summer camp

### **July:**

1<sup>st</sup> Last day of Session 2  
2<sup>nd</sup>-23<sup>rd</sup> Summer Break  
10<sup>th</sup> Horse Camp 8:30am-1:30pm  
11<sup>th</sup> Horse Camp 8:30am-1:30pm  
12<sup>th</sup> Horse Camp 8:30am-1:30pm  
13<sup>th</sup> Horse Camp 8:30am-1:30pm  
14<sup>th</sup> Horse Camp 8:30am-10:30am  
22<sup>nd</sup> Volunteer Appreciation BBQ 11am-1pm  
24<sup>th</sup> Session 3 begins!  
29<sup>th</sup> New Volunteer Orientation 1pm-3pm  
29<sup>th</sup> Horse Lead Class 3pm-4pm

### **September:**

2<sup>nd</sup> New Volunteer Orientation 1pm-3pm  
2<sup>nd</sup> Horse Lead Class 3pm-4pm  
4<sup>th</sup> NO CLASS Labor Day  
9<sup>th</sup> No Classes-Horse Show 9am-2pm  
9<sup>th</sup> Tack Sale 8am-2pm  
16<sup>th</sup> Last day of Session 3  
18<sup>th</sup> Session 4 begins!  
22<sup>th</sup> Liberty Fall Festival 11am-6pm  
23<sup>th</sup> Liberty Fall Festival 9am-4pm

### **November:**

11<sup>th</sup> Last Day of Session 4  
11<sup>th</sup> Volunteer Appreciation Event

### **February:**

4<sup>th</sup> Coffee with Volunteers 10am-11am  
4<sup>th</sup> Continued Education Class 2pm-4pm  
11<sup>th</sup> Valentine's Day Party 2pm-4pm  
18<sup>th</sup> KC Love Event 10am-4pm  
25<sup>th</sup> New Volunteer Orientation 1pm-3pm  
25<sup>th</sup> Horse Lead Class 3pm-4pm

### **April:**

8<sup>th</sup> New Volunteer Orientation 1pm-3pm  
8<sup>th</sup> Horse Lead Class 3pm-4pm  
29<sup>th</sup> Horse Lead Class

### **June:**

3<sup>th</sup> New Volunteer Orientation 1pm-3pm  
3<sup>rd</sup> Horse Lead Class 3pm-4pm  
10<sup>th</sup> Second Saturday Event-Kearney  
24<sup>th</sup> Aim for Abilities Trap Shoot 9am-1pm

### **August:**

19<sup>th</sup> New Volunteer Orientation 9am-11am  
19<sup>th</sup> Horse Lead Class 11am-12pm

### **October:**

7<sup>th</sup> Kearney Oktoberfest  
14<sup>th</sup> New Volunteer Orientation 1pm-3pm  
14<sup>th</sup> Horse Lead Class 3pm-4pm  
20<sup>th</sup> Evening Of Hope  
28<sup>th</sup> Halloween Party

### **December:**

HAVE A WONDERFUL HOLIDAY SEASON!

For more information about any of these events, check out our website at [www.ntrcmo.org](http://www.ntrcmo.org) or like us on Facebook at [www.facebook.com/TeamNTRC](http://www.facebook.com/TeamNTRC)





## **2023 Session Schedule**

- Session I:** Monday, March 13, 2023 through Saturday, May 06, 2023
- Session II:** Monday, May 8, 2023 through Saturday, July 01, 2023  
\*NO CLASS Monday, May 29, Memorial Day
- Summer Break:** Sunday, July 2, 2023 through Sunday, July 23, 2023
- Session III:** Monday, July 24, 2023 through Saturday, September 16, 2023  
\*NO CLASS Monday, Sept. 4  
\*NO CLASS Saturday, Sept. 9
- Session IV:** Monday, September 18, 2023 through Saturday, November 11, 2023