



# Three Gaits, Inc.

Therapeutic Horsemanship Center

**Mailing Address:**

P.O. Box 153  
Oregon, WI 53575  
Phone: (608) 877-9086  
Email: 3gaits@3gaits.org

**Physical Address (no mail):**

3741 State Road 138W  
Stoughton, WI 53589  
Fax: (608) 873-1929  
Website: www.3gaits.org

## THREE GAITS 2017 CLIENT REGISTRATION FORM

\*Required

\*Client Name \_\_\_\_\_

\*Phone \_\_\_\_\_ Email \_\_\_\_\_

\*Street \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*Age \_\_\_\_\_ \*Height \_\_\_\_\_ \*Weight \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Second phone \_\_\_\_\_ Email \_\_\_\_\_

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

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

In case of an emergency, is there someone we should call?  Yes  No

Contact & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is there any emergency information or procedures you would like us to follow in case of emergency?

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

**Please indicate which session(s) and program(s) you are interested in registering for:**

- Session I (Spring, Feb-May)  Therapeutic Riding
- Session II (Summer, Jun-Aug)  Hippotherapy
- Session III (Fall, Sep-Dec)  Carriage Driving (6 wks fall/spring, 12 wks summer)
- New Client Assessment  Unmounted Activities

Please indicate three choices of days & times available (flexibility is appreciated) \_\_\_\_\_

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

**FOR OFFICE USE ONLY: (Date & Initial)**

RegList \_\_\_\_\_ GW \_\_\_\_\_ FormList \_\_\_\_\_ QB \_\_\_\_\_

Assess \_\_\_\_\_ # of Vols: Min \_\_\_\_\_ Pref \_\_\_\_\_ Other \_\_\_\_\_

**Client is:**  **New to Three Gaits:** Please also complete the following required forms:

- Client Release Form
- Medical History & Physician Statement (MUST be *signed*)
- If registering for *Hippotherapy*: an OT/PT Prescription
- Assessment fee of \$40.00

**Returning:** year last participated \_\_\_\_\_

- If returning, has client had any changes in medical history or medications?

No

Yes\*

\*If yes is indicated, please describe changes below and fill out new Medical History & Physician Statement. Three Gaits reserves right to request updated Medical History & Physician Release at any time.

---

---

### **Three Gaits program policies:**

- **Fees:** Therapeutic Riding & Unmounted Activities \$330, Hippotherapy \$750, Driving 6-weeks \$195, Driving 12-weeks \$390. *One-time assessment fee of \$40 applies for all new clients.* Fees **when paid in full prior to the start of the session:** Therapeutic Riding & Unmounted Activities \$300, Hippotherapy \$650, Driving 6-weeks \$180, Driving 12-weeks \$360.
- Scholarship applications or requests for Payment Plans must be received prior to the session for which you are participating or the standard fee applies.
- Payment will be refunded if client is unable to participate in appropriate class and activity, and/or Three Gaits is notified of conflict *prior* to the start of the session. A credit, less any processing fees will be applied to the account for withdrawal *after* the start of the session. ***NO REFUNDS OR MAKEUPS will be offered for vacations, temporary illness, or unanticipated circumstances.*** Refunds will be given if a client withdraws for the entire session due to medical necessity *with written notification from client's medical provider.*
- Rider/family is directly responsible for amounts not authorized or paid for by third party billing sources.
- Credit will be applied to client's account when Three Gaits initiates cancellation of lesson or session. Credits *must* be used by end of following calendar year, meaning credits carried from 2016 must be used by end of 2017. *Credits may be donated to Three Gaits Scholarship Fund.*
- Clients with inappropriate shoes (including crocs, sandals, open-toed or open-heeled) and clothing, or clients arriving more than 10 minutes late for activities, will not be able to join their class. Fees will not be refunded.
- **NO DOGS** allowed on Three Gaits grounds.  
***I have read, understand and agree to Three Gaits' lesson policies.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Client (over age 18), Parent or Guardian

### **For all clients:**

In order to be more effective when selecting contractors or service providers, and when approaching companies and foundations for financial support, Three Gaits respectfully requests information on associations and relationships between businesses and our clients, families and volunteers. We will not contact your place of business or use your name, or the names of your family members, without your prior knowledge and permission. Thank you in advance.

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

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

Do you or a family member belong to any organizations that you would like to share?

---

\*\*If your bill should be directed to another party, please list name & address here: \_\_\_\_\_

---