



## CENTRAL ILLINOIS RIDING THERAPY

A VOLUNTARY, NON-PROFIT ORGANIZATION PROVIDING RIDING THERAPY FOR PEOPLE WITH DISABILITIES.

305 Neumann Drive, East Peoria, IL 61611,  
Office # 309.670.9091, Cell # 309-699-3710  
[cirt@cirt.info](mailto:cirt@cirt.info) [www.cirt.info](http://www.cirt.info)



### **2026 RIDER REGISTRATION (Complete & Return)**

*The non-refundable registration fee must be returned with the completed forms. No space will be reserved without the registration fee.*

#### **General Information**

Rider Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer/School/Institution: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Any previous horse/riding experience? \_\_\_\_\_

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Parents/Legal Guardian/Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mom's Work Phone: \_\_\_\_\_ Dad's Work Phone: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

What is your preferred method of contact? Home Phone Cell Phone Work Phone E-mail

#### **PHOTO RELEASE**

I \_\_\_\_\_ Do \_\_\_\_\_ Do Not

Consent to and authorize the use and reproduction by Central Illinois Riding Therapy of any and all photographs and any other audio/visual material taken of me/participant for promotional material, educational activities, exhibitions or any other use for the benefit of the program, including but not limited to CIRT's website, facebook and twitter accounts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Rider, Parent or Legal Guardian)*

#### **FOR OFFICE USE ONLY**

Sessions Attending 1 2 3 4 5 6 7 8 First Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Post Card Sent \_\_\_\_\_ Rider Registration Paid \_\_\_\_\_

## Health History (*Complete & Return*)

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Other therapies currently being received/Name of Therapist: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/joint			
Muscular			
Thinking/Cognition			
Allergies			

**Medications** (include prescription, over the counter, name, dose and frequency):

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*Please describe the participant's abilities/difficulties in the following areas (include assistance required or equipment needed):*

**Physical Function** (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding):

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Right Handed

Left Handed

Affected Side:    Right    Left

**Psycho/Social Function** (i.e. work/school including grade completed, leisure interests, relationships/family structure, support systems, companion animals, fears/concerns, etc):

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Learning Style:

Visual

Auditory

Hands-on

**Goals** (i.e. Why are you applying for participation? What would you like to accomplish?):

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Rider, Parent or Legal Guardian)*

This image shows a blank sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the paper.



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### **WAIVER AND RELEASE OF LIABILITY (Complete & Return)**

\_\_\_\_\_ would like to participate in the Central Illinois Riding Therapy Program. Under the Equine Activity Liability Act, each Participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities, except in specific situations set forth in the Act. (745 ILCS 47/1 et. Seq.).

I acknowledge the risks and potential for risks of engaging in equine activities, including (i) the propensity of equine to behave in dangerous ways that may result in injury to the Participant, (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals, and (iii) the hazards of surface or subsurface conditions. However, I feel the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release all claims for damages and liabilities against Central Illinois Riding Therapy, its Board of Directors, instructors, therapists, aids, volunteers, and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Central Illinois Riding Therapy.

I certify that I have legal authority, on behalf of the Participant, to execute this Release.  
This release shall remain valid until expressly revoked by the Participant or, if a minor,  
the parent or guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_



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**FEE AGREEMENT (Complete & Return)**

CIRT endeavors to keep our fees as low as possible for our riders, while maintaining the optimum health of our horses and maintenance of the CIRT facility. Rider fees account for only 20 percent of the operating budget.

Class fees are \$35 per class and the ***complete session payment is to be paid during the first week of each session.*** Failure to comply with this payment plan could result in elimination from the CIRT program. Riders with a balance due must make arrangements with the Program Director to be allowed to ride.

***If you miss or cancel a class, you must still pay for it.*** If CIRT cancels a class, you will receive a credit in the next session or a refund if you are no longer riding. Please let us know as soon as possible if you are going to be absent.  
***If you miss two classes in a row without notifying us you will not be allowed to ride in the next session.***

Rider fees are as follows:

- New Rider Registration Fee - \$50 (includes CIRT T-shirt)
- Return Rider Registration Fee - \$30
- One Hour Class (up to 4 independent riders) - \$35
- ½ Hour Class (up to 2 riders) - \$35
- Horse Show Cost for each Show attending - \$25 plus show class entry fees
- If you paid by credit card, there will be a 3% charged added.

***Need help with fees?***

*Partial scholarships are available on a monthly or annual basis for riders who are unable to afford the full fee. Volunteer time credit is also available. Parents or siblings who volunteer time can accumulate 25 volunteer hours, which will then allow for a \$25 credit toward their rider's fee. Volunteer time can be helping with class, office work, baking goodies for concessions stands, working the concessions stands, etc. Contact the CIRT office for details.*

The signature of the financially responsible party below signifies the knowledge of and agreement to pay according to the guidelines listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Rider's Name: \_\_\_\_\_



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### **SESSION REGISTRATION (Complete & Return)**

Rider's Name: \_\_\_\_\_

**Please indicate which sessions you plan on attending:**

_____	Session 1	5 weeks of classes	\$175	March 30 – May 1
_____	Session 2	4 weeks of classes	\$140	May 4 – May 29
_____	Session 3	4 weeks of classes	\$140	June 1 – June 26
_____	Session 4	5 weeks of classes	\$175	June 29 – July 31
_____	Session 5	4 weeks of classes	\$140	August 3 – August 28
_____	Session 6	4 weeks of classes	\$140	August 31 – September 25
_____	Session 7	5 weeks of classes	\$175	September 28 – October 30
_____	Session 8	3 weeks of classes	\$105	November 2 – November 20

CIRT wants to fit your scheduling needs. ***Please mark your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices for class day and time.*** We will do our best to accommodate your needs. ***Class times are on a first come first serve basis.***

_____	<b>Monday Classes 4 pm – 8 pm</b> Time (1 <sup>st</sup> ) _____ (2 <sup>nd</sup> ) _____ (3 <sup>rd</sup> ) _____
_____	<b>Tuesday Classes 4 pm – 8 pm</b> Time (1 <sup>st</sup> ) _____ (2 <sup>nd</sup> ) _____ (3 <sup>rd</sup> ) _____
_____	<b>Wednesday Classes 10 am – 3 pm; 3:30 pm – 5 pm</b> Time (1 <sup>st</sup> ) _____ (2 <sup>nd</sup> ) _____ (3 <sup>rd</sup> ) _____
_____	<b>Thursday Classes 4 pm – 8 pm</b> Time (1 <sup>st</sup> ) _____ (2 <sup>nd</sup> ) _____ (3 <sup>rd</sup> ) _____



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Dear Health Care Provider:

Your patient is interested in participating in supervised equine activities. In order to safely provide this service, our center requests that you complete the attached Medical History and Physician's Statement. Completed forms may be emailed to [cirt@cirt.info](mailto:cirt@cirt.info) or mailed to CIRT, 305 Neumann Drive, East Peoria, IL 61611 or returned to your patient.

Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing the form, please note whether these conditions are present, and to what degree, so we are able to evaluate if riding therapy is a good fit or unsafe for participant, horses and volunteers.

### Orthopedic

Atlantoaxial Instability (include neurologic symptoms)  
Coxa Arthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossifications  
Joint Subluxation/Dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Instability/Abnormalities

### Neurologic

Hydrocephalus/Shunt  
Seizures  
Spina Bifida/Chiari II Malformation  
Tethered Cord/Hydromyelia  
Sensory Deficit

### Other

Age under 4 years  
Indwelling Catheters/Medical Equipment  
Medications-i.e. photosensitivity  
Poor Endurance/Skin Breakdown

### Medical/Psychological

Allergies  
Animal Abuse  
Cardiac Condition  
PVD  
Migraines  
Hemophilia  
Recent Surgeries  
Substance Abuse  
Physical/Sexual/Emotional Abuse  
Exacerbations of Medical Conditions (i.e. RA, MS)  
Fire Setting  
Respiratory Compromise  
Thought Control Disorders  
Weight Control Disorders  
Medical Instability  
Blood Pressure Control  
Dangerous to Self or Others

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact CIRT.

Sincerely,

Jenna Walker  
Program Director/Instructor



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### MEDICAL HISTORY & PHYSICIAN'S STATEMENT

(To be filled out by your health care provider)

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

**For those with Down Syndrome: Must be done ANNUALLY, a medical testing for a neurological exam that specifically denies any symptoms consistent with atlantoaxial instability (AAI)**

AtlantoDens Interval X-rays, Date: \_\_\_\_\_ Results: Positive \_\_\_\_\_ Negative \_\_\_\_\_

Neurologic Symptoms of AtlantoAxial Instability: Present \_\_\_\_\_ Absent \_\_\_\_\_.

### Medical History

AREA	YES	NO	IF YES, DESCRIBE
AUDITORY IMPAIRMENT	_____	_____	_____
LEARNING DISABILITY	_____	_____	_____
MENTAL IMPAIRMENT	_____	_____	_____
PSYCHOLOGICAL IMPAIRMENT	_____	_____	_____
SPEECH IMPAIRMENT	_____	_____	_____
VISUAL IMPAIRMENT	_____	_____	Glasses: _____
ALLERGIES	_____	_____	_____
CARDIAC	_____	_____	_____
CIRCULATORY	_____	_____	_____
PVD	_____	_____	_____
POSTURAL HYPOTENSION	_____	_____	_____
HEMOPHILIA	_____	_____	_____
PULMONARY	_____	_____	_____
Asthma / COPD	_____	_____	_____
NEUROLOGICAL	_____	_____	_____
Seizures	_____	_____	Type: _____
Controlled?	_____	_____	Date of Last Seizure: _____
Hydrocephalus	_____	_____	_____
Shunt	_____	_____	Date of Last Revision: _____
Sensory Loss	_____	_____	_____
Pain	_____	_____	_____
MUSCULAR	_____	_____	_____
Contractures	_____	_____	_____



## Medical History cont'd.

### SKELETAL

Spinal Column Injury	_____	_____	_____
Subluxing Joints	_____	_____	_____
Dislocating Joints	_____	_____	_____
Laminectomy/Fusion	_____	_____	_____
Scoliosis	_____	_____	Degree: _____ Type: _____
			Brace: _____ Last X-ray: _____
Kyphosis / Lordosis	_____	_____	_____
			Degree: _____
			Type: _____
Spondylolisthesis	_____	_____	_____
Spinal Abnormality	_____	_____	_____
Osteoporosis	_____	_____	_____
Heterotrophis Ossification	_____	_____	_____
Joint Disease	_____	_____	_____
Cranial Defects	_____	_____	_____
Fractures	_____	_____	Location: _____ Healed? _____

### MOBILITY STATUS

Independent Ambulation?   Y   N   Assisted Ambulation   Y   N   Wheelchair   Y   N

### PROSTHETICS/BRACES/ASSISTIVE DEVICES

Type: \_\_\_\_\_ Purpose: \_\_\_\_\_

*Please indicate special precautions/needs:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Physician's Statement

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that CIRT will weigh the medical information provided against the existing precautions and contraindications. Therefore, I refer this person to CIRT for ongoing evaluation to determine eligibility for participation.

Name/Title: (please print) \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_





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### **EVENT SCHEDULE (Complete & Return)**

Rider's Name: \_\_\_\_\_

CIRT will attend the following shows and demonstrations during 2026.

To help us better plan for the year please indicate which shows you may or may not be interested in attending.

***You may cancel if you later find you cannot attend.*** For the fundraisers for CIRT, help is always needed with working the events. Look for signup sheets on office door throughout the year.

#### ***Is Rider Attending?***

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>SATURDAY APRIL 4</b>	<b>CIRT 5K Gallop and 1K Fun Walk-Trot - Fondulac Administration Building, East Peoria, IL: Come and join our 5k race or 1k fun walk.</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>SATURDAY MAY 2</b>	<b>CIRT Derby Day – Marine Corps League, Pekin, IL:</b> Come eat and enjoy the Kentucky Derby all while supporting CIRT.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>SATURDAY MAY 30</b>	<b>CIRT Horse Show – 4 Rocks Arena, Delavan, IL:</b> This is a fun show with 3 classes for CIRT riders of all abilities, at 9:00 a.m. Can you help? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>SATURDAY JUNE 20</b>	<b>CIRT Sporting Clay Shoot – Oakridge Sportsman's Club, Mackinaw, IL:</b> A clay shoot to benefit CIRT. More Information to come. Can you help? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>TBA</b>	<b>State 4-H Horse Show Special Classes – IL State Fairgrounds, Springfield, IL:</b> These classes are during the State Junior 4-H Show and are for riders of all abilities.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>MONDAY JULY 27</b>	<b>Tazewell County 4-H Fair - Livestock Review Bldg, Pekin, IL</b> This is the 4-H show that helped CIRT get its start! There are four classes for CIRT riders of all abilities Youth volunteers, siblings, and riders who enter are eligible to also show in the "horseless" projects – crafts, cooking, rockets, photography, and 100's more!
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FRIDAY SEPT 18</b>	<b>CIRT Barn Dance – CIRT, East Peoria, IL:</b> Come and enjoy dancing, food, silent auction, 50/50 and more. Can you help? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FRI/SAT/SUN OCT 9, 10, 11</b>	<b>Youth Charity Horse Benefit Show for CIRT – IL State Fairgrounds, Springfield, IL:</b> This show is for UPHA Class Independent riders and Trail Class riders of all abilities. <i>Funds from this show go directly to CIRT!</i> Volunteer help is needed for gate, entry, etc. This is a great show and should bring in lots of \$\$\$\$ for our program. Let's show them we appreciate it! Can you help? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FRIDAY DEC 4</b>	<b>CIRT Christmas Party – CIRT, East Peoria, IL</b> This is CIRT's Christmas Party, Bring a dish to pass, meet and get a picture with Santa...5:30 p.m. More info to come.



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### **LESSON INFORMATION (Complete & Return)**

- Group classes last one hour, with a maximum of four riders. Semi-private classes last ½ hour, with a maximum of two riders. In addition to the instructor, there may be up to three volunteers per rider. CIRT attempts to include riders with similar abilities and experiences.
- Horsemanship starts on the ground. Grooming, tacking, mounting, dismounting, and show presentations are equally important as riding. Time will be spent learning each of these skills in addition to horseback riding as long as adequate numbers of volunteers are present. This time is included in the class time. Therefore time on horseback is limited to 20 minutes per 30 minute class and 40 minutes in an hour class.
- Mounting and dismounting may take up to twenty minutes in each one hour class and up to ten minutes in each ½ hour class due to the special needs of our riders.
- **If you miss or cancel a class, you must still pay for it. If CIRT cancels a class, you will receive a credit in the next session or a refund if you are no longer riding. Please let us know as soon as possible if you are going to be absent. If you miss two classes in a row without notifying us you will not be allowed to ride in the next session.**
- ***Lessons will be cancelled due to*** temperature extremes (30 degrees wind chill or 91 degrees heat index), high winds, tornado warnings, lightning, or thunder. If there is any question as to whether CIRT is closed due to the weather, please call the office.

### **LESSON POLICIES**

- Riders should arrive 5-10 minutes prior to lesson time in order to get their helmet on, check in with the instructor, use the restroom if necessary, etc. ***Riders who arrive 10 minutes or more late for their class will not be allowed to ride.***
- A parent or guardian is required to remain on the CIRT property during lessons. ***No rider drop-offs are permitted.***
- Riders are ***required*** to wear ***long pants, helmets, and closed-toe shoes.*** NO Nylon windbreaker pants – they are slick and unsafe. NO shorts – saddles pinch bare legs! Helmets are provided. You may purchase your own approved helmet (ASTM F 1163-90A). Sturdy shoes or boots with a low heel are safest. Lug soled hiking shoes or steel –toe shoes are NOT recommended. No sandals, open-toe, or open-heel (clog) shoes. Temperature and weather conditions should be considered when dressing for class. Layering clothing allows you to adjust your clothing to be more comfortable. The barn is cooler than you think!
- Riders will not have gum or candy in the mouth.
- Young siblings or friends are welcome so long as they are under the supervision of an adult. Running, yelling, climbing, etc. is prohibited, as it can be detrimental to the safety and quality of the lessons.
- After surgery or an extended illness a written release from your doctor is required to return to riding classes.
- Riders who have not completed and returned registration and medical forms, or who have not paid in accordance with the Fee Agreement, will not be allowed to ride.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(Rider, Parent or Legal Guardian)***



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### **CONSENT FOR RELEASE OF INFORMATION (Complete & Return)**

I hereby authorize: \_\_\_\_\_  
(Person or Facility)

To release information from the records of: \_\_\_\_\_  
(Rider's Name)

Rider's Date of Birth: \_\_\_\_\_

The information is to be released to CENTRAL ILLINOIS RIDING THERAPY for the purpose of developing an equine activity program for the above named rider. The information to be released is marked below:

- ☐ Medical History
- ☐ Physical Therapy Evaluation, Assessment and Program Plan
- ☐ Occupational Therapy Evaluation, Assessment and Program Plan
- ☐ Speech Therapy Evaluation, Assessment and Program Plan
- ☐ Mental Health Diagnosis and Treatment Plan
- ☐ Individual Habilitation Plan (I.H.P.)
- ☐ Classroom Individual Education Plan (I.E.P.)
- ☐ Psychosocial Evaluation, Assessment and Program Plan
- ☐ Cognitive-Behavioral Management Plan
- ☐ Other: \_\_\_\_\_

This release is valid for one year and can be revoked, in writing, at my request.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Rider, Parent or Legal guardian)

Print Name: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

Please mail material to: Central Illinois Riding Therapy  
305 Neumann Drive  
East Peoria, IL 61611





## *BINGO and RAFFLE....*

**Come Join us every Sunday  
at the Tazewell Festival Center in Creve Coeur  
from 10:30 a.m. to 3:00 p.m.  
for Bingo and Raffle as a volunteer or player.**

**Proceeds from Sunday's games directly benefit CIRT.**

**If you would like to volunteer  
Please contact CIRT for more Details  
...309.699.3710...**

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## *CIRT WISH LIST*

**FROM THE HORSES MOUTH:** Hay – Grass or Grass/Alfalfa Mix, Muck Buckets, Carrots, Apples, Farrier Fees: Trims (\$45), Shoes (\$100), Money for Vet Care, Wahl Clipper Blades (10-15-30), Hoof Black, Brooms (Big and Small), Manure Forks, Duck Tape, Shovels, Salt & Mineral Blocks, Hoof Picks, Brushes, Show Sheen, Murphy's Oil Soap, Cowboy Magic.

**FOR THE RIDERS:** Horseman's One Step-tack cleaner, Money-Scholarships

**GIFT CARDS:** Farm & Fleet, Tractor Supply, Wal-Mart, Gas.

**OTHER:** Colored Copy Paper, White Copy Paper, Envelopes, Snacks, Swifter Dusters and Refills, Cookies, Kitchen Paper Towels, Clorox or Lysol Wipes, Clorox Bleach, Postage Stamps, Kleenex, Hand Sanitizer, Monetary Donations, Laundry Detergent, Toilet Paper, Napkins, Microwaveable Plates/Bowls, Plastic Silverware, etc...