



2025 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? _____

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):

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):

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):

Learning Style:

Visual

Auditory

Hands-on

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

Signature: _____ Date: _____

(Rider, Parent or Legal Guardian)



____ Rider ____ Staff ____ Volunteer

Current Medications (name only): _____

Name: _____ Relation: _____ Phone: _____

NOTES: (This Section is for any other information or comments for CIRT)

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



CENTRAL ILLINOIS RIDING THERAPY

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

305 Neumann Drive, East Peoria, IL 61611 309-699-3710 www.cirt.info



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: _____



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 \$30 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 31 – May 2
_____	Session 2	4 weeks of classes	\$140	May 5 – May 30
_____	Session 3	4 weeks of classes	\$140	June 2 – June 27
_____	Session 4	5 weeks of classes	\$175	June 30 – August 1
_____	Session 5	4 weeks of classes	\$140	August 4 – August 29
_____	Session 6	4 weeks of classes	\$140	September 1 – September 26
_____	Session 7	5 weeks of classes	\$175	September 29 – October 31
_____	Session 8	3 weeks of classes	\$105	November 3 – November 21

CIRT wants to fit your scheduling needs. ***Please mark your 1st, 2nd, and 3rd 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.***

_____ **Monday Classes 4 pm – 8 pm**
Time (1st) _____ (2nd) _____ (3rd) _____

_____ **Tuesday Classes 4 pm – 8 pm**
Time (1st) _____ (2nd) _____ (3rd) _____

_____ **Wednesday Classes 10 am – 3 pm; 3:30 pm – 5 pm**
Time (1st) _____ (2nd) _____ (3rd) _____

_____ **Thursday Classes 4 pm – 8 pm**
Time (1st) _____ (2nd) _____ (3rd) _____



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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 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
cirt@cirt.info



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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 2025.

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	SATURDAY APRIL 5	CIRT 5K Gallop and 1K Fun Walk-Trot - Fondulac Administration Building, East Peoria, IL: Come and join our 5k race or 1k fun walk. Can you help? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SATURDAY MAY 3	CIRT Derby Day – Marine Corps League, Pekin, IL Come eat and enjoy the Kentucky Derby all while supporting CIRT. Can you help? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SATURDAY MAY 31	CIRT Horse Show – 4 Rocks Arena, Delavan, IL 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	SATURDAY JUNE 21	CIRT Sporting Clay Shoot – Oakridge Sportsman's Club, Mackinaw, IL. 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	FRIDAY JULY 25	State 4-H Horse Show Special Classes – IL State Fairgrounds, Springfield, IL These classes are during the State Junior 4-H Show and are for riders of all abilities. The riders really enjoy this show. 12:00 p.m.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	MONDAY JULY 28	Tazewell County 4-H Fair - Livestock Review Bldg, Pekin, IL 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	SUNDAY AUGUST 24	CIRT Car Show – CIRT, East Peoria, IL Have a unique or old car, truck or motorcycle enter it in our Car Show and Come and/or enjoy seeing car shows, come joins us. Can you help? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	FRIDAY SEPT 19	CIRT Barn Dance – CIRT, East Peoria, IL 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	FRI/SAT/SUN OCT 10, 11, 12	Youth Charity Horse Benefit Show for CIRT – IL State Fairgrounds, Springfield, IL: 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	FRIDAY DEC 5	CIRT Christmas Party – CIRT, East Peoria, IL 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)



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...**

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...