

ALL STAR EQUESTRIAN FOUNDATION
Summer 2023 – RIDER REGISTRATION – June 13 – July 27

HIPPOTHERAPY: OCCUPATIONAL THERAPY

PLEASE COMPLETE THE REGISTRATION BELOW

(Please mail or fax your registration in as soon as possible to avoid being placed on a waiting list).

All Star offers Hippotherapy: Occupational Therapy (OT) in 30, 45 or 60 minute sessions.

All Star is required to have current (annual) information on all riders. Each year you will be asked to fill out a new set of forms:

Liability Release, Photo Release, Consent Form and Medical Release Form. New riders will be given these forms after we receive the registration.

Along with the forms listed above, you will also need to get a **Doctor's written prescription for OT**.

*******RIDERS WITHOUT CURRENT RELEASE FORMS WILL BE UNABLE TO RIDE*******

Mark 1st, 2nd & 3rd class time preferences below by circling or checking the squares you are available.

Make note of **“NO CLASSES”** dates above & return form(s) below as soon as possible. We will contact you ASAP to make your appointment.

THURSDAY – 6/15-7/27 7WKS			
9AM 30 min		3PM 30 min	
45 min 60 min		45 min 60 min	
10AM 30 min		4PM 30 min	
45 min 60 min		45 min 60 min	
11AM 30 min		5PM 30 min	
45 min 60 min		45 min 60 min	
XXX		6PM 30 min	
		45 min 60 min	
OT sessions: 60 minutes \$125 - 45 minutes \$94 - 30 minutes \$63 -Evaluation before beginning OT session - \$75			
() Private Pay (need superbill) () Funding Agency Name:			

OT FEE POLICY: Fee will be paid per class on each day of class. A receipt will be given and a superbill to file with your insurance will be sent within 2 weeks by either email or mail. Fees can be paid through our website: ALLSTARFOUNDATION.ORG (or) CREDIT CARD, CHECK and/or CASH in the office.

---Hippotherapy is not eligible for scholarship funds at this time -----

ABSENTEE POLICY: Therapy sessions may be rescheduled with licensed health care professional. If session is not cancelled 24 hrs in advance, a \$25 cancellation fee will be charged.

RIDER NAME: _____ BIRTHDATE: _____ AGE: _____ DISABILITY: _____

RIDER HEIGHT: _____ RIDER WEIGHT: _____ AMBULATORY () NON AMBULATORY () WHEELCHAIR () HAS RIDDEN BEFORE ()

PARENT/GUARDIAN: _____ ADDRESS: _____

EMAIL: _____ PHONE: _____

Please email, mail, scan or fax completed form to: **ALL STAR EQUESTRIAN FOUNDATION**

P. O. BOX 892 – MANSFIELD, TEXAS 76063, Phone: 817-477-1437 / FAX: 817-473-9175

Email: forms@allstarequestrian.org