JoyRide Center, Inc.
29550 Tudor Way
Magnolia, TX 77355
281-356-5900
Fax 281-356-5901

JOYRIDE CENTER PREPARATORY PROGRAM (JRC Prep)
RENEWAL APPLICATION FOR ADMISSIONS

Applicant Information

Applicant's Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Height: _____ Weight: _____

Applicant Phone: _____ Applicant Email: _____

Documented Disability: _____

Parent/Guardian Information

Mother/Legal Guardian: _____

Home Address (if different than above): _____

City: _____ State: _____ Zip: _____

Preferred Email Address: _____

Cell Telephone #: _____ ☐ Home Telephone #: _____ ☐

Business Telephone #: _____ ☐ ***(Please put a check by preferred number)***

Occupation/Name of Company: _____

Father/Legal Guardian: _____

Home Address (if different than above): _____

City: _____ State: _____ Zip: _____

Preferred Email Address: _____

Cell Telephone #: _____ ☐ Home Telephone #: _____ ☐

Business Telephone #: _____ ☐ ***(Please put a check by preferred number)***

Occupation/Name of Company: _____

FOR OFFICE USE ONLY:

Date App Recv'd _____ **Interview Date** _____ **Prep Eval Date** _____

Accepted? _____ **Start Date** _____ **Tuition Rate** _____ **Hrs/Day** _____

Data Entry (initial & date): SF _____ **File** _____ **Scanned** _____ **Attach to SF** _____

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Caregiver (if applicable):_____ Phone: _____

Who should we call to inform you of cancellations? _____

In the event of an emergency and parent/guardian cannot be reached, contact:

Name:_____ Relation:_____ Phone: _____

Name:_____ Relation:_____ Phone: _____

Preferred emergency medical facility or nearest: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) Please describe **any changes** in the applicant's general health, including special medical problems and/or physical disabilities:

2) Please describe **any changes** in the applicant's self-help skills (What does someone need to do daily to help the applicant?)

3) Please describe activity areas and/or situations that the applicant **strongly dislikes**:

4) Please describe activity areas and/or situations that the applicant **enjoys**:

5) Please describe your goals and expectations for the applicant and what you hope JRC Prep can accomplish:

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MEDICAL HISTORY

Applicant's Primary Physician: _____

Phone:_____Address: _____

Please list any other specialists who have treated or are treating the applicant:

Is the applicant on any regular medications?_____Yes_____No

Please list current medications: _____

_____

Does the applicant required mediation to be administered during class hours? ____Yes ____ No

Can the applicant self-administer medication during class hours? _____Yes_____No

Identify medication(s) and dose to be taken at Prep:

NOTE: JoyRide Center does not administer medications. Applicant must be able to self-administer medications that need to be taken during the day.

ALLERGIES/RESTRICTIONS

Is the applicant allergic to foods, pollens, insect bites, skin contacts, substances, etc.? If yes, please describe reaction and what treatment is usually necessary: _____

_____

Does the applicant have any dietary restrictions? If so, please list: _____

_____

_____

HISTORY OF ILLNESS/HOSPITALIZATION/SURGERY

Has the applicant been hospitalized in the **last year**?_____Yes _____ No
Describe:

_____

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Has the applicant had any surgery in the **last year**?_____Yes_____No
If yes, when?_____Describe: _____

_____

_____

SEIZURE ACTIVITY

Has the applicant ever had a seizure?_____Yes_____No

If yes, date of last seizure:_____Type of seizure: _____

What happens prior to the seizure? _____

During the seizure? _____

After the seizure? _____

The information in the above medical history is correct to the best of my knowledge.

_____ _____
Signature of Parent/Guardian **Date**

_____ _____
Signature of Applicant (If appropriate) **Date**

LIABILITY RELEASE:

_____ (Client's Name) would like to participate in the JoyRide Center, Inc. program. I acknowledge the risks and potential risks of working around or near farm animals. However, I feel that 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 forever all claims for damages against JoyRide Center, Inc., its Board of Directors, Instructors, Therapists, Aides, Horse Owners, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in JoyRide programs. **WARNING** - Under Texas law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.

Signature: _____ **Date:** _____
Client, Parent, Legal Guardian

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VIRTUAL LESSON/DISTANCE LEARNING RECORDING

If I/my child chooses to participate in Distance Learning video lessons, I understand that these lessons, conducted through Google Meet, Zoom, or similar application may be recorded and distributed to other JRC Prep clients via email. If I do not wish to be recorded during lessons, it is my responsibility to turn off or disable the camera.

Signature: _____ **Date:** _____
Client, Parent, Legal Guardian

The above releases apply to all family members & caregivers of this client. Contact your instructor if you have any questions about this policy.

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PHOTO RELEASE:

I hereby (Check one): ◯ **Consent** ◯ **Do NOT Consent**

to the use and reproduction by JoyRide Center of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program. JoyRide policy is that only first names will be used to identify people unless specific permission is given from the parent/client/caregiver.

Signature: _____ **Date:** _____
Client, Parent, Legal Guardian

The above releases apply to all family members & caregivers of this client. Contact your instructor if you have any questions about this policy.

BILLING INFORMATION

JoyRide invoices are normally emailed around the first of each month for services rendered in the previous month. Payment is due upon receipt and considered late if received after the 15th of the month.

☐ **Email** bills to:_____ Email Address: _____

☐ I do **not** have an email address. Please **mail** invoices to:

Address: _____

City:_____ Zip: _____

☐ I understand that I will be charged my regular daily tuition fee if I cancel or do not show up for a session. There will be no charge for classes cancelled by JoyRide.

☐ **I have read and agree to abide by all JoyRide guidelines and policies included in this packet.**

Signature_____ **Date:** _____
Client/Parent/Guardian

JoyRide Center, Inc.

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: ____

I hereby acknowledge that I have received a copy of JoyRide Center's Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

____
Signature of Patient or Legal Representative

____
Printed Name of Patient's Representative (*if applicable*)

____
Date

Relationship to Patient (*if applicable*)
- ☐ Parent or guardian of unemancipated minor
- ☐ Court appointed guardian
- ☐ Executor or administrator of decedent's estate
- ☐ Power of Attorney

- -

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date,

____________________________but acknowledgment could not be obtained because:

- ☐ Patient/representative refused to sign
- ☐ Emergency situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)
- ☐ Communication barriers prohibited obtaining acknowledgement (Explain)

____

____

____

____

____

- ☐ Other (Specify)

____

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