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Dear Participants,

Welcome back riders and welcome new riders! We can't wait for another amazing year of riding, learning and fun. The Farm's 2026 Therapeutic Riding program will begin in January, running four sessions throughout the year (winter, spring, summer and fall). The WindReach Farm team looks forward to bringing you and our community new and innovative programing this year. We are going to offer our riders the opportunity to participate in some fun video competitions as well as we hope to start a Special Olympics Team! We look forward to seeing you at the stable at WindReach Farm!

In this package you will find our updated forms. Please take note of the following points:

- Please be sure to take note of the registration deadlines. It is your responsibility to get your forms and payments to us on time. Please email forms to: kendra.abbey@windreachfarm.org
- Group lessons are \$60.00/lesson (1 hour in length), semi-private are \$70.00/lesson (40 minutes in length) and private lessons are \$75.00/lesson (30 minutes in length).
- All riders are charged a \$7.00 Canadian Therapeutic Riding Association fee once a
 year and a <u>5% property maintenance fee will be applied to every invoice.</u> The most
 effective way to pay is by E-transfer to <u>accounting@windreachfarm.org</u>
- This package includes all forms needed to register for riding lessons, a new helmet policy and the 2026 Lesson Program Calendar. It lists all the lesson dates, program breaks, and special events. If there are changes to the calendar as the year progresses, we will email you a copy. The physician referral form must be completed by a doctor in order to ride.
- Please read the helmet policy included in the package, write the date of helmet purchase on the appropriate form, and include a copy of the receipt.

If you are unclear how to fill out the documentation and/or what is required, please feel free to contact us in the stables office and we'll be happy to clarify for you.

Sincerely,

Kendra Abbey, BSc., CTRII, CTRS Manager, Equine Programs 905.655.5827 x. 221 kendra.abbey@windreachfarm.org



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WindReach Farm Helmet Policy

RIDING HELMET SAFETY AND INSURANCE REQUIREMENTS

To ensure safety and to meet insurance standards for all CanTRA member centers, the following requirements are to be in place:

- The Safety Equipment Institute/American Society for Testing and Materials (SEI/ASTM-approved) riding helmets are required for all participants in mounted activities. Please check helmet labels for these approved standards. For the list of additional approved riding helmets see Equestrian Canada, Section A: General Regulations, Headgear Standards. 2025-Section-A CLEANCopy English ERA.pdf
- Helmets should be replaced five years from the purchase date, and a logbook kept with the date of purchase, to include details of the helmets, and the invoice stapled to the page; the helmet should also be replaced after a fall, or if the helmet is dropped on hard ground.
- This policy applies to riding lesson participants, as well as to instructors and volunteers when schooling and exercising horses.
- Program participants are also required to wear riding helmets when grooming or working around a horse.
- It is the instructor's responsibility to ensure that each rider is wearing a correctly fitted helmet before being mounted.
- Definition of a correctly fitted riding helmet:
 - No hair tucked up into the helmet, such as a top knot, braids, ponytail or loose hair.
 - No head coverings, skull caps, balaclavas worn under the helmet.
 - For maximum safety, and to meet liability insurance requirements in the event of an accident, the riding helmet must fit directly to the rider's skull.

Rider's First name & Last name:
Please write the date of helmet purchase here and include a copy of your receipt:



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Fitting Helmets

The following are important points to remember when fitting helmets:

- Each rider MUST wear an ASTM or SEI approved helmet.
- The helmet must be fitted properly, fitting snuggly but without creating pressure or being uncomfortable.
- Ponytails may need to be removed or lowered to accommodate a helmet comfortably. Hair clips should also be removed.
- No hats, skull caps or balaclavas should be worn under a helmet.
- Various brands of helmets fit differently, and each helmet's harness can be adjusted for a proper fit.
- The front part of the helmet should rest one inch above the eyebrows and the chin strap should be tight enough not to be pulled up over the chin. It is important that the helmet fits well to provide adequate protection.
- Riders with hydrocephalus (fluid on the brain) may have a shunt on one or both sides running down behind the ear. In this case, care must be taken to ensure that the helmet is not too tight as head size can vary from week to week.
- Never force or push a helmet on.



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Liability Release

possible benefits to myself/my son/my risk assumed. I hereby, intending to be or administrators, waive and release fo its Board of Directors, Instructors, The	would like to participate in Horseback Riding Lessons. for risk, involved in this sport. However, I feel that the daughter/my dependent/my ward are greater than the legally bound, for myself, my heirs as assigns, executors prever, all claims for damages against WindReach Farm, rapists, Aids, Volunteers and/or Employees for any and y daughter/my dependent/my ward may sustain while ions.
Signature:	Date:
(Rider, Parent or Guardian Witness:	n)
	Photo Release
Please check <u>ONE</u> of the statement	s below:
I consent to and authorize	I do not consent to and do not authorize
audiovisual materials taken of me/m	ach Farm of any and all photographs and/or any other by son/my daughter/my ward, for promotional printed ons, or for any other use for the benefit of the programs
Signature:	
(Rider, Parent or Guar	raian)



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Rider Profile & General Information Form 2026

Name of Rider:		Date of Birth://
Sex: M □ F□ Other□		
Address:	City	Postal Code:
Main Phone:	Emergency Contact &	R Phone:
Email	· · · · · · · · · · · · · · · · · · ·	
be informed of in order	to provide a safe, productiv	ors and volunteers (only as needed) to we and enjoyable lesson ons to the best of your ability.
Describe any physical, int looking to obtain through	_	ve, or social goals that the participant is
Briefly describe the partic	ipant's likes and/or other acti	ivities that they enjoy.
Are there particular situati to animals, etc.	ons which the Rider might fir	nd upsetting? i.e. loud noises, proximity
If the Rider becomes ang	ry or upset, what is the most	effective way to calm them?
		Cards/Boards/I-pad Other: d follow them?



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Is there ANY other information that you feel we should k	now?					
I hereby give permission for the individual	listed above to participate in					
therapeutic/recreational riding lessons at The Stables at WindReach Farm.						
Parent/Guardian Signature:	Date:					



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Participant Agreement



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I will review and abide by the general stable Manual which are posted on WindReach farm websi				
I understand that I, and any others who accorstables boundaries and are not to wander over to the visit in advance.				
I have read and agree to comply with all requirements outlined by the above Participant Agreement. This agreement shall remain in effect unless expressly revoked by the rider/parent/guardian, at which time the rider is ineligible to continue with the WindReach Farm riding programs.				
Signature of Parent/Guardian/Rider:	Date:			



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Physician Referral Form 2026

Rider Name	Date of Birth
Address	_Postal Code
Phone Number Email	
Name of Disability	
Primary Diagnosis	
Secondary Diagnosis	
Height Weight(The maximum weight of a	any rider must not exceed 170 lbs. or 77 kg)
Diabetic: ☐ Yes ☐ No Insulin: ☐ Yes ☐ No	Continence: ☐ Yes ☐ No
Epileptic Yes □ No□ If yes, indicate type & frequenc	y of seizures
Date of last seizure***Rider/Guardian pleas	se complete a Seizure Release Form**
Cerebral Palsy □ Yes □ No If yes please specify: Mond Hemiplegia (which side L R)	oplegia Diplegia Quadriplegia
General Health	
Medications	
Surgical Procedures:	
Atlanto-Axial X-Ray Verification for Riders with Down S Due to the nature of this activity (horseback riding lesso axial instability is a contraindicated condition. A negat required.	ons), Down Syndrome with an atlanto-
If the rider has Down Syndrome this form must be signerally giving the date and result of the diagnostic X-ray.	ed and dated by a qualified physician
□ This client does not have Down Syndrome Please continue next page	



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☐ This client has Down Syndrome Date of X-Ray:					
Result of X-Ray:					
Allergies					
Surgery & Dates					
Ambulatory □ Yes □ No If no, specify (wheelchair, braces, etc.)					
Communicable Disease ☐ Yes ☐ No If yes, explain					
Tone: Upper extremities Trunk Lower extremities					
Can the patient sit independently? ☐ Yes ☐ No Can they grasp with their hands? ☐ Yes ☐ No					
Visual Impairments:					
Balance (Good, Fair, Poor, None): Sitting Standing Walking					
Language: □ English □ Other (spoken)Sign Language □ Yes □ No Other					
Speech: Good Fair Poor Non-Verbal					
Ability to understand: ☐ Good ☐ Fair ☐ Poor Comments:					
Is there any reason why this person should be precluded from a therapeutic riding program?					
When do you recommend that this form be updated? ☐ Every year ☐ Every two years ☐ Other: Every 5 years is WindReach policy					
Physician's Signature: Date:					
Physician's Name (please print clearly) City PC					
Telephone Please continue on next page					



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To be completed by the parent/guardian or rider of legal age:

Information Release

I hereby authorize The Stables at WindReach Farm to release to its instructors and volunteers such information as may be necessary to conduct a beneficial and safe riding program.

Name of Rider:	 	
Date:		
Signed:		
Relation to Rider:		



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Release Form for Riders Prone to Seizures (This form is to be completed for any rider who is prone to or has had seizures)

Rider:	
Guardian:	
Address:	
Phone #:	_ Cell #:
Email:	
riding program offered by WindReach Farm injury because the rider is prone to seizures undersigned hereby releases and dischargo volunteers, and board members from any a costs that may arise out of the clients partic	the rider to participate in the therapeutic horseback n. It is understood that there is an increased risk of s (or has experienced seizures in the past). The es WindReach Farm, it's staff, instructors, agents, and all claims, demands or actions inclusive of cipation in the program, including any claims or ent while participating in the program, regardless of
Rider/Guardian signature:	-
Witness:	
D 1	

Rider Name:	_ Email:	Phone#:

<u>STEP 1</u>	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7
SELECT ONE LESSON TYPE	SELECT SESSION(S)*	SELECT TIME OF DAY**	SELECT DAY(S) OF THE WEEK	SUB-TOTAL= STEP 1 (\$60, \$70 or \$75) X STEP 4 (THE # OF WEEKS)	SUB-TOTAL + \$7.00 + 5% Property maintence fee	IMPORTANT NOTES: + PAYMENT OPTIONS:
GROUP - \$60/LESSON	☐ WINTER 2026 January 5 - February 28	MORNING 9AM - 12PM	☐ MONDAYS - 7 WEEKS ☐ TUESDAYS - 8 WEEKS	Step 1	pay a onetime yearly fee of \$7.00 charged by the Riding Association, CanTRA. **A 5% property maintenance fee is	Payment is due in full before session begins. Please ensure ride day/time is confirmed before
SEMI-PRIVATE - \$70/LESSON PRIVATE - \$75/LESSON	Registration Deadline: December 1st	☐ AFTERNOON 1PM - 3PM ☐ EVENING 4PM-7PM		X Step 4		2. The school program runs in the mornings during the spring session so space is limited. 3. Please refer to the program calendar in the registration package for special events, program breaks and lesson cancellations. 4. Saturday lessons run during the day only.
GROUP - \$60/LESSON SEMI-PRIVATE - \$70/LESSON	SPRING 2026 March 23 - June 20	☐ MORNING 9AM - 12PM ☐ AFTERNOON 1PM - 3PM	☐ MONDAYS - 12 WEEKS ☐ TUESDAYS - 13 WEEKS ☐ WEDNESDAYS - 13 WEEKS	Step 1X		
PRIVATE - \$75/LESSON	Registration Deadline: February 17th	EVENING 5PM- 8PM	☐ THURSDAYS - 13 WEEKS ☐ SATURDAYS - 13 WEEKS	Step 4		
GROUP - \$60/LESSON	SUMMER 2026	☐ MORNING 9AM - 12PM	☐ MONDAYS - 7 WEEKS ☐ TUESDAYS - 8 WEEKS	Step 1	pay a onetime yearly fee of \$7.00 charged by the Riding Association, CanTRA. **A 5% property maintenance fee is added to each invoice ***All riders must pay a onetime yearly fee of \$7.00 charged by the Riding Association, CanTRA.	rly 1. E-TRANSFER (no password required) Send E-Transfers to: accounting@windreachfarm.org 2. CHEQUE Make cheques payable to WindReach Farm 3. DIRECT DEPOSIT Send email to accounting@windreachfarm.org and ask for banking information. 4. For other payment options please contact: accounting@windreachfarm.org
SEMI-PRIVATE - \$70/LESSON PRIVATE - \$75/LESSON	July 6 - August 29 Registration Deadline:	AFTERNOON 1PM - 3PM	☐ WEDNESDAYS - 8 WEEKS ☐ THURSDAYS - 8 WEEKS	X Step 4		
	June 1st	EVENING 5PM- 8PM	SATURDAYS - 8 WEEKS			
GROUP - \$60/LESSON	FALL 2026	MORNING 9AM - 12PM	☐ MONDAYS - 12 WEEKS ☐ TUESDAYS - 13 WEEKS	Step 1		
SEMI-PRIVATE - \$70/LESSON PRIVATE - \$75/LESSON	Sept. 14 - December 12 Registration Deadline:	AFTERNOON 1PM - 3PM	── WEDNESDAYS - 13 WEEKS ☐ THURSDAYS - 13 WEEKS	X Step 4		
	August 17th	EVENING 5PM- 8PM	SATURDAYS - 13 WEEKS			
*** Please email form to kendra.abbey@windreachfarm.org Additional Requests here:						
Billing Information:	Te	l: 905-655-5827 x 221	312 Townline Rd., Ashbu	rn, ON, LOB 1A0 kendra.abbey@v	windreachfarm.org	
Name:						
Email:						
Phone:						

The Stables at WindReach Farm 2026 Riding Lesson Program Calendar

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												W	indR	eacl	The	era	peu	tic H	lors	ebac	k Ri	iding Lessons
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M			T	F	S		S	M	Т		T	F	S		S	М	Т	W	Т	F	S	Special Event/Lessons ARE running
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1 12	13	14	15	16	17		15	16	17	18	19	20	21		15 1	6	17	18	19	20	21	
3 19	20	21	22	23	24		22	23	24	25	26	27	28		22 2	23	24	25	26	27	28	February 14 - Family Day Event
26	27	28	29	30	31										29 3	30	31					February 16 - Family Day - no lessons
																						April 3 - Good Friday - No lessons
April							May						June								April 25 - Swing into Spring Sheep Shearing Day	
M	T	W			S		S	M	T	W	T	F	S		S	M					S	May 18 - Victoria Day - No lessons
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		July	7				August						September					hor			December 25 - Christmas Day	
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2 13	14		16	17	18			10	11	12	13	14	15		13 1					18	19	
9 20	21	22	23	24	25			17		19	20	21	22		20 2						26	
5 27	28	29	30	31			23	24	25	26	27	28	29		27 2	28	29	30				
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October							November						December					ber				
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