



R.O.C.K., Ride On Center for Kids

PO Box 2422 Georgetown, TX 78627
(512) 930-7625 office
(512) 863-9231 fax
www.rockride.org



2011–2012 Client / Participant Application

Complete Name:			
Nickname:		Date of Birth	
Gender:	Height:	Weight:	
Preferred Language:		Race:	
Please circle below the best way for R.O.C.K. staff to reach you:			
Home phone: ()		Cell phone: ()	Work phone: ()
Home email:			Work email:
Mailing address:			
City:	County:	State:	Zip Code:
Employer / School / Caregiver Information			
Employer/School Name:			Grade Completed:
Employer/School Address:			
City:	State:		Zip Code:
Care Givers Name (if applicable):			
Home phone: ()			
Cell phone: ()			
If Under 18 Years of Age or requires Legal Guardian			
Parent/Legal Guardian Name:		Employer:	
Mailing address:			
City:	State:		Zip Code:
Home phone: ()	Cell phone: ()	Work phone: ()	
Referral Information			
Referral Source (How did you hear about the program?):			
Referring Physician/ Agency/ Clinic: _____			
Contact Name: _____			
Address: _____			
Telephone: _____ E-mail: _____			
<input type="checkbox"/> Website <input type="checkbox"/> Media <input type="checkbox"/> Client referral _____ <input type="checkbox"/> Other _____			
Military Service			
Are you or any family members currently serving or have previously served in the United States Military?			
Please attach copy of Active ID or DD-214.			
____ Yes ____ No If yes, which branch _____ Relation to Client _____			
Rank _____ Active, discharged, or Retired _____			
Past Equine Experience			
I am a returning client ____ Yes ____ No If yes, since when? _____			
I am a new client but have previously ridden with another therapeutic program ____ Yes ____ No			
If yes, how long? _____ Where? _____			
Riding Experience: ____ Western ____ Trail ____ English ____ Dressage ____ Casual/Recreational			



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R.O.C.K. Client / Participant Policies & Procedures

Initial and date	I understand and agree to abide by the following policies and procedures:	
	<p>Age and Weight Requirements Individuals must be at least 2 years old before they can participate in the R.O.C.K. Hippotherapy program. Individuals must be at least 4 years old before they may participate in the R.O.C.K. Therapeutic Sports Riding Program. Horse selections are based on safety, horse size and temperament, and lesson objectives. Client + tack may not exceed 20% of our horse's weight. (Example: A client that weighs 180 lbs using a saddle that weighs 20 lbs must ride on a horse that weighs greater than 1000 lbs.)</p>	
	<p>Safety requirements Individuals may not be allowed to participate in the program if any of the following situations occur</p> <ul style="list-style-type: none"> • Client's physical condition is in any way exacerbated by riding • An appropriate horse is no longer available for the client • The client's behavior poses safety concerns for the client, staff, volunteer or horse (at the discretion of the instructor) 	
	<p>Payment Policy</p> <ol style="list-style-type: none"> 1. Payment from Individuals must be received each session PRIOR to services being rendered. 2. Agency funded therapy will be billed directly to agencies on a monthly basis, or as per their requirements. 	
	<p>Cancellation Policy and Make up Lesson Policy In order to maximize your client's progress, it is critical that you attend all treatment sessions. Arriving late or missing appointments impairs your client's ability to progress, disrupts staff schedules, limits other clients' abilities to get appointments and may affect your agency coverage. It is important that we maximize your appointments due to therapy costs. Please note the following policy:</p> <ol style="list-style-type: none"> 1. If you must cancel an appointment, please call the office at 512-930-7625 - 24 hours or more in advance. 2. All cancellations made less than 24 hours prior to an appointment will be considered a "No Show" and will result in a <i>\$25 cancellation fee due at time of client's next visit.</i> 3. If you do not call and do not come for your appointment time, you will be charged a <i>no-show fee of \$25 due at time of client's next visit.</i> 4. 3 cancellations in a row OR 5 cancellations per fiscal year could result in the loss of your scheduled appointment time and/or scholarship. Fees may be waived with a Doctor's written excuse. 5. Agency-pay clients should assume that the agencies will not pay these charges so families should be prepared to pay out of pocket. 6. R.O.C.K.'s schedule leaves little to no room for scheduling make-up lessons. Therefore, cancellations will have no guarantee that a make-up lesson can be scheduled. 	
	<p>Weather Policy</p> <ol style="list-style-type: none"> 1. If temperature + humidity is over 150 or if temperature drops below 32 degrees Fahrenheit, ground lessons will be administered to work towards the Client/ Participants goals and objectives. 2. R.O.C.K. will cancel classes in the event of a Georgetown ISD school cancellation or if there is a national weather service warning for Williamson County. 3. In the event of a session cancelation due to inclement weather, R.O.C.K. will notify the Client/ Participant or the Client/ Participant's representative. It is the responsibility of the Client/ Participant to assure that R.O.C.K. has a current phone number and /or e-mail address for notification purposes. 	
I have read and understand what is written and agree to follow the policies and procedures set forth by R.O.C.K., Ride On Center for Kids.		
Signature of Client:		
Printed name of Client:		Date:
Signature of Clients' parent or guardian if Client is under the age of 18:		



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Photo Release

Client Name: _____

- I Consent
- I do NOT Consent

Consent to and authorize the use and reproduction by **R.O.C.K., Ride On Center for Kids** of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program or NARHA.

Signature of client, parent or guardian: _____

Date: _____

Liability Release

I, _____ the undersigned, adult, client, or parent or guardian of _____, a minor, would like to participate at R.O.C.K., Ride On Center for Kids.

I acknowledge the risks and potential for risks of horseback riding. I understand that I/my son/daughter/ward, will be working with and around horses, as well as, riding horses of R.O.C.K. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I, the undersigned client and/or parent or guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against R.O.C.K., its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which R.O.C.K operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in any way growing out of, the acts of R.O.C.K, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which R.O.C.K operates, successors or assigns.

I understand that under Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a client in equine activities resulting from the inherent risks of equine activities.

Signature of client, parent or guardian: _____

Date: _____

Equine Facilitated Learning / Equine Facilitated Psychotherapy (only)

Consent for Evaluation and Treatment:

I ___ DO ___ DO NOT give my consent for evaluation and treatment specific to psychotherapy during the process of receiving equine-facilitated services or therapies at R.O.C.K. Ride On Center for Kids.

 Signature of Participant, Parent or Legal Guardian

 Date



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Authorization for Emergency Medical Treatment

Complete Legal Name:		
Date of birth:		
Home phone: ()	Cell phone: ()	Work phone: ()
Physician's Name:		Medical Office/Facility:
Health Insurance Company:		
Allergies to medications:		
Current medications:		

Emergency Contact Information

Name:		Relationship:	
Home phone: ()	Cell phone: ()	Work phone: ()	
Name:		Relationship:	
Home phone: ()	Cell phone: ()	Work phone: ()	
Name:		Relationship:	
Home phone: ()	Cell phone: ()	Work phone: ()	

Medical Treatment Consent

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize R.O.C.K., Ride On Center for Kids, to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physicians. This provision will only be invoked if the person(s) above is unable to be reached.

Signature of client, parent or guardian:	Date:
--	-------

Printed name:

Medical Treatment NON-Consent (if applicable)

NON-Consent Plan
 I DO NOT give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services, or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: (Please describe)

Signature of client, parent or guardian:	Date:
--	-------

Printed name:



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Date : _____

**R.O.C.K., Ride On Center for Kids
Notice for Release/Consent to Request Confidential Information**

Client's name _____

Date of Birth _____

We are asking that you authorize the person or agency listed below to release/to request specified records containing confidential information regarding the above-named client to the following R.O.C.K. staff:

Information to be Released:

() To () From

Name and Position

School/Agency

Address

City State Zip

Information to be Released:

() To () From

R.O.C.K. Ride On Center for Kids
2050 CR 110

Georgetown, TX 78627
(512) 930-ROCK (512) 930-7625

For more information, please call:

(R.O.C.K. Staff Person)

Purpose of disclosure:

The continuum of care during Equine Assisted Activities

Records to be released/records requested:

- Medical / Physical Examination
- Diagnosis / Recommendations
- Speech / Language Assessment
- Physical Therapy Assessment
- Discharge Summary
- ARD / IEP Records
- Comprehensive Individual Assessment
- Treatment / Progress Notes
- Diagnostic / Psychological Testing Results
- Other

Please check the appropriate boxes below:

- yes no I have been fully informed and understand R.O.C.K. Ride On Center for Kids' request for my consent as described above. This information will be released/requested upon receipt of my written consent.
- yes no I understand that this authorization will remain in effect from _____ until _____ (not to exceed 1 year)
- yes no I understand that my consent is voluntary and may be revoked at anytime.

Signature of Parent/Guardian/Adult Client

Date

Printed Name of Parent/Guardian/Adult Client

Signature of Witness

Date

Printed Name of Witness



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Client / Participant Health History and Goals

Client / Participant Name: _____

Client / Participant Diagnosis: _____

Describe client's abilities/difficulties in the following areas (include assistance required or equipment needed) as well as your goals and objectives:

Physical

- Independent Ambulation Independent on level surfaces only needs supervision and verbal cuing for ambulation
 - semi dependent ambulation (requires some assistance for balance only)
 - dependent ambulation (requires support from no more than one person)
 - nonfunctional ambulation (requires support from more than one person)
 - High tone Low tone uses assistive devices: type of device _____
 - Improve gross and fine motor skills Improve motor planning Improve balance
- Explain _____
Goals _____

Communication

- Verbal words phrases sentences Nonverbal Signs Gestures
 - uses assistive devices type _____
 - Understands most understands some Understands very little
- Explain _____
Goals _____

Vision

- No vision issues Visual impairment uses assistive devices: type of device _____
- Explain _____

Auditory

- No hearing issues auditory defensiveness uses assistive devices: type of device _____
- Explain _____
Goals _____

Cognitive

- At Age Level Below Age Level Age Level _____

Behavioral

- Impulse control Fearful Anxious Non-compliance
 - Attention/focus Easily frustrate Hyperactivity
- Behavior modification techniques used: _____
Explain _____
Goals _____

Social

- Strengths _____ Challenges _____
 - Hobbies or preferred activities _____
 - Dislikes /fears _____
- Goals _____

Equitation/ Horseback Riding Goals

- Horse Care Showmanship/leading Riding independently English Riding
 - Western Riding Dressage and trail Interested in other competitions (additional fees may apply)
- Goals _____

Signature and Date: _____



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Letter to Physician

Date: _____

Dear Physician:

Your patient, _____ (client / participant name) is interested in participating in supervised equestrian activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

- Amputation
- Atlanto-axial Instability – include neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability Abnormalities

Neurologic

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida: Chiari II malformation
Tethered Cord
Hydromyelia

Other

- Age – under 4 years
- Indwelling Catheters
- Medications – i.e., photosensitivity
- Poor Endurance
- Skin Breakdown

Medical/Psychological

- Allergies
- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions
- Fire Settings
- Heart Conditions
- Hemophilia
- Medical Instability
- Migraines
- Post Traumatic Stress Disorder
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight control Disorder

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 the center at the address/phone indicated above.



Client / Participant Medical History & Physician's Statement

Client: _____ DOB: _____ Height: _____ Weight: _____

Diagnosis: _____ Date of onset: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

For those with Down Syndrome:

Atlanto-Dens Interval x-rays (req. within 3 years), date: _____ Result: + -

Neurologic Symptoms of Atlanto-Axial Instability: _____

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Physician's Statement

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credential health professional (e.g., PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Physician's Signature: _____ Date: _____

Please print, type or stamp

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____



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Physician's Prescription

Client's Name: _____ Phone: _____

***PRESCRIPTION FOR THERAPEUTIC HORSEBACK RIDING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY
OR SPEECH LANGUAGE PATHOLOGY.***

This is a prescription, where appropriate for evaluation and treatment by a Physical, Occupational and/or Speech Therapist in conjunction with the Therapeutic Horseback Riding Operating Center and Certified NARHA Instructor.

Recommended Frequency: 1 X per week OR as noted by physician here _____

Precautions: _____

Physician's Signature: _____ **Date:** _____

Please print, type or stamp

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

R.O.C.K. is a Texas 501(c)(3) non-profit corporation serving Williamson and surrounding counties.



R.O.C.K. 2011-2012 Explanation of Services

Hippotherapy

Physical Therapy _____ Speech Therapy _____

Offered Tuesday through Thursday only. Hippotherapy is a treatment strategy with licensed physical therapists, occupational therapists, or speech language pathologists. This treatment strategy can specifically address impairments of tone, range of motion, timing, attention, arousal, coordination, balance, speech, and postural control. Though this service may qualify for insurance reimbursement, R.O.C.K. does not file the insurance billing. We will provide you with the correct insurance codes upon request so that you may submit the information directly to your insurance company.

Therapeutic Sports Riding

Private/Semi-Private Lessons

Scheduled on weekdays and Saturdays on space available basis. Private and semi-private lessons are taught by Certified NARHA therapeutic riding instructors. The emphasis is on developing riding skills and improving functional life skills. This may include horseback riding, horsemanship and ground lessons. Safety is a priority.

Group Classes:

Offered at specific times weekdays and Saturdays. Group lessons are taught by Certified NARHA therapeutic riding instructors. The emphasis is on developing riding skills and improving functional life skills. This may include horseback riding, horsemanship and ground lessons. Safety is a priority. Maximum class size is five clients.

Over 21 Club/ Recreational Therapy

This 2 hour "club" will provide a small group social experience with activities including horse care, horse riding skills, and recreation therapy activities. Lessons are planned based on our clients' individual goals and objectives to improve gross and fine motor skills, motor planning, balance, coordination, flexibility, posture, muscle tone, sensory integration, communication and social skills.

Summer Camps

Please see ROCK's Summer Camp Brochure for additional information

This year ROCK is hosting 3 camps as well as the Over 21 Club during July and August.

Horse Tails Camp is a camp Social Skills/Sensory integration camp for our 8-16 year old clients.

Pony Tails is our Social/Sensory integration camp for our 4-7 year old clients.

Competition Camp is designed to teach our clients the nuances of competition.

Over 21 Club has a summer schedule of July 22, 29, and August 5 and 12, 2011.

Equine Facilitated Psychotherapy/ Equine Facilitated Learning

Please call for additional information

Equine Facilitated Learning (EFL) and Equine Facilitated Psychotherapy (EFP) benefits participants and their families by offering them a safe, accepting, non-judgmental environment where they can learn life skills such as anger management and explore character assets such as trust, honesty and responsibility. Through guided interactions with R.O.C.K.'s horses, participants develop a sense of self-worth, self-knowledge and self-confidence. Program goals include development of coping skills, reduced truancy and improved academic performance, healthier family relationships, job and job-search skills, and reduced or eliminated self-destructive behaviors.

School field trips

Please call for additional information

Price includes an educational tour of our facility, a classroom activity such as making horse treats, and a meet and greet with our miniature horses.

Non-Refundable Application Fee - \$25

New Client Screening Fee - \$50

Less than 24 hours Cancellation Fee/No Show Fee - \$25

A physician's prescription is required for all therapies stated above (except field trips).

Please note: There are contraindications for Equine Facilitated Activities. R.O.C.K. reserves the right to refuse services if contraindications exist which do not allow R.O.C.K. to safely serve all parties involved.



**R.O.C.K. 2011-2012 Fees and Payment Planning Form
 Hippotherapy & Therapeutic Riding Only**

	Weekly	Monthly	11 week session	Yearly -37 weeks
Hippotherapy Physical or Speech Therapy	\$80	\$320	\$880	\$2960
Therapeutic Riding Private or Semi-private	\$60	\$240	\$660	\$2220
Therapeutic Riding Group	\$50	\$200	\$550	\$1850
Over 21 Club/ Recreational Therapy	\$80	\$320	\$880	\$2960

***Please NOTE:** All fees are due by session or month **PRIOR** to riding.

Non-Refundable Application Fee - \$25

New Client Screening Fee - \$50

Less than 24 hours Cancellation Fee/No Show Fee - \$25

I _____ (name of client or parent/guardian) will pay for R.O.C.K. therapy lessons via the following (check all that apply):

Private Pay

Agency Funding (Billing will be done by R.O.C.K. to one of the following agencies OR agency paperwork completed by R.O.C.K. for reimbursement to client family):

- Bluebonnet Trails MHMR
- Austin Travis County MHMR
- Central Counties MHMR
- DSSW
- Touch of Class

- D & S Residential
- TCB / DARs
- Other _____

Payments will be accepted via cash, check, or credit card.

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting the R.O.C.K. office.

Credit Card Information		
Card Holders 's Name: (as shown on credit card)	Billing Address Zip Code:	
Credit Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Credit Card Number:	Security Code:	Expiration Date: /
I authorize R.O.C.K. to automatically bill the card listed above as specified:		
<input type="checkbox"/> Monthly <input type="checkbox"/> by 11 week Session <input type="checkbox"/> yearly (37 weeks)		
Signature:	Date:	



**R.O.C.K. 2011-2012 Scholarship Application Form
 Hippotherapy & Therapeutic Riding Only**

Client fees are necessary to help defray the expense of equine assisted therapy and cover only 40% of the actual cost of each lesson. R.O.C.K.'s Board of Directors believes that no client should be turned away due to finances. A scholarship fund is available for clients who could not otherwise participate. Scholarship applications, as well as the Client Application must be renewed each fiscal year. Scholarships awarded for the Fall session will carry-over to the following Spring and Summer sessions.

Applications for scholarships **must include**:

1. **Completed Scholarship form**
2. **The first page of the most recent IRS income tax return**
 - **If the client is a minor, the tax return for the responsible party is required.**
3. **A letter to the scholarship committee explaining your need for a scholarship.**
4. **A copy of current military ID or DD-214, if applicable.**

You will be notified in writing as to the scholarship amount you have been awarded.

Client Name: _____ **Date:** _____

Address/City/Zip _____ Birth date _____

Parent/Guardian _____

Home phone _____ Work phone _____ Cell/Other _____

Email Address _____

Occupation _____ Spouse's Occupation _____

Responsible party _____

Address/City/Zip _____ Phone _____

Annual Family income _____ Number in family _____

Are any other family members disabled? _____ If yes, provide details _____

Are there unusual medical needs we should consider? _____

Are there any mitigating factors that should be taken into consideration? _____

Client/parent/guardian signature: _____ **Date:** _____

Office Use Only:

Date Approved: _____ Level: _____ Date Notified: _____



**R.O.C.K. 2011-2012 Schedule Request Form
 Hippotherapy & Therapeutic Riding Only**

Date Received _____ **Screening Date** (filled out by ROCK) _____

Client's Name _____

Age _____ Weight _____ Client Level (filled out by ROCK) _____

Parent/Guardian _____

Home phone _____ Work phone _____ Cell/Other _____

Email Address _____

Please indicate below when you are NOT able to ride by placing an X in the boxes. Place a 1, 2, and 3 in the boxes for your 1st, 2nd, and 3rd choices. There is no guarantee that you will get your 1st, 2nd, or 3rd choices, however we will try to accommodate if possible. Clients will be scheduled in large part by their age and experience level of riding.

Hippotherapy Schedule Request**					
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00-8:45	X				X
9:00-9:45 AM	X				X
10:00-10:45 AM	X				X
11:00-11:45 AM	X				X
12:00-12:45 PM	X				X
1:00-1:45 PM	X				X
2:00-2:45 PM	X				X
3:00-3:45 PM	X				X

** Note....Hippotherapy is offered ONLY between 8:00 am and 4:00 pm Tuesday through Thursday.

Therapeutic Riding Private/Semi-private Lesson or Group Lesson Schedule Request						
TIME	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TIME	SATURDAY
8:00-8:45					8:00AM – 9:00 AM	
9:00-9:45 AM				X	10:15AM - 11:15 AM	
10:00-10:45 AM				X	11:30AM - 12:30 PM	
11:00-11:45 AM					12:45-1:45 PM	
12:00-12:45 PM					2:00-3:00PM	
1:00-1:45 PM					3:15-4:15 PM	
2:00-2:45 PM					X	
3:00-3:45 PM					X	
4:00-4:45 PM	Horse's Dinner Time				X	
5:00-6:00 PM	X		X	X	X	
6:15-7:15 PM	X			X	X	
7:30-8:30 PM	X			X	X	

***See Explanation of Services and Fees to help determine what services to request.



R.O.C.K. Fiscal Year 2011 -2012

Calendar

Application Accepted– July 1st

JULY 2011						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST 2011						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER 2011						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER 2011						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER 2011						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER 2011						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY 2012						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY 2012						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

MARCH 2012						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL 2012						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY 2012						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE 2012						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Camps -
 7/5 to 7/9 - Competition
 7/18 to 7/21 - Pony Tails
 7/25 to 7/28 - Horse Tails

Over 21 Camp -
 July 22nd and 29th and
 Aug 5th and 12th

9/5 - Labor Day - ROCK
 office closed

9/6 - 1st day of Session 1

11/19 - Last day of
 Session 1

11/21 thru 11/26
 No Classes

11/24 and 11/25
 ROCK office closed

11/29 - 1st day of
 Session 2

12/19 thru 1/2 - No
 Classes - Happy Holidays!

12/23, 12/24, 12/30, 12/31
 and 1/2 - ROCK office
 closed

1/3 - Classes Resume

1/16 - ROCK office
 closed

2/25 - Last day of
 Session 2

2/28 - First day of
 Session 3

3/12 thru 3/17 No
 Classes - Spring
 Break

3/23 - No Classes -
 Set up - Barn Dance
 3/24 - No Classes-
 Barn Dance (tent.)

4/6 and 4/7 - No
 Classes - Easter
 weekend

5/19 - Last Day of
 Session 3

5/21 thru 5/26 No
 Classes

5/28 - Memorial Day -
 ROCK office closed

5/29 - 1st day of
 Session 4

6/23 - Last day of
 session 4