



# Enrollment Packet

## 2026

**Please fill out the following forms and provide the necessary documents to enroll your daughter in Taking the Reins:**

1. **Enrollment Form** (included - mandatory)

2. **Liability Waiver** (included - mandatory)

3. **Official Immunization Records** (please provide - mandatory)

*\*Mandatory vaccinations include: Polio, Tap (diphtheria, pertussis, tetanus), MMR (measles, mumps, rubella), Hepatitis B Series, Varicella (chicken pox)*

4. **Financial Aid Application** (included - optional)

*\*In order to apply for financial aid, you must provide official documentation that includes income (tax forms or last 3 months pay stubs) or unemployment status (if you do not*

*claim*

*unemployment, please provide your tax forms or other government assistance forms)*

**\*\*All financial information is kept confidential\*\***

**If you have any questions regarding this package, please contact our Program Director, Liz Haven Aulestia at [programs@takingthereins.org](mailto:programs@takingthereins.org) or (323) 906-1560**

# Enrollment Form 2026



Enrollment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Returning Student: YES  NO

Enrollment Year if returning: \_\_\_\_\_

## PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Height: \_\_\_\_ ' \_\_\_\_ Weight: \_\_\_\_\_ lbs

Current School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Race/Ethnicity:

- |   |   |
|---|---|
| <input type="checkbox"/> Asian/Asian American             | <input type="checkbox"/> Black/African American, non-hispanic |
| <input type="checkbox"/> Latina/Hispanic/Spanish Origin   | <input type="checkbox"/> White/Caucasian, non-hispanic        |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Native/American Indian               |
| <input type="checkbox"/> Armenian                         | <input type="checkbox"/> Other _____                          |

Allergies:  Yes  No

If Yes, please describe:

Medical Conditions:  Yes  No

If Yes, please describe:

Learning Disabilities:  Yes  No

If Yes, please describe:

# PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Mobile Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Parent/Guardian Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Mobile Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Please include both parent/guardians on all communications: \_\_\_\_\_

# EMERGENCY INFORMATION

Please Provide a minimum of 2 emergency contacts (parent/guardians cannot be included):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

# Release of Liability 2026



I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, a minor. I hereby acknowledge that I am acting in such capacity and on behalf of both parent/guardians of the minor with respect to the minor's participation in the activities of Taking the Reins (hereinafter "TTR").

I UNDERSTAND AND ACKNOWLEDGE that horseback riding contains inherent risks of injury and damage to the rider, the horse, and the equipment. Knowing these facts, I nevertheless agree that, as consideration for permitting the minor to participate in the activities of TTR, I hereby release, waive, and discharge TTR and its' directors, officers, agents, employees, contractors, and volunteers (hereinafter "RELEASEE") from all actions, claims, demands, and liability to me and my heirs, distributes, legal representatives, and assigns, for any injury or damage resulting from the negligence or other acts, however caused, of any RELEASEE with respect to the minors' participation in TTR's activities, including any travel and lodging incident to such events (hereinafter "ACTIVITIES").

I FURTHER AGREE TO DEFEND, indemnify, and hold harmless the RELEASEES against all claims, demands, and causes of action, including costs and attorneys fees, directly or indirectly arising from any action or other proceeding prosecuted against a RELEASEE arising out of the minors' participation in TTR's ACTIVITIES, including a claim by the minor in his or her personal capacity, including all claims of every kind and nature whatsoever whether known or unknown, and I expressly waive any benefits I may have under Section 1542 of the California Civil Code relating to the release of unknown claims.

I HEREBY CONSENT to authorize TTR to interview, photograph, or videotape the minor during his or her participation in TTR's ACTIVITIES and hereby grant TTR the exclusive ownership and right to use and to authorize others to use any such interview, photograph, or videotape of the minor for publication in books, magazines, pamphlets, or other print media, or in television, radio or other media. I ADDITIONALLY CONSENT to TTR sharing demographic, program outcomes, and service assessment information along with all above mentioned content with TTR partnering agencies. All material produced by the participants while at TTR are the property of TTR to be used in the above manner.

I HEREBY GRANT PERMISSION for any representative of TTR to take whatever steps may be necessary to obtain emergency medical care for the minor. I agree that any expenses incurred will be borne by me and not TTR.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE FROM LIABILITY AND A CONTRACT BETWEEN MYSELF AND TTR, AND I SIGN IT OF MY OWN FREE WILL.

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Signature of Parent or Guardian

Relationship to Minor

Date

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TTR Representative

Position

Date

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# Youth Educational Services Y.E.S. PROGRAM



## WHAT IS Y.E.S.?

The Taking the Reins Youth Educational Services (Y.E.S.) Program is designed for active students between the grades of 6th and 12th grade to have access to a multitude of educational resources. The Y.E.S. Program provides free tutoring in all subjects, free workshops multiple times per school year that cover topics such as study skills, resume writing, financial responsibility and management, Middle/High School/College prep, and way too many more to list! We are committed to guiding and assisting our students through their educational careers and beyond! Everyone that is apart of Y.E.S. who have consistent attendance are accepted for four years of an unrestricted college scholarship, along with internship opportunities that are open to middle and high schoolers!

Whether you are a straight A student, struggle in certain subjects, or are unsure of what career options align with your passion, we are here to provide you the resources for your success. In exchange, we want you to take advantage!

## HOW TO GET STARTED

This part is easy! If you are between 6th and 12th grade, give us a call at (323) 906-1560, or email our Program Assistant, Jamie, at [admin.assistant@takingthereins.org](mailto:admin.assistant@takingthereins.org), and we will get you added to the contact list and have you fill out our commitment form! You can join Y.E.S. at any time of the year.

# Financial Aid Form

## 2026



Participant's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

1. Do both parent/guardians work? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. If separated or divorced, are you the custodial parent? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. If yes to #2, how much child support do you receive? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. What is your family size? (list #) \_\_\_\_\_ Dependents \_\_\_\_\_ Tax Filer(s)
5. Is your participant a foster youth? \_\_\_\_\_ Yes \_\_\_\_\_ No

Estimated family income for 2025 \$ \_\_\_\_\_

Other sources of funding (i.e. family members, trusts) \$ \_\_\_\_\_

Is this an application a renewal of a previous request? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your participant currently enrolled in TTR? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE: Please attach official tax, pay stubs (3 months), or unemployment forms. If you are not currently enrolled, please remember that this form must be accompanied by a current Enrollment Packet. Both are required to process this request.**

Parent/Guardian Signature: \_\_\_\_\_

TTR Representative Signature: \_\_\_\_\_

# TTR SLIDING SCALE & TUITION 2026

<b>FAMILY SIZE</b>	<b>INCOME 3</b>	<b>INCOME 2</b>	<b>INCOME 1</b>	<b>NO AID</b>
<b>2</b>	MIN: \$0 MAX: \$49,449	MIN: \$49,450 MAX: \$78,549	MIN: \$78,550 MAX: \$94,299	MIN \$94,300
<b>3</b>	MIN: \$0 MAX: \$56,749	MIN: \$56,750 MAX: \$88,399	MIN: \$88,400 MAX: \$106,049	MIN \$106,050
<b>4</b>	MIN: \$0 MAX: \$63,049	MIN: \$63,050 MAX: \$98,199	MIN: \$98,200 MAX: \$117,849	MIN \$117,850
<b>5</b>	MIN: \$0 MAX: \$68,099	MIN: \$68,100 MAX: \$106,049	MIN: \$106,050 MAX: \$127,299	MIN \$127,300
<b>6</b>	MIN: \$0 MAX: \$73,149	MIN: \$73,150 MAX: \$113,899	MIN: \$113,900 MAX: \$136,699	MIN \$136,700
<b>7</b>	MIN: \$0 MAX: \$78,199	MIN: \$78,200 MAX: \$121,749	MIN: \$121,750 MAX: \$146,149	MIN \$146,150
<b>8</b>	MIN: \$0 MAX: \$83,249	MIN: \$83,250 MAX: \$129,599	MIN: \$129,600 MAX: \$155,549	MIN \$155,550
<b>CLASS</b>	<b>BRACKET 3</b>	<b>BRACKET 2</b>	<b>BRACKET 1</b>	<b>NO AID</b>
<b>6 - 9 YRS</b>	\$25	\$175	\$350	\$450
<b>10 - 18 YRS</b>	\$50	\$250	\$400	\$500
<b>ADV. TEAM</b>	\$75/month	\$150/month	\$150/month	\$250/month
<b>REGISTRATION FEE PER CLASS</b>	<b>WORKSHOP PER DAY</b>	<b>FIELD TRIPS</b>	<b>SUMMER CAMP</b>	<b>SIBLING DISCOUNT</b>
\$10	\$15	\$15	\$500	\$10 off**

**\*\* \$10 off each additional student if in the same session**