



**Heritage Christian Stables** \*  
Operated by *Heritage Christian Services*  
PO Box 200  
Webster, NY 14580  
585-872-2540  
Fax: 585-872-4847  
[www.heritagechristianstables.org](http://www.heritagechristianstables.org)

Dear Participant,

Welcome! Thank you for your interest in lessons at Heritage Christian Stables. We look forward to an exciting 2020 lesson year.

**Enrollment:** Participants can enroll in any number of sessions during the year. Lesson time may include grooming and tacking. Once the paperwork is completed we will contact you to schedule an evaluation. An evaluation helps us ensure that we can safely accommodate you in our program, recommend the proper class, develop goals and create good participant/horse/volunteer teams. Participants are scheduled in compatible groups according to the lesson schedule. If Heritage Christian Stables is unable to accommodate a participant that has been evaluated and accepted into the program, the participant will be placed on a waiting list until an appropriate time slot becomes available. Participants will be accommodated according to compatibility, time availability, and horse usage.

**Cost:** The average cost to the program to provide a lesson is \$95. Through the generosity of donations and grants, we are able to offer lessons at a greatly subsidized rate. We have 6 sessions throughout the year. Our lesson fee is \$40.00 for approximately a one-hour lesson with three or more participants, 45-minute lesson with two participants and one-half hour private lesson with one participant. The session fee is payable *in advance* of the start of the session. If a participant needs financial assistance, please request a scholarship application.

**Attendance Policy:** If Heritage Christian Stables cancels a lesson, a makeup or credit will be given for the lesson. If a participant cancels, no makeup will be provided. Policy allows one pre-arranged credit per session communicated in writing (prior to start of lessons). Lateness (15 minutes or more) is considered a cancellation. ***If you cannot attend a lesson please contact Heritage Christian Stables as far in advance as possible, so that we can adjust volunteer schedules accordingly.*** Any requests for exceptions to this attendance policy must be made in *writing* at the time of enrollment into the session. Participants *must be accompanied* by guardian/staff while at the stables.

**Clothing:** All participants must wear an ASTM-SEI approved helmets while participating in lessons at Heritage Christian Stables. Heritage Christian Stables has riding helmets available, though we encourage everyone to have their own if possible. Participants must wear long pants. Hard soled shoes with heels are preferred, sneakers are acceptable for non-independent riding. Crocs, flip flops, shoes that expose feet are inappropriate and unsafe which may result in ineligibility to ride. If appropriate a participant may be asked to remove dangling jewelry, tie hair back or remove jackets that are too long. Participants are to have no objects in their mouth as they can pose a choking hazard (ie: gum, hard candy, etc).

**Forms:** All forms must be completed prior to participation and are updated annually January 1<sup>st</sup>. Please keep information pages for future reference.

**Physical Address:** Heritage Christian Stables is located at 1103 Salt Road, Webster, NY 14580

**Mailing Address:** Heritage Christian Stables, PO Box 200, Webster, NY 14580



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**Heritage Christian Stables 2020 Riding Sessions:**

<b>Session</b>	<b>Session Dates</b>	<b>Session Length</b>	<b>Registration Deadline</b>	<b>Cost</b>
Snow Bunny	January 6 - February 15	6 weeks	Dec 16, 2019	\$240.00
Winter Classic	February 24 – April 4	6 weeks	January 15, 2020	\$240.00
Spring	April 13 – May 31	7 weeks	March 16, 2020	\$280.00
Summer	June 8 – July 20	7 weeks	June 22, 2020	\$280.00
Hot to Trot	August 3 – September 5	5 weeks	July 13, 2020	\$200.00
Fall	September 14 – December 5	12 weeks	August 17, 2020	\$480.00
December	TBA			

**Heritage Christian Stables 2020 Events**

Boots & Barrels: June 6, 2020

Horse Show / Volunteer & Participant Celebration: July 25, 2020

Stall Break: TBD Fall 2020

**\*\*\* Please retain this page for your records\*\*\***



# Heritage Christian Stables

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## Participant Registration Form

Snow Bunny \_\_\_\_\_ Winter Classic \_\_\_\_\_ Spring \_\_\_\_\_

Summer \_\_\_\_\_ Hot to Trot \_\_\_\_\_ Fall \_\_\_\_\_

\*\*\* Lessons are scheduled on a first come, first serve basis \*\*\*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Best Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Current Weight \_\_\_\_\_ Changes in medical conditions \_\_\_\_\_  
 Email Address \_\_\_\_\_

**To assist in lesson cancellations at HC Stables who is the best person to contact and what is their number:**

To help schedule lessons, please check **ALL** times you can participate. Please be accurate in regards to the time you can arrive. Checking all options does not mean that you would participate at all those times, but gives us more flexibility in scheduling. You will be contacted to confirm your time. Thank you.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10-11 am		---	---	---		
11:15-12:15		---	---	---		
1:30-2:30		---	---	---		
2:45-3:45		---	---	---		
4:15-5:15						
5:45-6:45						
7:00-8:00						

**For Community Participants: Payment is due no later than the first lesson of the session**

**\*\*Please note**, if the participant cancels from the above marked session *after scheduling* is completed and prior to the start of the session, there is \$50.00 cancelation fee. If the participant cancels *after that session has started*, the participant is responsible for full payment of the session. See Attendance Policy. \*\*

Payment will be made by:

Self-Pay / Parent     Scholarship (Need application filled out)

~ Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

**Please return to Heritage Christian Stables, 1103 Salt Road (PO Box 200), Webster, NY 14580**  
 Questions? Tara Kuba, 585.872.2540



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**Participant's Application and Health History**

**GENERAL INFORMATION**

Participant \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ M F

Address \_\_\_\_\_  
*Street / PO Box City State Zip*

Phone \_\_\_\_\_ Alternative Phone # \_\_\_\_\_

Employer / School \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
*Street / PO Box City State Zip*

Email Address \_\_\_\_\_

Legal Guardian (ie: parent, self) \_\_\_\_\_ Phone# \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\*\* If you are your own legal guardian, do you make your own medical decisions  Yes  No

If you answered no: Who to contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Tetanus Shot Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

**GOALS** (*ie reasons for participation? What does the participant want to accomplish?*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EXPERIENCE** (*does the participant have any previous experience with horseback riding? If yes, please describe.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(legal guardian)*

Print Name and Relationship \_\_\_\_\_



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## Authorization for Emergency Medical Treatment Form

Participant                       Staff                       Volunteer

Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street / PO Box                      City                      State                      Zip*

Telephone \_\_\_\_\_ DOB \_\_\_\_\_

Physician's Name \_\_\_\_\_ Medical Facility \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Current Medications \_\_\_\_\_

In the event of an emergency, contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

In the event that emergency medical aid/treatment is required due to illness or injury during center activities, or while on the property of the agency, I authorize Heritage Christian Services/ Stables to:

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

### CONSENT PLAN

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

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_

*legal guardian*



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**Liability Release and Photo Release Form**

**Liability Release**

I/ my child would like to participate in the therapeutic horseback riding program at Heritage Christian Stables. I acknowledge the risks and potential for risks of engaging in horseback riding activities as well as activities in the close proximity to horses, however, I feel that the possible benefits to me/my child are greater than the risks assumed. I hereby, intending to be legally bound, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against Heritage Christian Stables, a program of Heritage Christian Services, its instructors, volunteers, and/or employees for all injuries and/or losses that I/my child may sustain while participating in activities at Heritage Christian Stables.

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(*legal guardian*)

Print Name and Relationship \_\_\_\_\_

**PHOTO RELEASE**

- I  **DO**  
 **DO NOT**

Consent to and authorize the use and reproduction by Heritage Christian Services, Heritage Christian Stables, and its representatives of any and all photographs and any other audiovisual materials taken of me/ my child for promotional material, educational activities, exhibitions or for any other use for the benefit of Heritage Christian Stables and Heritage Christian Services, including use on the Heritage Christian Stables Facebook page.

I understand that I may revoke this authorization at any time by a signed, dated notice to Heritage Christian Stables. I further understand that any such revocation does not apply to the extent that persons authorized to use my information may have already acted in reliance on this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(*legal guardian*)

Print Name and Relationship \_\_\_\_\_



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### **Information on our Horsemanship Program**

**What are the Benefits:** Physically, therapeutic riding can improve coordination and help normalize muscle tone. It can help improve posture and increase the functional range of motion, muscular strength, and flexibility. Perceptual and sensory motor skills may also improve. Psychological benefits include improved motivation, self-esteem and confidence. Therapeutic riding enhances the development of cognitive skills and allows the participant to improve socialization skills and learn team work.

**How do you qualify** to participate in the therapeutic horsemanship program?

- Participants are over the age of four
- Meets the current horse weight requirements (200 pounds for anyone participating in mounted activities). Participant weight is determined at the start of each session and HC Stables reserves the right to weigh participants to determine accurate horse usage.
- Participants have appropriate behavior to maintain safety

Heritage Christian Stables may be unable to accommodate a potential Participant due to resources available and program capabilities (ie: horses, equipment, instructors, volunteers and capabilities). Participant s accepted into the program are re-evaluated on a regular basis and may become ineligible. The therapeutic riding program follows PATH's Precautions and Contraindications Guidelines.

If you have a question as to whether you qualify for the Therapeutic Horsemanship Program, contact: Heritage Christian Stables at 585-872-2540 or [www.heritagechristianservices.org](http://www.heritagechristianservices.org).