



Heritage Christian Stables
Operated by Heritage Christian Services
PO Box 200
Webster, NY 14580
585-872-2540
Fax: 585-872-4847
www.heritagechristianstables.org

Dear Participant,

Welcome! Thank you for your interest in lessons at Heritage Christian Stables.

Enrollment: Participants can enroll throughout 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 provide a lesson is \$95. Through generous donations and grants, we are able to offer lessons at a subsidized rate. Our lesson fee is \$40.00 for about 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 lesson. 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 last minute, no makeup will be provided. If you show up 15 minutes or more after your scheduled time, we will consider that a cancellation. ***If you cannot attend a lesson, please contact Heritage Christian Stables as far in advance as possible so that we can adjust accordingly.*** Participants *must be accompanied* by guardian/staff while at the stables unless authorized by director.

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 and hard soled shoes with heels are preferred, but sneakers are acceptable for non-independent riding. Shoes that expose feet, such as crocs, flip flops, etc., 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 Jan. 1. 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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***** Lessons are scheduled on a first come, first serve basis *****

Name _____

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 Participants: *Payment is due at time of lesson. You may prepay for lessons.*

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, 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 Prefer Not to Say

Address _____

Street / PO Box City State Zip

Phone _____ Alternative Phone # _____

Email Address _____

Employer or School _____

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. In addition, I recognize communicable disease as an inherent risk and do not hold Heritage Christian Stables liable in the event of disease exposure.

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 _____