



Heritage Christian Stables

Operated by Heritage Christian Services

Dear Veteran,

Welcome! Thank you for your interest in lessons at Heritage Christian Stables. Attached you will find the mandatory paperwork that must be completed to enroll. For new riders, once we receive the paperwork, we will schedule an evaluation to ensure that we can safely accommodate you in our program, recommend the proper class, develop goals, and create good participant/horse/volunteer teams. All forms must be updated annually and returned to Heritage Christian Stables January 1st. Please keep information pages for future reference.

Mail Completed Forms to:
Heritage Christian Stables
P.O. Box 200
Webster, NY 14580
Fax to: 585-872-4847

Emailed to: stablesrider@heritagechristianstables.org

Enrollment

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 wait list until an appropriate time slot becomes available. Participants will be accommodated according to compatibility, time availability, and horse usage.

Lesson Duration

The duration of the lesson is based on the number of participants. One participant will have a 30-minute lesson, 2 participants will have a 45-minute lesson, and 3+ participants will have an hour lesson.

Clothing & Accessories

All participants must wear an ASTM-SEI approved helmet manufactured within 5 years while participating in lessons. Heritage Christian Stables has riding helmets available, though we encourage everyone to have their own when possible. Long pants and hard soled shoes with heels are preferred for independent riders, but sneakers are acceptable for non-independent riding. Proper footwear is required at the stables; shoes that expose feet (crocs, sandals, flip flops) are unsafe and will result in ineligibility to ride. Long hair may need to be tied back and any dangling jewelry, or extra-long jackets might need to be removed.

Food

No gum or candy is allowed as they can pose a choking hazard.

Heritage Christian Stables is located at 1103 Salt Road, Webster, NY 14580



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PARTICIPANT AVAILABILITY FORM

Name: _____ Date: _____

Has the Participant had prior experience with horses? YES NO

If you answered yes; when and where?

REQUIRED: In the event of a lesson cancellation at HC Stables, who is the best person to contact?

Name: _____ Phone: _____ Can we text? _____

Please check ALL the times you can participate in a lesson. Be accurate regarding the time you can arrive. Checking all options does not mean that you would participate in all those times but gives us more flexibility in scheduling. You will be contacted to confirm your time.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10 AM-11 AM						
11 AM- 12 PM						
12 PM- 1 PM						
1 PM – 2 PM						
2 PM – 3 PM						
3 PM – 4 PM						
4 PM – 5 PM						
5 PM – 6 PM						
6 PM – 7 PM						
7 PM – 8 PM						

Signature (of person completing form): _____

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PARTICIPANT'S BEHAVIORS AND GOALS

HORSEBACK RIDING OR UNMOUNTED GOALS (What does the participant want to accomplish?)

Describe the participant's abilities/struggles in the following areas (including assistance or equipment required/needed).

PHYSICAL FUNCTION (mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

SOCIAL FUNCTION (interests, family structure & supports, companion animals, fears and concerns, etc.)

GENERAL BEHAVIOR CHARACTERISTICS

ADDITIONAL INFORMATION

Signature: _____ Date: _____
(Self or Legal Guardian)



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____ DOB: _____ Pronouns: _____

Address: _____
Street City State Zip

Physician's Name: _____ Medical Facility: _____

Health Insurance Company: _____

Allergies to Medications: _____

Current Medications & Dosages, including OTC: _____

Caregiver Information Name: _____

Address (if different than above): _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Name of Participant School/Employer: _____ Phone: _____

In case of emergency and caregiver is unavailable, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event of an 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: _____
Self or Legal Guardian



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PARTICIPANT'S APPLICATION AND HEALTH HISTORY

Today's Date: ____ / ____ / ____

Name: _____ Preferred Name: _____ Age: ____

DOB: ____ / ____ / ____ Gender: M F Prefer Not to Say

Height: _____ Weight: _____ lbs.

*200lb weight limit for mounted activities variable dependent on ambulatory status, ROM, and discretion of instructor

Primary Diagnosis: _____ Secondary Diagnosis: _____

Date of Onset: ____ / ____ / ____

Address: _____
Street *City* *State* *Zip*

Phone: _____ Email: _____

Legal Guardian (i.e. parent, self): _____ Phone: _____

Address (if different than above): _____
Street *City* *State* *Zip*

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

If no, Contact Name: _____ Phone: _____

Tetanus Shot Yes _____ No _____ Date _____

HEALTH HISTORY

Does the participant...	YES	NO	Comments
Have vision/hearing difficulties?			
Have altered sensation? (specify)			
Have a fear of animals/horses?			
Have a history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have heart/circulation problems?			
Have breathing problems or allergies?			
Have digestion or elimination problems?			
Have emotional/behavioral problems?			
Have bone/joint problems?			
Walk independently?			
Have decreased strength/endurance?			
Have difficulties with thinking/cognition?			
Have poor balance? (sitting/standing)			
Have pain?			
Have limited range of motion?			
Have problems with fine motor skills?			
Have problems with gross motor skills?			



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PHOTO RELEASE

I DO

I 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, 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 _____

Print Name and Relationship _____

Liability Release

I/my child would like to participate in the inclusive horsemanship 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 liable in the event of exposure or contraction of such.

Consent Signature _____ Date _____
(Self or Legal Guardian)

Print Name and Relationship _____



Heritage Christian Stables

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January 1st, 2023

Heritage Christian Stables Cancellation Policy

To ensure the best possible service to our participants, volunteers, and staff, any schedule changes from the rider must be expressed as soon as possible. Any changes in the lesson schedule must be made in writing and presented to the riding instructor or sent in an email to stablesrider@heritagechristianstables.org at least 24 hours prior to the start of the lesson in non-emergency situations. Any participant showing up 15 or more minutes late to their scheduled lesson time will be considered a cancellation. Participants must be accompanied by guardian/staff while at stables.

Any changes after 24 hours prior to the lesson will result in the complete payment of the lesson. Continual no-shows and unexcused absences will result in the loss of the participants lesson time slot. If Heritage Christian Stables cancels a lesson, a make-up credit will be given for that change.

Please note that for self-direction participants, missed lessons cannot be billed through self-direction funds. The participant will be responsible for the missed lesson payment.

Signature (Participant or Parent/Guardian) _____

PARTICIPANT COPY – PLEASE KEEP FOR YOUR RECORDS

January 1st, 2023

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