



Heritage Christian Stables

Operated by Heritage Christian Services

PO Box 200 Webster, NY 14580

585-872-2540 Fax: 585-872-4847

www.heritagechristianstables.org

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

Welcome! Thank you for your interest in lessons at Heritage Christian Stables. All forms must be completed prior to participation and updated annually January 1. Please keep this information page and the cancellation policy for your future reference.

Please return all completed forms to Heritage Christian Stables, PO Box 200, Webster, NY 14580

Or email to: stablesrider@heritagechristianstables.org

Questions? Please call us at (585) 872-2540

Enrollment: Once the paperwork is completed, 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. 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. For the health and safety of our participants, volunteers, staff and our horses, Heritage Christian Stables has a 200-pound weight limit for mounted activities variable dependent upon ambulatory status, ROM, and discretion of instructor.

Cost: Through the generosity of donations and grants, we are able to offer lessons at a subsidized rate. Our class/equine assisted therapeutic lesson fee is \$50.00 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. Our self-directed class/equine assisted therapeutic lesson fee is \$55.00 for one hour.

Attendance 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 in an email to stablesrider@heritagechristianstables.org or call the stables and leave a message (585) 872-2540 at least 24 hours prior to the start of the lesson in non-emergency situations. Participants must be accompanied by guardian/staff while at the stables. For full details please see the cancellation policy attached

Clothing & Safety: All participants must wear an ASTM-SEI approved helmet manufactured within 5 years while participating in lessons at Heritage Christian Stables. Heritage Christian Stables has riding helmets available, though we encourage everyone to have their own. Participants must wear long pants and hard soled shoes with heels are preferred, sneakers are acceptable for non-independent riding. Crocs, flip flops, shoes that expose feet are 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).



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Participant Availability Form

Name _____ Date of Birth _____

Address _____

Street / PO Box City State Zip

Phone _____ Email Address _____

Current Weight _____ Changes in medical conditions _____

Returning Rider? YES NO

If No, has the Participant had prior experience with horses? YES NO

If so, 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? _____

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 gives us more flexibility in scheduling. You will be contacted to confirm your time. Thank you.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-12pm						
12:00-2:00pm						
2:00-3:00pm						
3:00-4:00pm						---
4:00-5:00 pm						---
5:00-6:00pm						---
6:00-7:00pm						---
7:00-8:00pm						---

Billing Information

Payment will be made by:

Self-Pay / Parent HCS Account Self Directed (Need Agreement filled out) ~

Signature of person completing this form _____ Date _____



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Participant's Application and Health History

Today's Date _____

Participant _____

DOB _____ Age _____ **Height** _____ **Weight** _____ M F

* 200-pound weight limit for mounted activities variable dependent upon ambulatory status, ROM, and discretion of instructor

Diagnosis _____ Date of Onset _____

Current Medications, including OTC: _____

Tetanus Shot Yes _____ No _____ Date _____

Address _____

Street / PO Box City State Zip

Phone _____ 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: Whom to contact: _____ Phone# _____

HEALTH HISTORY

Please indicate current or past problems in the following areas:

Does the participant...	Y	N	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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Participant's Goals and Behavior

HORSEBACK RIDING AND UNMOUNTED GOALS *(i.e. reasons for participation? What does the participant want to accomplish?)*

Describe the participant's abilities / difficulties in the following areas *(include assistance required or equipment needed.)*

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

SOCIAL FUNCTION *(i.e. work/school including grade completed, leisure interests, companion animals, fears/ concerns, etc.)*

GENERAL BEHAVIOR CHARACTERISTICS

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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Participant's Team Collaboration Form

Participant's Name: _____

Name of Service Coordinator: _____ Phone: _____

Address: _____ Email: _____

Name of Doctor: _____ Phone: _____

Address: _____ Email: _____

Name of Nurse: _____ Phone: _____

Address: _____ Email: _____

Participant Receives the following collaborative services:

<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Recreational Therapy
<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	Music Therapy
<input type="checkbox"/>	Speech & Language Therapy	<input type="checkbox"/>	Art Therapy
<input type="checkbox"/>	Psycho-Therapy or Counseling	<input type="checkbox"/>	Other (specify)

For all services checked above, please complete contact information:

Service: _____ Provider: _____ Phone: _____

Address: _____ Email: _____

Service: _____ Provider: _____ Phone: _____

Address: _____ Email: _____

Service: _____ Provider: _____ Phone: _____

Address: _____ Email: _____

Service: _____ Provider: _____ Phone: _____

Address: _____ Email: _____

Service: _____ Provider: _____ Phone: _____

Address: _____ Email: _____

I give Heritage Christian Stables permission to contact the collaborative service providers listed above to obtain information that could assist the therapeutic riding instructors in providing quality services to the participant. This includes obtaining a copy of the participant's IEP or ISP. All information received by Heritage Christian Stables will be kept confidential.

Signature: _____ Date: _____

Self or Legal Guardian



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Authorization for Emergency Medical Treatment Form

Name _____

Address _____
Street / PO Box City State Zip

Telephone _____ DOB _____

Physician's Name _____ Medical Facility _____

Caregiver's Name _____ Phone _____

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

Consent Signature _____ Date _____
(legal guardian)

Print Name and Relationship _____

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 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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FAX # 585-872-4847

Medical History & Physician's Statement (To be completed by Physician)

Participant _____ DOB _____ Height _____ Weight _____

Address _____

Street / PO Box

City

State

Zip

Diagnosis _____ Date of Onset _____

Past / Prospective Surgeries _____

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

Braces / Assistive devices: _____

**** For those with Down syndrome:** Neurologic Symptoms of Atlantoaxial Instability: Present Absent

Date of last x-ray _____

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities:

Does the participant...	Y	N	Comments
Have vision/hearing difficulties?			
Have altered sensation? (specify)			
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?			
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?			
Have skin/integumentary issues?			
Have immunity issues?			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the center will weigh the medical information above against the existing precautions and contraindications.

Name / Title _____ License/UPIN number _____

Address _____ Phone _____

Signature _____ Date _____



Heritage Christian Stables

A program of Heritage Christian Services

Information Concerning the Equine Assisted Program

Equine Assisted Program describes equine activities organized and taught by knowledgeable and skilled instructors to people with disabilities or diverse needs. Students progress in equestrian skills while improving their cognitive, physical, emotional, social, and behavioral skills.

The Benefits of Equine Assisted Programs

Physically, equine assisted horsemanship can improve coordination and help normalize muscle tone. It can help improve posture and increase 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. Equine assisted horsemanship enhances the development of cognitive skills and allows the participant to improve socialization and teamwork skills.

Qualifications to Participate in Equine Assisted Programs

- Participants must be at least four years old
- Meets the current horse weight requirements (200 lbs. maximum for balanced participants).
- Participants have appropriate behavior to maintain safety

The following conditions ARE CONTRAINDICATED for Equine Assisted Programs

- Structural scoliosis greater than 30 degrees
- Uncontrolled seizures
- Evidence for Atlantoaxial Instability (See additional information)
- Tethered Cord or Chiari II Malformation
- Indwelling catheter
- Spinal Cord Injury above a T-6
- Hemophilia

The following conditions MAY BE contraindicated for Equine Assisted Programs

- Hip subluxation, dislocation, or degeneration
- Osteoporosis
- Osteogenesis Imperfecta, lordosis, or kyphosis
- Recent Surgeries
- Diabetes
- Recurrent pathological fractures
- Spina Bifida
- Spinal fusions, spinal instability, spinal stabilization devices
- Varicose Veins

Heritage Christian Stables may be unable to accommodate a potential participant due to resources available and program capabilities (i.e. horses, equipment, instructors, volunteers, and capabilities). Participants accepted into the program are re-evaluated on a regular basis and may become ineligible.

If you have any questions as to whether you qualify for Our Equine Assisted Programs, please contact Heritage Christian Stables at (585) 872-2540 or www.heritagechristianstables.org



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Information Concerning Participants with Down Syndrome and Atlantoaxial Instability

Atlantoaxial Instability (AAI) in Down Syndrome

Atlantoaxial instability (AAI) has been described as instability, subluxation or dislocation of the joint between the first and second cervical vertebrae (atlantoaxial joint). Instability of the joint is generally due to poor muscle tone and ligament laxity that is common with **Down syndrome**, less common with other disorders. The problems that may arise with a lax joint is that there can begin to be pressure on the spinal cord, resulting in neurologic changes (see listing below). This is symptomatic AAI and will always require evaluation by an MD and restriction of high-risk activities such as riding or driving. This is a potentially paralyzing or life-threatening condition. Incidence of non-symptomatic AAI among persons with Down syndrome is reported to be 10 to 20 percent. Symptomatic AAI is much less frequently seen. For the child from two to four years, please refer to the section on Age-Related Considerations, and always consult with the participant's pediatrician. A group of individuals with Down syndrome have been reported to demonstrate neurologic abnormalities with no visual AAI. The cause of these abnormal neurologic signs are unclear. **Neurologic signs always supercede radiographs and the presence of the neurologic disorder must be evaluated by a physician and is a contraindication for mounted equine activities.**

PLEASE NOTE that it is not just a fall that is a potential for injury. For a participant with low muscle tone and laxity in the joints of the neck, the repeated movement of the equine or a sudden quick movement of the equine as with a misstep or a spook could be enough to cause problems. Please also see the section on Head/Neck Control.

Professional Association of Therapeutic Horsemanship International requires that all participants with Down syndrome have:

Prior to starting mounted activities:

- A. A yearly medical examination including a complete neurologic exam that shows no evidence of AAI.
- B. Certification by a physician that an examination did not reveal atlantoaxial instability or focal neurologic disorder.

Atlantoaxial Instability/ Neurologic Symptoms

Change of Head Control

- Torticollis / Wry Neck
- Head Tilt
- Stiff Neck

Change in Gait

- Progressive clumsiness
- Toe walking or scissoring
- Falling
- Posturing

Change of Hand Control

- Progressive Weakness
- Fisting
- Change of dominant hand
- Increasing tremor

Change of Bladder Function

Change of Bowel Function

Precaution:

Monitor for neurologic symptoms. Report changes to the family/physician and discontinue until cleared by the physician.



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January 1st, 2024

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) _____

RIDER COPY – PLEASE KEEP FOR YOUR RECORDS

January 1st, 2024

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