Dear Veteran,

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 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.

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

Attendance Policy: To ensure the best possible service to our participants, volunteers and staff, any schedule changes from the rider must be expressed as far in advance as possible in an email to stablesrider@heritagechristianstables.org or leave a message at (585) 872-2540 at least 24 hours prior to the start of the lesson in non-emergency situations. 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 and 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).
Participant Availability Form

Name __________________________________________ Date of Birth __________

Address ____________________________________________________________________________

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.

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<tr>
<th>Time</th>
<th>Monday</th>
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<th>Wednesday</th>
<th>Thursday</th>
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<th>Saturday</th>
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<td>12:00-2:00pm</td>
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<td>6:00-7:00pm</td>
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<td>7:00-8:00pm</td>
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</table>

Signature of person completing this form ______________________ Date_________________

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

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:

<table>
<thead>
<tr>
<th>Does the participant…</th>
<th>Y</th>
<th>N</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Have vision/hearing difficulties?</td>
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<tr>
<td>Have altered sensation? (specify)</td>
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<td>Have a fear of animals/horses?</td>
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<td>Have a history of seizures?</td>
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<td>Follow simple directions?</td>
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<tr>
<td>Have speech or language difficulties?</td>
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<tr>
<td>Have heart/circulation problems?</td>
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<td>Have breathing problems or allergies?</td>
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<td>Have digestion or elimination problems?</td>
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<td>Have emotional/behavioral problems?</td>
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<td>Have bone/joint problems?</td>
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<td>Walk independently?</td>
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<td>Have decreased strength/endurance?</td>
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<tr>
<td>Have difficulties with thinking/cognition?</td>
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<tr>
<td>Have poor balance? (sitting/standing)</td>
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<td>Have pain?</td>
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<td>Have limited range of motion?</td>
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<td>Have problems with fine motor skills?</td>
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<tr>
<td>Have problems with gross motor skills?</td>
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</tbody>
</table>
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.)

ADDITONAL INFORMATION:

Signature ___________________________________________ Date ____________________
(legal guardian)

Print Name and Relationship _________________________________________________
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)
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 __________________________________________________________
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:

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<td>Have problems with gross motor skills?</td>
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<td>Have skin/integumentary issues?</td>
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<td>Have immunity issues?</td>
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<td>Other</td>
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</table>

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 ______________________
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 or leave a message at (585) 872-2540 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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