



Dear EquiCenter Family,

We welcome you to an exciting therapeutic riding experience and are excited to embark on our 16<sup>th</sup> year of programming. Our entire team of highly trained PATH certified instructors look forward to providing a safe and productive lesson each and every week as we work towards our student's individual goals.

Listed below you will find an overview of our lesson fees, registration requirements and what you need to know before starting the program.

- **Weight Policy** - For the safety of our horses, riders and volunteer's, the accepted maximum weight for a rider is generally limited to 200 pounds. If a rider's weight is right at 200lb, we may ask for a current weight every session. The student or parent may bring a doctor's note with a current weight or use the scale provided at the barn. If a rider is over 180 pounds they must be able to transfer on and off a horse independently. Decisions regarding a participant's clearance to ride will be based on availability of a suitable horse relative to the height, cognition, and balance of the participant.
- **Orientation Fee** – All new incoming students will be charged a onetime orientation fee of \$25
- **Rates** per lesson (sessions are billed by total number of weeks in each session):  
Group lessons-\$35, Semi-Private lessons-\$45, Private ½ hour lessons-\$55, Private one hour lessons-\$75
- **Semi-Private (2 students) & Group lessons (3-4 students) are only available per instructor approval.**  
Please contact Lindsay Alberts (585-624-7777) prior to registration if you have any questions. Semi-Private lessons consist of two well-matched students and group lessons have 3 or more.
- When registering, please provide **at least three** different times of availability on your registration form.
- If you have your own helmet, it must have a manufacture date within the last five years and meet national ASTM/SEI safety standards. Helmets older than 5 years old must be replaced according to PATH International guidelines. Please check with an EquiCenter Instructor for approval.
- Wearing proper attire is necessary for correct, effective and safe riding. If a student uses stirrups, they must wear specific horseback riding footwear with a low heel and a smooth sole. We have numerous pairs of boots and chaps available for you to borrow.
- We cannot do make ups or credit lessons unless it is a major medical or surgical absence, weather cancellation or instructor cancellation.
- **All EquiCenter lessons are subsidized.** Your tuition payments cover only 20% of the actual costs of your lessons and our operational expenses. The remaining 80% deficit is subsidized over the year by fundraising events, individual and corporate donations, and through grants. You can help contribute to offset the cost of subsidizing lessons by getting involved as an active partner in our mission. Your participation is both welcomed and essential. Please contact us to find out how you can volunteer in the year ahead.

**We are looking forward to a wonderful year and are excited to have you “along for the ride”!**



## **2020 Participant Registration**

*Please Attach Recent Photo*

**Participant Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_  
Diagnosis/Disability \_\_\_\_\_  
Agency/Group home (if applicable) \_\_\_\_\_

**Parent/ Legal Guardian (if under age 18)** \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Individual Responsible for Scheduling and Transportation** \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Individual Responsible for Payment** \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**How did you learn about EquiCenter?** \_\_\_\_\_  
\_\_\_\_\_

**Describe your previous riding experience & current level of riding** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Describe your abilities/difficulties in the following areas (include assistance required or equipment needed)*

**Physical Function** (ex/ mobility skills such as transfers, walking, wheelchair use, etc.)

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

**Psychosocial Function** (ex/ work or school including grade completed, leisure interests, support systems, fears/concerns)

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**Describe your horseback riding goals** \_\_\_\_\_

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**What specific physical, cognitive and/or emotional goals do you have?** \_\_\_\_\_

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**Is there anything that would be helpful for the instructors or volunteers to know about you or your learning style?** \_\_\_\_\_

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### **Liability Release**

\_\_\_\_\_(Participant's name) would like to participate in the EquiCenter, Inc. program. I acknowledge the risks and potential for risks of horseback riding and related activities. However, I feel that the possible benefits to myself /my son /my daughter /my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against EquiCenter, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son /my daughter/ my ward may sustain while participating in EquiCenter, Inc. activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant, Parent or Guardian)

### **Photo Release**

☐ **I Do**

☐ **I Do Not**

Consent to and authorize the use and reproduction by EquiCenter, Inc. of any and all photographs and any other audiovisual materials taken of me/ my son /my daughter /my ward for the promotional printed material, educational activities or any other use for the benefit of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant, Parent or Guardian)

### **Permission to Share Information with Lesson Volunteers**

☐ **I Do**

☐ **I Do Not**

Give permission to EquiCenter instructors to share information they deem appropriate regarding my son/daughter/ward and his/her disability/lesson goals/communication style, including any specific needs or precautions, with the lesson volunteers.

**Signature of participant/parent/or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please indicate any restrictions to this:** \_\_\_\_\_

**Participant Form 2 of 5**

## Participant's Health History

Diagnosis:

Date of onset:

Please indicate current or past special needs in the following areas;	Yes	No	Comments
<b>Auditory</b>			
<b>Visual</b>			
<b>Tactile Sensation</b>			
<b>Speech</b>			
<b>Cardiac</b>			
<b>Circulatory</b>			
<b>Integumentary/Skin</b>			
<b>Immunity</b>			
<b>Pulmonary</b>			
<b>Neurologic</b>			
<b>Muscular</b>			
<b>Balance</b>			
<b>Orthopedic</b>			
<b>Allergies</b>			
<b>Learning Disability</b>			
<b>Cognitive</b>			
<b>Emotional/Psychological</b>			
<b>Pain</b>			
<b>Other</b>			

**Medications** *(include prescription and over the counter, name, dose, frequency)*[illegible]

## Authorization for Emergency Medical Treatment

Name\_\_\_\_\_ DOB\_\_\_\_\_ Phone\_\_\_\_\_  
Address\_\_\_\_\_ City\_\_\_\_\_ Zip\_\_\_\_\_

Physician's Name\_\_\_\_\_ Phone\_\_\_\_\_  
Preferred Medical Facility\_\_\_\_\_  
Health Insurance Company\_\_\_\_\_ Policy #\_\_\_\_\_

Allergies to medications or foods:\_\_\_\_\_  
Current Medications:\_\_\_\_\_

In the event of an emergency, contact:

Name_____	Relation:_____	Phone #1_____	Phone #2_____
Name_____	Relation:_____	Phone #1_____	Phone #2_____
Name_____	Relation:_____	Phone #1_____	Phone #2_____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize EquiCenter, Inc. to:

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

### Consent Plan

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

Date\_\_\_\_\_ Consent signature\_\_\_\_\_  
(Participant, Parent or Guardian)

**OR**

### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedure to take place:

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

Date\_\_\_\_\_ Non-Consent Signature\_\_\_\_\_  
(Participant, Parent or Guardian)

1. Scheduling is done on a first come first served basis. Please send your completed forms and payment BY the due date (please see participant handbook for more information).
2. The Participant forms must be filled out and in our office prior to participation.
3. A session confirmation will be emailed to you prior to the beginning of the session(s) that you have signed up for.
4. All forms and information are kept strictly confidential.
5. **Weight Policy** - For the safety of our horses, riders and volunteer's weight is generally limited to 200 pounds. If a rider is over 180 pounds they must be able to transfer on and off a horse independently. Decisions regarding participation will be based on availability of a suitable horse relative to the height, cognition, and balance of the participant.
6. Students under the age of eighteen (18) must be supervised by parent/guardian while at the EquiCenter facility. Parent/guardian must take full responsibility for any/all incidents arising from the lack of direct supervision. Direct supervision is not the responsibility of EquiCenter, Inc. or any of its employees, volunteers, other parents/guardian, riders or visitors.
7. Parents/guardian/authorized staff must remain at EquiCenter facility during the full course of their participant's lesson.

My signature below indicates that I have read, understand and will comply with the above listed EquiCenter policies:

Signature of participant/parent/or guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Possible Reasons for Client Discharge**

Please be advised of the following reasons that may lead to discharge from the program.

1. Client has reached all of his/her goals!
2. Client displays a condition listed by PATH as a contraindication to therapeutic riding.
3. Client's potential to maintain head and neck control in sitting position presents a safety concern.
4. Inability to follow directions is interfering with progress toward treatment goals.
5. Uncontrolled and inappropriate behavior that constitutes a safety risk to client, volunteer or staff.
6. Client exceeds weight limit that can safely be managed by staff, volunteers and/or horses.
7. Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding inappropriate.
8. Three scheduled sessions are missed without proper canceling.
9. Nonpayment of billed funds after **first (1<sup>st</sup>) lesson of each session.**

Signature of Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you have a family member, neighbor or friend who might be interested in volunteering in your class or in another capacity?**

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_  
 Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_



**Medical History & Physician's Statement**  
(Must be completed by physician)

Dear Physician: \_\_\_\_\_ Date \_\_\_\_\_

Your patient, \_\_\_\_\_ is interested in participating in supervised equestrian activities.  
(participant's name)

In order to safely provide this service, EquiCenter, Inc. requires that you complete the attached Medical History and Physicians Statement Form. Please note that the following conditions may suggest precautions and contraindication to therapeutic horseback riding. Therefore, when completing these forms, please note whether the conditions are present and to what degree.

Weight \_\_\_\_\_ Height \_\_\_\_\_ DOB \_\_\_\_\_  
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 \_\_\_\_\_  
Date of last Hip Radiograph \_\_\_\_\_ Result (please describe) \_\_\_\_\_  
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: (Please Circle) Present Absent  
Atlanto Dens X-Rays Date \_\_\_\_\_ Result: (Please Circle) Positive Negative

What physical, cognitive and/or emotional goals do you have for this participant?

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

Is there any further information that you think EquiCenter, Inc. should know regarding the medical condition of this individual? \_\_\_\_\_

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



Patient's Name: \_\_\_\_\_

Please indicate whether these conditions are present, and to what degree. Please attach any necessary additional information.

**Orthopedic**

- \_\_\_\_ Atlantoaxial instability-include neurologic symptoms
- \_\_\_\_ Coxa Arthrosis
- \_\_\_\_ Cranial Defects
- \_\_\_\_ Heterotropic ossification/ Myositis Ossificans
- \_\_\_\_ Joint subluxation/dislocation
- \_\_\_\_ Osteoporosis
- \_\_\_\_ Pathologic fractures
- \_\_\_\_ Spinal fusion/fixation
- \_\_\_\_ Spinal instabilities/abnormalities

**Medical/Psychological**

- \_\_\_\_ Allergies
- \_\_\_\_ Animal abuse
- \_\_\_\_ Cardiac Condition
- \_\_\_\_ Physical/ Sexual/ Emotional Abuse
- \_\_\_\_ Blood pressure control
- \_\_\_\_ Dangerous to self or others
- \_\_\_\_ Exacerbations of medical conditions
- \_\_\_\_ Fire Settings
- \_\_\_\_ Hemophilia
- \_\_\_\_ Medical Instability
- \_\_\_\_ Migraines
- \_\_\_\_ PVD
- \_\_\_\_ Respiratory Compromise
- \_\_\_\_ Recent surgeries
- \_\_\_\_ Substance abuse
- \_\_\_\_ Thought control disorder
- \_\_\_\_ Varicose veins
- \_\_\_\_ Weight control disorder

**Neurologic**

- \_\_\_\_ Hydrocephalus/shunt
- \_\_\_\_ Seizure
- \_\_\_\_ Spina Bifida
- \_\_\_\_ Chiari II malformation
- \_\_\_\_ Tethered cord
- \_\_\_\_ Hydromyelia

**Other**

- \_\_\_\_ Age-under 4 years
- \_\_\_\_ Indwelling catheters
- \_\_\_\_ Medications
  - i.e. photosensitivities
- \_\_\_\_ Poor endurance
- \_\_\_\_ Skin breakdown
- \_\_\_\_\_
- \_\_\_\_\_



Please indicate current or past difficulties in the following systems/arena, including surgeries:	Yes	No	Comments
<b>Auditory</b>			
<b>Visual</b>			
<b>Tactile Sensation</b>			
<b>Speech</b>			
<b>Cardiac</b>			
<b>Circulatory</b>			
<b>Integumentary/Skin</b>			
<b>Immunity</b>			
<b>Pulmonary</b>			
<b>Neurologic</b>			
<b>Muscular</b>			
<b>Balance</b>			
<b>Orthopedic</b>			
<b>Allergies</b>			
<b>Learning Disability</b>			
<b>Cognitive</b>			
<b>Emotional/Psychological</b>			
<b>Pain</b>			
<b>Other</b>			

After careful review of \_\_\_\_\_ (participant's name) medical history and consideration of the risks of equestrian activities, to my knowledge, there is no reason why this person cannot participate in supervised equestrian activities.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

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

Phone \_\_\_\_\_

Address \_\_\_\_\_

License/UPIN Number \_\_\_\_\_

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equestrian activities, please feel free to contact us at 585-624-7777.

**Physician's Form 3 of 3**



Dear Teacher:

One of your students is interested in therapeutic horseback riding lessons. Enclosed you will find an assessment form which will help our therapists and instructors develop a safe and effective riding program for him/her. Please fill out the areas that pertain to your expertise, and attach any existing assessments or reports that you feel will be helpful to our staff.

Please make special note of any precautions or contraindications to therapeutic equestrian activities.

Therapeutic riding is a unique and productive way to improve the quality of life for many children and adults with physical, cognitive or psychological challenges. Your participation in the EquiCenter's programming is welcomed and encouraged. Please feel free to contact us if you would like more information. Thank you in advance for your assistance.

Sincerely,

**Lindsay Alberts**

Program Manager  
EquiCenter, Inc.

Teacher's Form 1 of 2

**TEACHER ASSESSMENT**

Name of Teacher/Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Academic Level: \_\_\_\_\_  
\_\_\_\_\_

Cognitive Abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communication Ability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychological/Emotional Level (Behavior Concerns): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths/Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Curriculum at School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Title: \_\_\_\_\_

Date: \_\_\_\_\_

Educator's name (print): \_\_\_\_\_

Phone: \_\_\_\_\_

School, Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_



Dear Therapist:

One of your clients is interested in therapeutic horseback riding lessons. Enclosed you will find an assessment form which will help our therapists and instructors develop a safe and effective riding program for him/her. Please fill out the areas that pertain to your expertise, and attach any existing assessments or reports that you feel will be helpful to our staff.

Please make special note of any precautions or contraindications to therapeutic equestrian activities.

Therapeutic riding is a unique and productive way to improve the quality of life for many children and adults with physical, cognitive or psychological challenges. Your participation in the EquiCenter's programming is welcomed and encouraged. Please feel free to contact us if you would like more information. Thank you in advance for your assistance.

Sincerely,

**Lindsay Alberts**

Program Manager  
EquiCenter, Inc.

**THERAPY ASSESSMENT**  
(Please fill out applicable areas)

Name of client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

History of therapy interventions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please describe the following functional abilities:***

Sitting Balance (head/trunk control, balance reaction, supports needed): \_\_\_\_\_  
\_\_\_\_\_

ROM Limitations: \_\_\_\_\_  
\_\_\_\_\_

Active/Functional extremity movement: \_\_\_\_\_  
\_\_\_\_\_

Mobility (with/without assistive devices): \_\_\_\_\_  
\_\_\_\_\_

Sensory Systems: \_\_\_\_\_  
\_\_\_\_\_

Equipment (when first used, purpose, present use): \_\_\_\_\_  
\_\_\_\_\_

Communication methods used: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Present primary therapy goals: \_\_\_\_\_  
\_\_\_\_\_

Precautions and/or contraindications: \_\_\_\_\_  
\_\_\_\_\_

Signature & Title: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist's name (print): \_\_\_\_\_

Phone: \_\_\_\_\_

School, Center, Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Participant: \_\_\_\_\_

**January 6<sup>th</sup> – February 16<sup>th</sup>**  
**(6 weeks)**

**Therapeutic Riding Lessons**

- ☐ **Group - 1 hour** (3 to 4 riders) (\$210)
- ☐ **Semi Private - 1 hour** (2 riders) (\$270)
- ☐ **Private ½ hour** (\$330)
- ☐ **Private 1 hour** (\$450)

**Horsemanship Lessons (non-mounted)**

- ☐ **Semi Private - 1 hour** (2 riders) (\$150)
- ☐ **Private ½ hour** (\$210)

Registration and payment deadline is **December 14th**

*ALL registrations and payments received after December 14th will be subject to a \$25 late fee.*

**For scheduling purposes please mark the boxes that you are available to ride. If able, please provide specific times preferred (ex: after 5pm, between 1-3pm, etc.)**

**A minimum of three options are required**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Morning (9-12pm)</b>						
<b>Afternoon (12-3pm)</b>						
<b>Evening (3-8pm)</b>						<b>(3-5pm)</b>

*\*Participant placement is directly affected by your given days and times of availability, instructor and horse schedule, skill level and volunteers. Lesson type (group/private) may be changed based on these factors. You will be contacted if your placement for this session is different than your requested placement.\**

**Therapeutic Riding**

**Vaulting**

**Please send completed forms to:**

**EquiCenter, Inc.  
3247 Rush Mendon Rd.  
Honeoye Falls, NY 14472**

**Please feel free to contact the EquiCenter office if you have any questions**

**EquiCenter, Inc. 3247 Rush Mendon Road Honeoye Falls, NY 14472 585.624.7777 Fax 585.624.7772 info@equicenterny.org**

# Session 2 Registration

Name of Participant: \_\_\_\_\_

**February 24<sup>th</sup> – April 5<sup>th</sup>**  
**(6 weeks)**

**Therapeutic Riding Lessons**

- ☐ **Group - 1 hour** (3 to 4 riders) (\$210)
- ☐ **Semi Private - 1 hour** (2 riders) (\$270)
- ☐ **Private ½ hour** (\$330)
- ☐ **Private 1 hour** (\$450)

**Horsemanship Lessons (non-mounted)**

- ☐ **Semi Private - 1 hour** (2 riders) (\$150)
- ☐ **Private ½ hour** (\$210)

Registration and payment deadline is **February 1<sup>st</sup>** \_\_\_\_\_

*ALL registrations and payments received after February 1<sup>st</sup> will be subject to a \$25 late fee.*

**For scheduling purposes please mark the boxes that you are available to ride. If able, please provide specific times preferred (ex: after 5pm, between 12-3pm, etc.)**

**A minimum of three options are required**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9-12pm)						
Afternoon (12-3pm)						
Evening (3-8pm)						(3-5pm)

*\*Participant placement is directly affected by your given days and times of availability, instructor and horse schedule, skill level and volunteers. Lesson type (group/private) may be changed based on these factors. You will be contacted if your placement for this session is different than your requested placement.\**

**Therapeutic Riding**

**Vaulting**

**Please send completed forms to:**

**EquiCenter, Inc.  
3247 Rush Mendon Rd.  
Honeoye Falls, NY 14472**

**EquiCenter, Inc. 3247 Rush Mendon Road Honeoye Falls, NY 14472 585.624.7777 Fax 585.624.7772 info@equicenterny.org**

Please feel free to contact the EquiCenter office if you have any questions

## Session 3 Registration

Name of Participant: \_\_\_\_\_

**April 13<sup>th</sup> – June 28<sup>th</sup>**

**(10 week session)**

***Mid-Session break week from May 25<sup>th</sup>- May 31<sup>st</sup>***

**Therapeutic Riding Lessons**

- ☐ **Group - 1 hour** (3 to 4 riders) (\$350)
- ☐ **Semi Private - 1 hour** (2 riders) (\$450)
- ☐ **Private ½ hour** (\$550)
- ☐ **Private 1 hour** (\$750)

**Horsemanship Lessons (non-mounted)**

- ☐ **Semi Private - 1 hour** (2 riders) (\$250)
- ☐ **Private ½ hour** (\$350)

Registration and payment deadline is **March 14<sup>th</sup>**

*ALL registrations and payments received after March 14<sup>th</sup> will be subject to a \$25 late fee.*

**For scheduling purposes please mark the boxes that you are available to ride. If able, please provide specific times preferred (ex: after 5pm, between 12-3pm, etc.)**

**A minimum of three options are required**

	Monday	Tuesday	Wednesda y	Thursda y	Friday	Saturda y
Morning (9-12pm)						
Afternoon (12-3pm)						
Evening (3-8pm)						(3-5pm)

*\*Participant placement is directly affected by your given days and times of availability, instructor and horse schedule, skill level and volunteers. Lesson type (group/private) may be changed based on these factors. You will be contacted if your placement for this session is different than your requested placement.\**

**Therapeutic Riding**

**Vaulting**

Please send completed forms to:  
EquiCenter, Inc.



3247 Rush Mendon Rd.  
Honeoye Falls, NY 14472

Please feel free to contact the EquiCenter office if you have any questions:

## Session 4 Registration

Name of Participant: \_\_\_\_\_

**July 6<sup>th</sup> – September 6<sup>th</sup>**  
**(9 weeks)**

**Therapeutic Riding Lessons**

- ☐ **Group - 1 hour** (3 to 4 riders) (\$315)
- ☐ **Semi Private - 1 hour** (2 riders) (\$405)
- ☐ **Private ½ hour** (\$495)
- ☐ **Private 1 hour** (\$675)

**Horsemanship Lessons (non-mounted)**

- ☐ **Semi Private - 1 hour** (2 riders) (\$225)
- ☐ **Private ½ hour** (\$315)

Registration and payment deadline is **June 6<sup>th</sup>**\_\_

*ALL registrations and payments received after June 6<sup>th</sup> will be subject to a \$25 late fee.*

**For scheduling purposes please mark the boxes that you are available to ride. If able, please provide specific times preferred (ex: after 5pm, between 12-3pm, etc.)**

**A minimum of three options are required**

	Monday	Tuesday	Wednesda y	Thursda y	Friday	Saturda y
Morning (9-1pm)						
Evening (3-8pm)						(3-5pm)

*\*Participant placement is directly affected by your given days and times of availability, instructor and horse schedule, skill level and volunteers. Lesson type (group/private) may be changed based on these factors. You will be contacted if your placement for this session is different than your requested placement.\**

**Therapeutic Riding**

**Vaulting**

Please send completed forms to:

EquiCenter, Inc. 3247 Rush Mendon Road Honeoye Falls, NY 14472 585.624.7777 Fax 585.624.7772 info@equicenterny.org

EquiCenter, Inc.  
3247 Rush Mendon Rd.  
Honeoye Falls, NY 14472

Please feel free to contact the EquiCenter office if you have any questions:

## Session 5 Registration

Name of Participant: \_\_\_\_\_

**September 14<sup>th</sup> – November 22<sup>th</sup>**  
**(10 weeks)**

**Therapeutic Riding Lessons**

- ☐ **Group - 1 hour** (3 to 4 riders) (\$350)
- ☐ **Semi Private - 1 hour** (2 riders) (\$450)
- ☐ **Private ½ hour** (\$550)
- ☐ **Private 1 hour** (\$750)

**Horsemanship Lessons (non-mounted)**

- ☐ **Semi Private - 1 hour** (2 riders) (\$250)
- ☐ **Private ½ hour** (\$350)

Registration and payment deadline is **August 15<sup>th</sup>**

*ALL registrations and payments received after August 15<sup>th</sup> will be subject to a \$25 late fee.*

**For scheduling purposes please mark the boxes that you are available to ride. If able, please provide specific times preferred (ex: after 5pm, between 12-3pm, etc.)**

**A minimum of three options are required**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9-12pm)						
Afternoon (12-3pm)						
Evening (3-8pm)						(3-5pm)

*\*Participant placement is directly affected by your given days and times of availability, instructor and horse schedule, skill level and volunteers. Lesson type (group/private) may be changed based on these factors. You will be contacted if your placement for this session is different than your requested placement.\**

**Therapeutic Riding**

**Vaulting**

Please send completed forms to:  
EquiCenter, Inc.  
3247 Rush Mendon Rd.  
Honeoye Falls, NY 14472

Please feel free to contact the EquiCenter office if you have any questions:

## Session 6 Registration

Name of Participant: \_\_\_\_\_

**November 30<sup>th</sup> – December 20<sup>th</sup>**  
**(3 weeks)**

**Therapeutic Riding Lessons**

- ☐ **Group - 1 hour** (3 to 4 riders) (\$105)
- ☐ **Semi Private - 1 hour** (2 riders) (\$135)
- ☐ **Private ½ hour** (\$165)
- ☐ **Private 1 hour** (\$225)

**Horsemanship Lessons (non-mounted)**

- ☐ **Semi Private - 1 hour** (2 riders) (\$75)
- ☐ **Private ½ hour** (\$105)

Registration and payment deadline is **October 31<sup>st</sup>**\_\_\_\_\_

*ALL registrations and payments received after October 31<sup>st</sup> will be subject to a \$25 late fee.*

**For scheduling purposes please mark the boxes that you are available to ride. If able, please provide specific times preferred (ex: after 5pm, between 12-3pm, etc.)**

**A minimum of three options are required**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning (9-12pm)</b>						
<b>Afternoon (12-3pm)</b>						
<b>Evening (3-8pm)</b>						<b>(3-5pm)</b>

*\*Participant placement is directly affected by your given days and times of availability, instructor and horse schedule, skill level and volunteers. Lesson type (group/private) may be changed based on these factors. You will be contacted if your placement for this session is different than your requested placement.\**

**Therapeutic Riding**

**Vaulting**

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