Dear EquiCenter Family,

We welcome you to an exciting therapeutic riding experience and are excited to embark on our 17th 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-$45, Semi-Private lessons-$55, 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”!

EquiCenter, Inc. 3247 Rush Mendon Road Honeoye Falls, NY 14472  585.624.7777  Fax 585.624.7772  info@equicentenry.org
2021 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.)

Participant Form 1 of 5

EquiCenter, Inc. 3247 Rush Mendon Road Honeoye Falls, NY 14472 585.624.7777 Fax 585.624.7772 info@equicenterny.org
Psychosocial Function (ex/ work or school including grade completed, leisure interests, support systems, fears/concerns)

_____________________________________________________________________________________

_____________________________________________________________________________________

Describe your horseback riding goals

_____________________________________________________________________________________

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

_____________________________________________________________________________________

_____________________________________________________________________________________

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

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Liability Release

(Company) 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:  

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

________________________________________
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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)
Please note the following important EquiCenter policies:

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/guardians, 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 (1st) 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)_________
Dear Physician: ____________________________ Date ____________________

Your patient, ____________________________ is interested in participating in supervised equestrian activities. 

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_______ Date of Onset________

Diagnosis________________________________________

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
- ___ Heterotopic ossification/ Myositis Ossificans
- ___ Joint subluxation/dislocation
- ___ Osteoporosis
- ___ Pathologic fractures
- ___ Spinal fusion/fixation
- ___ Spinal instabilities/abnormalities

**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
- ____________________

**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
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.
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 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 _________
Session 1 Registration

Name of Participant:_____________________________________________________

January 4th – February 14th
(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 12th

ALL registrations and payments received after December 12th 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

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*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 22\textsuperscript{nd} – March 28\textsuperscript{th}
(5 weeks)

\begin{itemize}
  \item \textbf{Therapeutic Riding Lessons}
    \begin{itemize}
      \item Group - 1 hour (3 to 4 riders) \$45 per lesson x 5 weeks = \$225
      \item Semi Private - 1 hour (2 riders) \$55 per lesson x 5 weeks = \$275
      \item Private ½ hour \$55 per lesson x 5 weeks = \$275
      \item Private 1 hour \$75 per lesson x 5 weeks = \$375
    \end{itemize}
  \item \textbf{Horsemanship Lessons (non-mounted)}
    \begin{itemize}
      \item Semi Private - 1 hour (2 students) \$25 per lesson x 5 weeks = \$125
      \item Private ½ hour \$35 per lesson x 5 weeks = \$175
    \end{itemize}
\end{itemize}

Registration and payment deadline is January 30\textsuperscript{th}

\textit{ALL registrations and payments received after January 30\textsuperscript{th} 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.)

\textit{A minimum of three options are required}

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\*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.*

\[ \square \text{ Therapeutic Riding} \quad \square \text{ Vaulting} \]

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 3 Registration

Name of Participant: ________________________________

April 5th – July 4th
(12 week session)
Mid-Session break week from May 31st – June 6th

Therapeutic Riding Lessons
- Group - 1 hour (3 to 4 riders) $45 per lesson x 12 weeks = $540
- Semi Private - 1 hour (2 riders) $55 per lesson x 12 weeks = $660
- Private ½ hour $55 per lesson x 12 weeks = $660
- Private 1 hour $75 per lesson x 12 weeks = $900

Horsemanship Lessons (non-mounted)
- Semi Private - 1 hour (2 students) $25 per lesson x 12 weeks = $300
- Private ½ hour $35 per lesson x 12 weeks = $420

Registration and payment deadline is March 6th

ALL registrations and payments received after March 6th 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

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*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 4 Registration

Name of Participant: ________________________________

July 12th – September 5th
(8 weeks)

Therapeutic Riding Lessons
- Group - 1 hour (3 to 4 riders) $45 per lesson x 8 weeks = $360
- Semi Private - 1 hour (2 riders) $55 per lesson x 8 weeks = $440
- Private ½ hour $55 per lesson x 8 weeks = $440
- Private 1 hour $75 per lesson x 8 weeks = $600

Horsemanship Lessons (non-mounted)
- Semi Private - 1 hour (2 students) $25 per lesson x 8 weeks = $200
- Private ½ hour $35 per lesson x 8 weeks = $280

Registration and payment deadline is June 12th

ALL registrations and payments received after June 12th 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

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*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 5 Registration

Name of Participant: ____________________________________________

September 13th – November 21st
(10 weeks)

Therapeutic Riding Lessons
- **Group - 1 hour** (3 to 4 riders) $45 per lesson x 12 weeks = $450
- **Semi Private - 1 hour** (2 riders) $55 per lesson x 12 weeks = $660
- **Private ½ hour** $55 per lesson x 12 weeks = $660
- **Private 1 hour** $75 per lesson x 12 weeks = $900

Horsemanship Lessons (non-mounted)
- **Semi Private - 1 hour** (2 students) $25 per lesson x 12 weeks = $300
- **Private ½ hour** $35 per lesson x 12 weeks = $420

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

**ALL registrations and payments received after August 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 12-3pm, etc.)

*A minimum of three options are required*

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☐ Therapeutic Riding  ☐ Vaulting

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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 29th – December 19th
(3 weeks)

Therapeutic Riding Lessons
- Group - 1 hour (3 to 4 riders) $45 per lesson x 3 weeks = $135
- Semi Private - 1 hour (2 riders) $55 per lesson x 3 weeks = $165
- Private 1/2 hour $55 per lesson x 3 weeks = $165
- Private 1 hour $75 per lesson x 3 weeks = $225

Horsemanship Lessons (non-mounted)
- Semi Private - 1 hour (2 students) $25 per lesson x 3 weeks = $75
- Private 1/2 hour $35 per lesson x 3 weeks = $105

Registration and payment deadline is October 30th

ALL registrations and payments received after October 30th 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.)

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☐ 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