



STUDENT APPLICATION

GENERAL INFORMATION

Applicant Name: _____ Check: Male Female

Height: _____ Weight: _____ Date of Birth: ___/___/___

Parent/Legal Guardian: _____

Ethnicity: _____

Not required; for grant application purposes only.

Phone: (Home) _____ (Cell) _____ (Work) _____

Address: _____ City: _____ State: ___ Zip Code: _____

County: _____ Email: _____

Used for notification, newsletters, etc.

Name of Current School: _____

Referral Source: _____

Name of Your Employer: _____

Used for grant application purposes

FEES

\$200 annual registration for riding team members and \$45/hour lessons

SCHEDULING INFORMATION

EACH STUDENT RIDES A MINIMUM OF ONE TIME PER WEEK ON THE SAME DAY, AND AT THE SAME TIME; EACH LESSON LASTS APPROXIMATELY 1 HR; GROUP LESSONS WILL EXCEED THE HOUR BASED ON THE NUMBER OF STUDENTS. (including grooming and tacking up) NO CALL NO SHOWS ARE CHARGED AT THE SAME RATE.

PLEASE DO NOT MAKE PAYMENT AN OBSTACLE; LET US KNOW IF YOU HAVE ANY EXTENUATING CIRCUMSTANCES!

For scheduling purposes, please fill in ALL the times you or your child will be available or not available to ride on each day. Please keep in mind that weekend and after school hours are our busiest times.

Monday:	_____	Tuesday:	_____
Wednesday:	_____	Thursday:	_____
Friday:	_____	Saturday:	_____
Sunday:	_____		

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Applicant's Name: _____ Date of Birth: ____/____/____ Phone: (____)_____

Applicant's Address: _____ City: _____ State: ____ Zip Code: _____

Medical Facility: _____ Phone: (____)_____

Physician's Name: _____ Phone: (____)_____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: (____)_____

Name: _____ Relation: _____ Phone: (____)_____

Name: _____ Relation: _____ Phone: (____)_____

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 SpiritHorse Rehabilitation Center to:

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

*(Please sign the CONSENT PLAN or the NON-CONSENT PLAN on next page)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Consent Plan

I DO give authorization that may include x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

Signature: _____ Date: ____/____/____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: ____/____/____

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 procedures to take place:

Signature: _____ Date: ____/____/____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: ____/____/____

PHOTO AND VIDEO CONSENT

I, _____ consent _____ or do not consent _____ to authorize the use and reproduction by SpiritHorse Rehabilitation Center of any and all photographs, video/audio materials taken of me for the purpose of on-going studies, educational activities, exhibitions, promotional materials or for any other use for the benefit of the program.

Signature: _____ Date: ____/____/____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: ____/____/____

CONTRACT TO ASSUME RISK AND WAIVE LIABILITY SPIRITHORSE REHABILITATION CENTER AND CANAAN LAND RANCH

I certify that I am an adult signing on my own behalf or that of my minor child named _____ and that I wish to participate in riding and horsemanship lessons at SpiritHorse Rehabilitation Center located at Canaan Land Ranch 400 County Road 3821 San Antonio, TX.

_____ I understand that payment in full is required prior or during the lesson. Any payment arrangements between participant and SpiritHorse Rehabilitation Center will be in writing and attached to this contract. Participants are responsible for showing up to lessons on time as lessons will not be extended to account to tardiness.

_____ If I am planning to miss a lesson I will notify the instructor 3 days prior and will make arrangements to reschedule at that time. In the event that I am forced to miss a lesson they or responsible party will notify the instructors within 1 hour of lesson. Failure to notify the instructor will result in forfeit of lesson and full payment. Any mitigating circumstances will be addressed on as needed basis. Likewise should the instructors need to cancel lessons for weather or other unforeseen events, all participants will be notified at least one hour prior to the lesson.

_____ I understand that proper attire must be worn for all riding lessons. This is to include long pants, shirt that can be tucked in, closed in shoes/boots with heel.

_____ Dehydration is common when working outdoors; make sure you have water at every lesson.

_____ SpiritHorse Rehabilitation Center recommends and has made me aware that it is my choice to wear a properly fitted riding helmet that meets ASTM standard #F163-8. Helmets at the center are based on availability and may not be provided for me. I have also been notified that should I choose to pursue jumping or other riding activities that require going over obstacles on horseback an approved helmet will be required.

_____ I understand that riding horses and working within the environment may have inherent dangers and that serious injury may be caused in a horse related accident. A horse related accident includes but is not limited to: being stepped on, kicked, or otherwise struck by a hoof, bitten, pushed, knocked over, or fall from a horse.

_____ SpiritHorse Rehabilitation Center employees and volunteers have made me aware that it will use all reasonable care in their selection of horses it allows me or my child to ride. I understand that by nature horses are skittish and unpredictable animals and that even the quietest of horses can occasionally act in an unanticipated manner. I understand that the instructors at SpiritHorse Rehabilitation Center cannot prevent all accidents and I do not expect them to do so. I have been specifically advised that falling from a horse is in fact a normal occurrence in learning to ride.

_____ I understand that according to Texas Equine Activity Statute Section 87.003 Limitation on Liability Canaan Land Ranch and its instructors are not liable for any damages to persons or property so as the damages incurred were from the dangers or conditions that are an inherent risk of an equine activity. For more information please refer to the Texas Equine Activity Limitation of Liability Act.

I have read this contract, understand it completely and sign it voluntarily with full knowledge of its consequences.

Participants Signature: _____

Date: _____

Parents/Guardians Signature: _____

Date: _____

RIDING TEAM RESPONSIBILITIES

SpiritHorse offers the opportunity for riders to further their knowledge in a desired discipline through attending local and state shows. We find that the competitions not only give a student a goal to work toward but also increases their self confidence. Most shows that we attend are good for all ages and skill levels and the 4-H district and state shows are currently the only exceptions.

_____ Team members are responsible for their own riding attire and uniform attire is required at all shows according to the riding discipline. These items can include but not limited to:

English: breeches, white/light shirt, half chaps/tall riding boots, riding gloves, helmet, eventing vest, field/show coat...

Western: show shirts, show jeans, boots, belt, helmet/hat, chaps...

_____ Team members are required to pay either a \$200 annual registration or \$25/ show fee in addition to the lesson payments. This covers the cost of horses, tack and travel to the event.

*Students that own their own horse and trailer to the show themselves do not pay the additional registration fees.

*Shows not in the local area may require additional fees to cover stalls and students lodging.

_____ Team members are, in addition, required to pay the agreed upon lesson fee for any shows that they are participating in.

_____ Team members must agree to attend at least one additional practice day each week. Due to other lessons, they may practice on a different horse. Additional practice days are donation based and don't have a set fee.

*With instructor approval and dependent on the student's riding level, additional practice days may be at their convenience whether or not an instructor is on site. Parents must remain present during the additional practice time if an instructor is not on site or as needed to facilitate the practice with their child.

_____ Team members are allowed to miss one additional practice day per month

_____ Team members must be present at the lesson prior to the show date

_____ Team member agrees to pay _____ per month toward the annual registration.

Participants Signature:

Date: _____

Parents/Guardians Signature:

Date: _____