

CLASS RESERVATION FORM

SEASON/YEAR SIGNING UP FOR Spring_____ Summer_____ Fall_____

SCHOOL/GROUP _____

SCHOOL/GROUP ADDRESS _____

SCHOOL/GROUP PHONE _____ STREET _____ CITY _____ STATE _____ ZIP _____
E-MAIL _____

TEACHER'S/ADVISOR'S NAME _____

TEACHER'S/ADVISOR'S HOME ADDRESS _____

TEACHER'S/ADVISOR'S PHONE _____ STREET _____ CITY _____ STATE _____ ZIP _____
E-MAIL _____

Number of riders _____ Grade in school (if applies) _____

Numbers of rider forms requested: _____ If possible can you have the forms copied for your riders in order to save the 4-H office paper and mailing? There are three 2 sided sheets.

Please indicate 3 days and times best suited to your schedule. Contact Lynn Schumacher, (891-8066) if you have any questions about times.

1. _____
Day _____ Time _____

2. _____
Day _____ Time _____

3. _____
Day _____ Time _____

A complete packet of registration forms is required for each student when classes begin. **NO EXCEPTIONS!** A rider may not be put on a horse without all their forms. If at all possible, the instructors would like to see the forms before class. They may be mailed or brought to the farm.

1. Complete this Class Reservation Form and return it to Kent Special Riding Program, c/o Lynn Schumacher, 9705 Morse Lake Ave., Alto, MI 49302. All other forms are due on the first day of class.
2. To enroll a rider for the Spring session or the first time of the current year:
 - A. A \$20.00 fee is charged to help cover the cost of riding.
 - B. Parents/Riders should complete the Rider Registration and Emergency Treatment, Parent/Guardian/Adult Rider Informed Consent and Release Liability Agreement, And Parent/Guardian-Adult Rider Video, Film and Photography Release Form. (RR1, RR2 & RR3)
 - C. The Physician's Referral Form (RR4) must be completed by their Doctor. Usually, this referral can be filled out by the doctor's office without an additional visit. We have a weight limit of 225lbs.
 - D. If the rider has Down Syndrome, a form stating the rider does not have ADC is Required before he/she may ride. The form is on the back of the Physician's Referral. (RR5)

- E. The Physical or Occupational Therapy Form is to be filled out for the rider, who is Under the supervision of a Physical or Occupational Therapist, and/or Teacher Assessment. (RR6)
- F. A copy of the Special Olympics Physical may be used. This policy has changed because the Special Olympics now lists horseback riding as an activity. The form is good for the first year only.

Please list all students that will be riding.

	NAME DISABILITY	AGE	WEIGHT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Please list additional staff who will be with the class.

We have a difficult time getting volunteers for our day time classes, please list additional people who would be able to be volunteers. They must be at least 14 years old. We have a training session before classes start, contact Lynn at (891-8066) for the time and date.

REMINDERS: If your group is unable to ride, please call the barn (891-0057) or Lynn (891-8066) as soon as possible. Volunteers and horses will be waiting unless you notify us about your cancellations.

We may cancel classes due to severe weather or excessive heat. We will call you to let you know about the cancellation. If you are in doubt call the barn (891-0057) or Lynn (891-8066). Although our horses are normally quiet and well behaved, they can sometimes be unpredictable. If a horse is exhibiting unsafe behavior before or during a class, it will be removed from the class and replaced with another horse. This may shorten a rider's ride time, but safety must be considered first and foremost.

Long pants and sturdy shoes should be worn.

Date: _____

Signature: _____