

Dear Riders, Family and Friends of High Hurdles,

Jan 2022

Can you believe it is 2022 already?!

To introduce myself, my name is Shelby Dytschkowskyj and I am thrilled to spend my first full season serving you as the Equine Program Manager! Please look over the entirety of this packet, as a few things have changed. Send in forms early to reserve your preferred class times. I will make every effort to choose your preferred lesson time, and beyond that will be selecting classes based on variables such as horse availability, level of independence and group dynamics. Classes will run in 8-week sessions beginning in March and ending the first week of November. Our Full Season session remains available for those who are interested.

For those new to us...

Our Philosophy: The High Hurdles Horsemanship program is designed to encourage individuals to grow and develop their personal potential in a friendly, non-threatening environment. Safety and Respect are our core values. Instructors, students, horses and volunteers all work together to achieve challenging yet attainable horsemanship goals. Person centered lessons focus on the fundamentals of horsemanship and educates riders through both on-horse and off-horse activities.

On-horse lessons will include various riding exercises will activate and strengthen target muscle groups. Riding skills are learned at the walk, trot, or canter depending on the level of student and horse. Students are encouraged to be independent as safely possible.

Off-horse lessons will include grooming, leading, horse care, trust building and learning horse body language and basic equine behavior while encouraging independence.

Who Is Eligible? Any individual who is over three years of age and has a disability or special needs can seek a positive experience engaging with horses at High Hurdles. This unique riding program has distinct physical, cognitive, social, and developmental benefits for participants, including:

- Improved muscle strength
- Improved endurance
- Improved coordination, balance, and development of fine and gross motor skills
- Improved self- image
- Promotion of positive life choices
- Opportunities to make new friends and improve social skills
- Improved horsemanship skills

High Hurdles is continuing to follow New York State requirements to safeguard against Covid-19. Requirements and guidelines continue to fluctuate as the pandemic continues, so please be aware of possible changes. Regulations and updates will be included with lesson confirmations.

Whether you are a veteran of the program or new to it we hope to see you in 2022!

Sincerely,



Shelby Dytschkowskyj
Equine Program Manager
High Hurdles Therapeutic Riding



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HIGH HURDLES REGISTRATION PACKET 2022

Authorization for Emergency Medical Treatment

Rider's Name: _____ Date: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____ Phone: _____

Health Insurance Company: _____ Phone: _____

List all pertinent medical information (allergies to food or drugs, special medical conditions): _____

SELECT ONE:

CONSENT PLAN

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 Suburban Adult Services, Inc. to:

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the contacts listed above are unable to be reached.

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 Suburban Adult Services, Inc. In the event emergency treatment is required, I wish the following procedures to take place:

CONSENT SIGNATURE DATE

NON-CONSENT SIGNATURE DATE

LIABILITY RELEASE

_____ (Rider's Name) would like to participate in the High Hurdles Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding. 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 Suburban Adult Services, 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 High Hurdles Therapeutic Riding Program.

Date: _____

Signature: _____
Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)

PHOTO RELEASE (optional)

I hereby consent to and authorize the use and reproduction by Suburban Adult Services, Inc., of any and all photographs and any other audio / visual materials taken of me/my son/my daughter/ my ward for promotional printed material, social media, website, educational activities or for any other use for the benefit of the program.

Date: _____

Signature: _____
Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)



HIGH HURDLES REGISTRATION PACKET 2022

Schedule

Rider Name: _____

Class options include the choice of an 8-week session or the Full Season which includes 32 lessons. A rider may participate in more than one session if room is available. Riders will attend a one-hour class once a week on the same day and at the same time for the duration of the session.

The cost for one 8-week session is \$320. The Full Season session costs \$1,280. The option to pay monthly or quarterly for the Full Season session is available. Payment must be received no later than the first week of classes per month or quarter.

High Hurdles may cancel a class due to weather or other unforeseen emergencies. In this case only, riders will be offered a make-up class, to be scheduled by High Hurdles. There will not be make-up classes or reimbursement for missed classes that are cancelled by the rider.

Will the rider be attending ONLY during a SASi day program? ___YES ___NO If yes, no choices need to be selected.
Which day program does this rider attend? _____

Please mark 3 possible choices for the daytime of the week in which you would like to participate. Indicate with a * next to the most preferred choice.

Riders new to us will be scheduled for a brief orientation prior to the first week of classes.

FULL SEASON (32 Weeks) Class Options

Monday 3/7-11/7	(no classes on 5/30, 7/4, 9/5)	<input type="checkbox"/> 5p
Tuesday 3/8-11/1	(no classes on 5/3, 7/5, 9/6)	<input type="checkbox"/> 11:30a
Wednesdays 3/9-11/2	(no classes on 5/30, 7/6, 9/7)	<input type="checkbox"/> 6:30p
Saturdays 3/12-11/5	(no classes on 5/7 (show), 7/2, 9/10 (show))	<input type="checkbox"/> 9:00a <input type="checkbox"/> 10:00a

SESSION 1 March-April Class Options

Monday 3/7-4/25	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 6:30p	Friday 3/11-4/29	<input type="checkbox"/> 5p
Tuesday 3/8-4/26	<input type="checkbox"/> 10a <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p	Saturday 3/12-4/30	<input type="checkbox"/> 11:30a <input type="checkbox"/> 1:30p
Wednesday 3/9-4/27	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 5p		
Thursday 3/10-4/28	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p		

SESSION 2 May-June Class Options

Monday 5/2-6/27 (no 5/30)	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 6:30p	Friday 5/13-7/1	<input type="checkbox"/> 5p
Tuesday 5/10-6/28	<input type="checkbox"/> 10a <input type="checkbox"/> 3:30p <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p	Saturday 5/14-7/9	<input type="checkbox"/> 11:30a <input type="checkbox"/> 1:30p
Wednesday 5/11-6/29	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 5p		(No class on 7/2)
Thursday 5/12-6/30	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 3:30p <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p		

SESSION 3 July-August Class Options

Monday 7/11-8/29	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 6:30p	Friday 7/15-9/2	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 5p
Tuesday 7/12-8/30	<input type="checkbox"/> 10a <input type="checkbox"/> 3:30p <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p	Saturday 7/16-9/3	<input type="checkbox"/> 11:30a <input type="checkbox"/> 1:30p
Wednesday 7/13-8/31	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 5p		
Thursday 7/14-9/1	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 3:30p <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p		

SESSION 4 September-October Class Options

Monday 9/12-10/31	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 6:30p	Friday 9/16-11/4	<input type="checkbox"/> 5p
Tuesday 9/13-11/1	<input type="checkbox"/> 10a <input type="checkbox"/> 5p <input type="checkbox"/> 6:30p	Saturday 9/17-11/5	<input type="checkbox"/> 11:30 <input type="checkbox"/> 1:30p
Wednesday 9/14-11/2	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 5p		
Thursday 9/15-11/3	<input type="checkbox"/> 10a <input type="checkbox"/> 11:30a <input type="checkbox"/> 5p <input type="checkbox"/> 6:30		



HIGH HURDLES REGISTRATION PACKET 2022

High Hurdles Horse Show



Each year, we offer a horse show as a fun opportunity for riders to show off the skills they have been working on to their friends and families who are not regularly attending with them. Shows are limited to High Hurdles participants and are a great confidence booster and way to experience a horse show in a safe and low-key environment. There is no obligation to participate as these shows are simply an added opportunity for those who choose. Details on the shows will be sent out to those who indicate interest below closer to their dates.



- _____ I would like to participate in the ***High Hurdles Horse Show on May 7, 2022***
(This show is offered to riders who participated in Session 4 of 2021 and Session 1 of 2022, as well as full season riders)
- _____ I would like to participate in the ***High Hurdles Horse Show on September 10, 2022***
(This show is offered to riders who participated in Sessions 2 and 3 of 2022, as well as full season riders)

QUESTIONS: Call Shelby Dytschkowskyj, Equine Program Manager at (716) 496-5551 or email shelby.dytschkowskyj@sasinc.org



HIGH HURDLES REGISTRATION PACKET 2022

Rider Information/Background

*IT IS IMPORTANT THAT THIS INFORMATION IS ACCURATE AS INCORRECT OR INCOMPLETE INFORMATION
MAY JEOPARDIZE THE SAFETY OF THE RIDER OR HORSE**

Rider Name: _____ Birth Date: _____

Height: _____ Weight: _____ (required for on-horse activities)

Diagnoses: _____

Medical/Surgical History: _____

Current Medications: _____

Adaptive Equipment: _____

Does the rider receive OT/PT services? ____ YES ____ NO If Yes, through which agency? _____

**BEHAVIORAL CONCERNS: HIGH HURDLES STAFF AND VOLUNTEERS ARE NOT SCIP-R CERTIFIED. WE RELY ON PARTICIPANT'S STAFF AND FAMILY TO MANAGE BEHAVIORAL SITUATIONS THAT OCCUR ONSITE. SHOULD ANY BEHAVIORAL CHANGES OCCUR DURING A SESSION, WE ASK THAT YOU INFORM OUR STAFF ESPECIALLY IF IT PERTAINS TO SAFETY.
PLEASE LIST ANY EXISTING CONCERNS:**

Level of Supervision while in the Community: _____

Social and Behavioral Strengths: _____

Areas of need (social, behavioral, emotional etc.): _____

How can we best serve this rider? What is the rider/family/caregiver hoping to achieve through therapeutic horseback riding? (Increased strength, coordination, confidence, social interaction, recreation, etc.)

Some Favorites (activities, topics, colors etc.): _____

Dislikes/Fears (heights, loud noises, etc.): _____

Goals: What is the rider/family/caregiver hoping to achieve through therapeutic horseback riding?

Has this rider had horse/riding experience in any other capacity/program? Please describe: _____

<u>ABILITY:</u> (note an "x" in each box, or further comment)	<u>FULL ASSIST.</u>	<u>MINIMAL ASSIST.</u>	<u>SUPERVISION</u>	<u>INDEPENDENT</u>
Stair Climbing				
Walking				
Transferring				
ADL Skills				
<u>BALANCING:</u>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>NO IMPAIRMENT</u>
While Seated				
While Standing				
While Moving				
<u>MOTOR SKILLS:</u>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>NO IMPAIRMENT</u>
Head Control				
Trunk Control				
Grip				
Muscle Strength				
<u>VISION:</u> (circle one)	No ability	Wears Glasses	No impairment	
<u>HEARING:</u>	No ability	Wears Hearing Aid	No impairment	
<u>SPEECH:</u>	No ability	Uses Sign	Some Speech	No impairment
<u>ADDITIONAL INFO:</u>	YES / NO		YES / NO	COMMENTS:
Fear of Heights?		Bone/Joint limitations?		
Tactile Defensive?		Muscular limitations?		
Sensory Impairment?		Challenges in thinking/cognition?		
Impaired Perception?				
Pain?				

Physician Release for High Hurdles Therapeutic Riding Program 2022

Dear Dr. _____,

Your patient _____ has indicated that you are their primary physician. They have shown an interest in participating in our therapeutic horsemanship and riding program. Please provide us with your recommendations regarding the activity/exercise prescription for this individual and any restrictions and/or limitations that would limit their participation in this program.

In order to safely provide this service, our center requests that you complete/update this Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present and to what degree. Thank you for your time and cooperation in completing this form.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/
Tethered Cord/Hydromyelia

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (e.g., RA, MS)
Fire Setting
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders

Other

Weight Control Disorder
Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – e.g. photosensitivity
Poor Endurance
Skin Breakdown

Diagnoses: _____

Past / Prospective Surgeries: _____

Seizures / type? _____ Date of most recent seizure: _____

For those with Down syndrome, they must have a negative cervical spine x-ray in order to ride.

Down syndrome: ___ YES ___ NO If yes, date of cervical spine x-ray: _____ Result: _____

Shunt present? ___ YES ___ NO

Are there any limitations to on-horse or riding activities? ___ YES ___ NO

Please check any limitations to any muscle strength activation movements or limited mobility:

Chest: ___ Shoulders: ___ Back: ___ Hips: ___ Biceps: ___ Legs: ___

Limitations to any cardiovascular and or endurance training exercises, primarily during periods of walking/jogging? YES NO

Physician's Recommendation

___ I am not aware of any contraindications in participating in this horsemanship program

___ I believe this individual can participate, but urge caution because:

___ This individual should NOT participate in on-Horse / Riding activities:

___ I recommend this individual NOT participate in the program.

Please specify any other restrictions or limitations you feel are appropriate.

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted services. I understand that High Hurdles Therapeutic Riding Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to High Hurdles Therapeutic Riding Center for ongoing evaluation to determine eligibility for participation.

Signature: _____

Date: _____