

## 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! Our WNY and Finger Lakes Behavioral grant programs remain available for student enrollment! 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.

**What is the grant program?** The High Hurdles Behavioral Horsemanship Program is designed to provide a therapeutic horsemanship program for ten school aged (through age 21) children who live at home, who have been diagnosed as having autism or other intellectual/developmental disabilities and exhibit challenging behaviors. The program has extended to include those individuals living at home with an intellectual/developmental disability but do not have a behavioral concern as well.

**Each grant rider is eligible for eight lessons at no cost to the family.** Grant students will have the choice to ride in one of our 8-week sessions, offered in the spring, summer and fall.

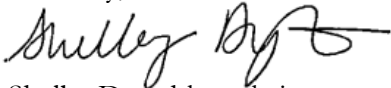
**Our Philosophy:** The High Hurdles Horsemanship program is designed to encourage individuals to grow and develop their personal potential in a friendly, non-threatening environment. Safety and Respect are our core values. Instructors, students, horses and volunteers all work together to achieve challenging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

**The Benefits:** Through positive experiences with their horse's individuals can experience increased sensory awareness, physical and cognitive development and have the opportunity for emotional and social development.

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.

We look forward to seeing you in 2021!

Sincerely,



Shelby Dytschkowskyj  
Equine Program Manager  
High Hurdles Therapeutic Riding



# HIGH HURDLES REGISTRATION PACKET 2022

## Reservation Form

### TO REGISTER FOR HIGH HURDLES:

Complete all information in this packet and indicate on the schedule sheet the session(s) and time(s) you prefer. Physician release can be sent once it is returned to you. A confirmation will be sent to you at a later date.

Rider Name \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Gender \_\_\_\_\_

Phone # \_\_\_\_\_ Text? YES NO Email Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone # \_\_\_\_\_ Text? YES NO Email Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Legal Guardian (circle one) \_\_\_\_\_

Phone # \_\_\_\_\_ Text? YES NO Email Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

### For High Hurdles correspondence, who is best person to contact?

\_\_\_\_ RIDER via \_\_\_\_\_text \_\_\_\_\_call \_\_\_\_\_email

\_\_\_\_ CONTACT PERSON via \_\_\_\_\_text \_\_\_\_\_call \_\_\_\_\_email

\_\_\_\_ PARENT/GUARDIAN via \_\_\_\_\_text \_\_\_\_\_call \_\_\_\_\_email

### BEHAVIOR GRANT RIDER ELIGIBILITY

#### *The following criteria must be met in order to qualify for the grant:*

The applicant must be school-aged, reside in a private home environment (not a group home setting) and reside in Erie, Cattaraugus counties for WNY grant, and Wyoming County for FL grant.

*The following items are mandatory* and must be submitted along with registration forms in order to be considered for grant funding: Letter of Eligibility from the OPWDD with TABS ID number, copy of most recent IEP, copy of most recent Behavior Plan (if a specific plan is not in place, evidence must be provided of the child's behaviors). Your Care Coordinator may be able to help you with these if you aren't sure.

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

**PLEASE DO NOT SEND PAYMENT WITH REGISTRATION PACKET.** Riders will be scheduled in the order completed registration forms are received. Once registered, you will receive a lesson confirmation and an invoice from our billing department. Full payment must be made prior to the second week of the rider's session or the rider will not be able to participate in the remaining lessons. If you require tuition assistance, please call us at (716) 496-5551 to discuss.

### Please complete and return all registration forms to:

High Hurdles / SASi  
ATTN: Shelby Dytschkowskyj  
13339 Route 39 / Box 526  
Sardinia, New York 14134



# 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) 5p  
**Tuesday** 3/8-11/1 (no classes on 5/3, 7/5, 9/6) 11:30a  
**Wednesdays** 3/9-11/2 (no classes on 5/30, 7/6, 9/7) 6:30p  
**Saturdays** 3/12-11/5 (no classes on 5/7 (show), 7/2, 9/10 (show)) 9:00a 10:00a

### SESSION 1 March-April Class Options

**Monday** 3/7-4/25 10a 11:30a 6:30p  
**Tuesday** 3/8-4/26 10a 5p 6:30p  
**Wednesday** 3/9-4/27 10a 11:30a 5p  
**Thursday** 3/10-4/28 10a 11:30a 5p 6:30p  
**Friday** 3/11-4/29 5p  
**Saturday** 3/12-4/30 11:30a 1:30p

### SESSION 2 May-June Class Options

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

### SESSION 3 July-August Class Options

**Monday** 7/11-8/29 10a 11:30a 6:30p  
**Tuesday** 7/12-8/30 10a 3:30p 5p 6:30p  
**Wednesday** 7/13-8/31 10a 11:30a 5p  
**Thursday** 7/14-9/1 10a 11:30a 3:30p 5p 6:30p  
**Friday** 7/15-9/2 10a 11:30a 5p  
**Saturday** 7/16-9/3 11:30a 1:30p

### SESSION 4 September-October Class Options

**Monday** 9/12-10/31 10a 11:30a 6:30p  
**Tuesday** 9/13-11/1 10a 5p 6:30p  
**Wednesday** 9/14-11/2 10a 11:30a 5p  
**Thursday** 9/15-11/3 10a 11:30a 5p 6:30p  
**Friday** 9/16-11/4 5p  
**Saturday** 9/17-11/5 11:30 1:30p



## 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](mailto: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: \_\_\_\_\_

<b><u>ABILITY:</u></b> (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				
<b><u>BALANCING:</u></b>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>NO IMPAIRMENT</u>
While Seated				
While Standing				
While Moving				
<b><u>MOTOR SKILLS:</u></b>	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>NO IMPAIRMENT</u>
Head Control				
Trunk Control				
Grip				
Muscle Strength				
<b><u>VISION:</u></b> (circle one)	No ability	Wears Glasses	No impairment	
<b><u>HEARING:</u></b>	No ability	Wears Hearing Aid	No impairment	
<b><u>SPEECH:</u></b>	No ability	Uses Sign	Some Speech	No impairment
<b><u>ADDITIONAL INFO:</u></b>	<b>YES / NO</b>		<b>YES / NO</b>	<b>COMMENTS:</b>
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: \_\_\_\_\_