



2024

Dear Riders, Family and Friends of High Hurdles,

I hope you have had a wonderful holiday season and are looking forward to the year ahead! Please look over and read the entirety of this packet, as there are many important details for the upcoming lesson season.

Things to note this year:

- 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.
- **ANYONE** who will be in the barn/around the horses (any staff/family assisting the rider, etc.) is **REQUIRED** to wear sturdy closed toe shoes with a closed heel such as sneakers or boots. Crocs, sandals dress shoes/flats etc. are not acceptable. Riders must also wear long pants or they will not be able to ride.
- Family/staff is required to be within eye/earshot of the rider unless explicit permission is given by the instructor.
- We ask that family/staff bringing riders be prepared to sidewalk if needed (wearing close toed shoes). This will help lessons continue to run when there are shortages of volunteers. **Refrain from entering the riding area** unless you are asked to help with a rider. This will help keep lessons running safely and smoothly.
- **ALL RIDERS** must wear an ASTM/SEI certified horseback riding helmet, with a manufacture or purchase date within the last 5 years. We have helmets of various sizes for anyone to borrow.
- **Text or call (716)548-0004** regarding lessons to reach our instructors. Follow us on Facebook at High Hurdles Therapeutic Riding Center to keep up to date and see pictures throughout the season!
- Please be aware that lessons **will be occurring** unless you are contacted directly by High Hurdles staff. Our program may include off-horse learning during times of poor weather or other circumstances preventing riding.
- **As of 2024, we will have a strict 200lb on-horse weight limit.** This is both for safety reasons and due to the horses we have available. Those weighing between 175 and 200lbs should not need a sidewalker. Those unable to ride are welcome to participate in off horse classes. Please ensure an accurate weight is listed on the registration form so that we can match riders with appropriate horses.

We look forward to the upcoming year and can't wait to see what it has in store!

Sincerely,

Shelby Dytschkowsky

Director of High Hurdles Therapeutic Riding Center



HIGH HURDLES REGISTRATION PACKET 2024

Reservation Form

Complete all information in this packet and submit altogether. A confirmation will be sent to you at a later date confirming your lesson time. Our billing department will send an invoice after confirmation of dates and times.

FSS Program Riders: Contact the Director of High Hurdles for details. Registration, payment and pricing vary. Your Care Coordinator and team may also be able to assist you. See our website for eligibility requirements.

PAYMENT INFORMATION: PLEASE DO NOT SEND PAYMENT WITH REGISTRATION PACKET.

One 8-week session: \$400

All 4 sessions: \$1,600

- Please speak with your Fiscal Intermediary or Care Coordinator to ensure that there are funds in the rider's budget for the program if you will be paying through a third party.
- Private payments are due no later than the second week of classes to continue riding. If paying through a third party, payment is due upon the completion of each session prior to continuing with services.

Rider Name _____

Phone # (if applicable) _____ Text? YES NO Email _____

Address _____

City/State _____ Zip _____

Contact Person _____

Relationship to rider _____

Phone # _____ Text? YES NO Email _____

Parent or Legal Guardian (circle one) _____

Phone # _____ Text? YES NO Email _____

Address _____

City/State _____ Zip _____

For High Hurdles correspondence (including lesson cancellation), who is best person to contact?

- RIDER via text call email
- CONTACT PERSON via text call email
- PARENT/GUARDIAN via text call email

Please indicate the address to which the invoice should be mailed:

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____

Address 13339 Rt 39 Sardinia, NY 14134 **Phone** 716.496.5551 **Barn Cell** 716.548.0004 **Fax** 716.496.4010
<https://www.sasinc.org/creative-opportunities/highhurdles/>





HIGH HURDLES REGISTRATION PACKET 2024

Schedule Information

Rider Name: _____

PLEASE INDICATE how many, and which sessions the rider would like to participate in. Multi-session riders may indicate their chosen times each session, but will not be confirmed until prior to each session. Riders will attend a one-hour class once a week on the same day/time for the duration of each session.

Riders will be scheduled in the order completed registration forms are received. *Please be aware that in order to create appropriate class groups, riders may not be scheduled until 2-3 weeks prior to the start of the session.*

SASi DAYHABS ONLY

Will the rider be participating in a DayHab supported class? YES NO

If yes, DayHab will schedule and directly notify you of dates. No date/time options need to be selected.

Location: _____

Does the rider intend to ride after hours in addition to DayHab? YES NO

If yes, note that these times are not supported through the DayHab program. Please select schedule times.

High Hurdles Horse Shows



Each year, we offer 2 horse show options 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.



QUESTIONS: Call Shelby Dytschkowskyj, Director of High Hurdles at (716) 496-5551 or email shelby.dytschkowskyj@sasinc.org

- Rider would like to participate in the **High Hurdles Horse Show on May 4, 2024**
(This show is offered only to riders who participate in Session 4 of 2023 or Session 1 of 2024)
- Rider would like to participate in the **High Hurdles Horse Show on September 14, 2024**
(This show is offered only to riders who participate in Sessions 2 or 3 of 2024)

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HIGH HURDLES REGISTRATION PACKET 2023

Schedule Options

PLEASE MARK 3 or more choices for the day/time the rider would like to participate.

Indicate with a ★ next to the most preferred choice. Please consider the season and typical weather when making your selections. Note that we do not follow all holiday closures.

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 at an agreeable time. **High Hurdles is not obligated to make-up classes and will not reimburse for missed classes that are cancelled by the rider.**

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

How many total sessions would the rider like to attend? 1 2 3 4

Which sessions are preferred? Session 1 2 3 4

**Rider is interested in:

- Primarily on-horse classes (horsemanship and riding)
- Off-horse only classes (horsemanship and ground based learning- no riding)

SESSION 1 March-April Class Options

Mon 3/4-4/22	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 5:30p	Fri 3/8-4/26	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p
Tues 3/5-4/23	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a		Sat 3/9-4/27	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 1:30p
Weds 3/6-4/24	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p		
Thurs 3/7-4/25	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p		

SESSION 2 May-June Class Options

Mon 5/6-7/1 (no 5/27)	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 5:30p	Fri 5/10-6/28	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p
Tues 5/7-6/25	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a		Sat 5/11-6/29	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 1:30p
Weds 5/8-6/26	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p		
Thurs 5/9-6/27	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p		

SESSION 3 July-September Class Options

Mon 7/15-9/2	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 5:30p	Fri 7/19-9/6	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p
Tues 7/16-9/3	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a		Sat 7/20-9/7	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 1:30p
Weds 7/17-9/4	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p		
Thurs 7/18-9/5	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p		

SESSION 4 September-November Class Options

Mon 9/16-11/4	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 5:30p	Fri 9/20-11/8	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p
Tues 9/17-11/5	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a		Sat 9/21-11/9	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a <input type="checkbox"/> 1:30p
Weds 9/18-11/6	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p		
Thurs 9/19-11/7	<input type="checkbox"/> 9:30a <input type="checkbox"/> 11a	<input type="checkbox"/> 4p <input type="checkbox"/> 5:30p		

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HIGH HURDLES REGISTRATION PACKET 2024

Rider Information/Background

Please complete this section as completely and accurately as possible to ensure the safety of the rider and horse and to allow us to serve the rider as effectively as possible.

Rider Name: _____ Date of Birth: _____

Height: _____

Weight: _____ (required) *AS OF 2024 we will have a strict 200lb on-horse weight limit.

Gender: _____

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 PARTICIPANTS' 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: _____

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

Please use the following scale when answering questions:

1 Always 2 Almost Always 3 Sometimes 4 Almost Never 5 Never



Social/Behavioral

Does the rider request help when they need it? 1 2 3 4 5

Does the rider have a difficult time with changes in their routine? 1 2 3 4 5

Does the rider get distracted easily by other people and objects in the room? 1 2 3 4 5

Does the rider work well with others in group settings? 1 2 3 4 5

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Does the rider get frustrated easily? YES NO Please describe how they might react and the best way to help them in these situations? _____

Does the rider react to unexpected or loud noises? YES NO Please describe (will they stop talking, run away, cry, etc.): _____

Does the rider react to unexpected touch? YES NO Please describe (will they get angry, stop talking, run away, cry, etc.): _____

Is the rider anxious/fearful of heights? YES NO Please describe (will they avoid riding, yell, cry, etc.): _____

Cognitive/Physical

Does the rider get tired easily, especially when standing or holding a particular body position? 1 2 3 4 5

Does the rider require hand-over-hand assistance when completing tasks? 1 2 3 4 5

Does the rider bump into objects or need to be reminded to look where they are going? 1 2 3 4 5

Does it take the rider a long time to complete a task? (grooming, cleaning etc.) 1 2 3 4 5

Is the rider able to identify shapes, colors, and read (at what level)? _____

Is the rider able to follow single step directions? YES NO Multi-step directions? YES NO

Please describe the rider's primary form of communication (verbal/nonverbal, communication device, sign language etc.) _____

Does the rider seek out activities that require a lot of movement or more sedentary activities? _____

Hearing: No ability Wears hearing aid No impairments

Vision: No ability Glasses No impairments

Any bone or joint limitations? YES NO _____

Any muscular limitations? (hypertonia/hypotonia, high spasticity, dystonia, rigidity etc.) YES NO _____

General

Specific areas of need? (social, behavioral, emotional etc.) _____

GOALS: What is the rider/family/caregiver hoping to achieve through therapeutic horseback riding? (increased strength, coordination, confidence, improved social interaction, recreation, etc.) _____

Is there anything else you would like to share about the rider? Fears, favorites etc. _____



HIGH HURDLES REGISTRATION PACKET 2023

Rider Ability Chart

ABILITY Please mark an X in each box, or further comment	<u>TOTAL ASSISTANCE</u>	<u>NEEDS ASSISTANCE</u>	<u>INDEPENDENT /SUPERVISION</u>
Stair Climbing			
Mobility			
Transferring			
ADL Skills (grooming, dressing, etc.)			
BALANCING	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>
While seated			
While standing			
While moving			
MOTOR SKILLS			
Head Control			
Trunk Control			
Grip strength			
Muscle Strength			
Range of Motion in Arms			
Range of Motion in Legs			



HIGH HURDLES REGISTRATION PACKET 2024

Authorization for Emergency Medical Treatment

Rider's Name: _____

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.

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

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 horses and 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.

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

Date: _____

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.

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

Date: _____

Physician Release for High Hurdles Therapeutic Riding Program 2024

Dear Dr. _____,

Your patient _____ has shown an interest in participating in our therapeutic horsemanship/riding program. In order to safely provide this service, our center requests that you complete/update this Medical History and Physician's Statement Form. 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. Please note that the following conditions may suggest precautions and contraindications to equine activities - please indicate 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? _____ Controlled? YES NO Date of last seizure: _____

Down syndrome? YES NO If YES, date of cervical spine x-ray: _____ Result: _____ (must be negative to ride)

Shunt present? 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/endurance training exercises, primarily during periods of walking/jogging? YES NO

Other limitations/restrictions to on-horse/riding activities? YES NO Please specify any that are appropriate: _____

Physician's Recommendation

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

I believe this individual can participate on horse, but urge caution because: _____

This individual should NOT participate in ON-HORSE/Riding activities, but MAY participate in OFF-HORSE activities: _____

I recommend this individual NOT participate in the program.

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted services/activities. 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: _____

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