

Equi★Star Therapeutic Riding Center, Inc.
 2199 Fuller Road, PO Box 25 Burt NY 14028 716-778-8249



2012 REGISTRATION FORM

NAME		DOB	AGE *
			<i>Minimum age of 3 1/2</i>
ADDRESS		CITY	ZIP
EMAIL ADDRESS		HOME PHONE	
CELL PHONE	DISABILITY		
CONTACT PERSON		CONTACT PHONE	
ALTERNATE CONTACT PERSON		ALTERNATE CONTACT PHONE	

* weight limit of 200 lbs

Please check the box of the session, day and time you prefer. (Times subject to change.)

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
#1 2/27 – 4/7 Break Week – 4/11	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM	<input type="checkbox"/> 6:00 PM	<input type="checkbox"/> 6:00 PM	<input type="checkbox"/> 6:00 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM	<input type="checkbox"/> 10:00 AM <input type="checkbox"/> 11:00 AM <input type="checkbox"/> 12:00 PM
#2 4/16 – 5/26 Break Week – 4/27	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 12:00 PM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 9:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 11:30 PM <input type="checkbox"/> 1:30 PM <input type="checkbox"/> 2:30 PM
#3 6/4 – 7/14 Break Week – 7/15	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 12:00 PM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 9:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 11:30 PM <input type="checkbox"/> 1:30 PM <input type="checkbox"/> 2:30 PM
#4 7/23 - 9/1 Break Week – 9/2	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 12:00 PM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 9:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 11:30 PM <input type="checkbox"/> 1:30 PM <input type="checkbox"/> 2:30 PM
#5 9/10 - 10/20 Break Week – 10/21	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 12:00 PM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 11:00 AM <input type="checkbox"/> 12:00 PM <input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM <input type="checkbox"/> 7:30 PM	<input type="checkbox"/> 9:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 11:30 PM <input type="checkbox"/> 1:30 PM <input type="checkbox"/> 2:30 PM
#6 10/29 – 12/8	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM	<input type="checkbox"/> 6:00 PM	<input type="checkbox"/> 6:00 PM	<input type="checkbox"/> 6:00 PM	<input type="checkbox"/> 5:30 PM <input type="checkbox"/> 6:30 PM	<input type="checkbox"/> 9:30 AM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 11:30 PM <input type="checkbox"/> 1:30 PM <input type="checkbox"/> 2:30 PM

When a holiday falls during a session, class will meet during the break week.

In the event of cancellations, we will make every effort to notify riders and volunteers before 4:00 PM on weekdays and 9:00 AM on Saturdays. Please list above an alternate contact to reach in the event we may not be able to contact you.

New Riders must complete the following forms before they can ride!

- Emergency medical treatment form
- Medical history & physicians form (renewed yearly)
- Physical therapy form (optional)
- Registration & release form

Returning riders need to complete a medical history form only.

ATTENTION:

- **Please send in your registration as soon as possible.**
- **Scheduling is on a first come, first served basis.**
- **We will try to fit all riders in to an appropriate class**
- **Cost is now \$90.00 per session**
- **Please mail all payments and correspondence to PO Box 25, Newfane NY 14108.**

- Payment is enclosed with registration form
- Payment will be paid at beginning of session
- I will need to apply for a full or partial scholarship
- Check here if you would like to participate in future Special Olympic Equestrian Competition.

= = = = =
	WELCOME	
	To the	
	2012 RIDING	
	SEASON	
	at	
	THE RANCH!	
	REMEMBER . . .	
	Riders are asked to use the	
	entrance door on the north	
	side of the barn.	
 = = = = =



OPTIONAL

To help us in planning the best program for this rider, please indicate any educational, physical or social behavioral skills that the rider is currently looking to strengthen:

Please include any comments regarding special strengths or areas of concern you would like us to consider when incorporating this rider's needs into the group lesson plan:

Returning riders – we would be happy to hear your suggestions and/or comments:

ALL FORMS & INFORMATION ARE KEPT CONFIDENTIAL

If you have any questions or need more information, please call our office at 778-8249.