

Equest Volunteer Riding Lessons Fall 2009/Spring 2010

Eligibility: To take advantage of this opportunity, volunteers must be one of the following: a current Equest volunteer, an Equest Board member, or an Equest Committee member

Registration: This registration will be valid beginning in the Fall and will carry through to the end of the Spring session. Classes are filled on a first-come, first served basis.

Priority Deadline for Current volunteers (Fall '08 through Summer '09) is August 24, 2009
after 8/24, available spaces will filled from the waiting list.

Cost: The cost is \$385 for the 11-week Fall session; \$350 for the 10-week Spring session. Payment for each session is due in full by the first class of that session.

Fall 2009 session begins Thursday, September 10.
All lessons are taught in the English balanced-seat style of riding.

Levels (Maximum number per class **6** riders):

***Greener than Grass** is for individuals who are new to the pleasure of horseback riding **OR** who have never had formal lessons. This class is designed to focus on the basic horsemanship skills. Lesson work will include the walk, trot and possibly canter as your skills and confidence develop.

***Rusty but Ready** is for individuals who are comfortable and proficient at controlling a horse at the walk, trot, and canter **OR** the walk, jog and lope. This class is ideal for those individuals who are returning to the saddle after some years away or who are moving up from several sessions of Greener than Grass. This class will emphasize equitation and fine-tune control at the different gaits.

***Tally Ho Ho** is for individuals who are proficient at the walk, trot and canter, and who can ride in a 2-point position and on correct diagonals and leads. This class will do some low jumping.

*** We will adhere to the following height/weight guidelines for **ALL** of our riders: under 5'0" tall, 150 lbs maximum; 5'1" -5'6", 175 lbs maximum; 5'7" - 6'0", 200lbs maximum; 6'1" - 6'5" 250lbs maximum

Schedule: Class time INCLUDES grooming and tacking.

Monday	6:30p - 8:00p	Rusty but Ready
Wednesday	12:30p - 2:00p	Rusty but Ready
Thursday	12:30p - 2:00p	Greener than Grass
Friday	12:30p - 2:00p	Tally Ho Ho
Saturday	1:30p - 3:00p	Greener than Grass
Saturday	2:30p - 4:00p	Tally Ho Ho

Questions? Please call Susan Liepins or Amy Causey at 972-412-1099

Registration Form

Name: _____

Address (street, city, zip): _____

Phone: home _____ work/cell _____ email: _____

Age: _____ Approx. Height: _____ Approx. Weight: _____ (We ask this so we can assign an appropriate horse! If this information is missing, we cannot proceed with your registration)

Please enroll me in (class day, time, and level): _____

Please check all that apply so that we may be better prepared to teach you!

I have never ridden

I have ridden a bit but have never had formal lessons

I have taken (type) _____ lessons for _____ years

I have taken lessons at Equest before at the (most recent) _____ level

I have shown horses (please describe): _____

Payment Type: Check Master Card Visa

Card number _____

Expiration date: _____ Name as it appears on the card: _____

Please complete **BOTH** sides of this form and return your registration (with payment) to:

Equest * POBox 2109 * Wylie, TX 75098-2109 or by Fax: 972-412-5040

EQUEST VOLUNTEER RIDING LESSONS Participant Health History

Participant's Name: Date: _____

Address: _____ Birth Date: _____
 Height: _____ inches Weight: _____ lbs. Tetanus Shot: []Yes []No Date of most recent: _____

Please describe any medical condition you may have requiring special precautions or treatment, including seizure history, allergies (to food, plants, bee stings, etc.), and back problems _____

Are you currently taking any medications (including those for seasonal allergies)? Yes ___ No ___
 If yes, please indicate what medication, for what condition, and dosage: _____

Does the participant have a problem with, and/or surgeries in, any of the following areas? If yes, please explain.:

AREA	YES	NO	EXPLANATION
Auditory			
Visual			
Vision without correction:			Vision corrected to:
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other :			

Physician Name : _____

Office Address: _____

Office Phone: _____

Insurance Carrier: _____

Policy No.: _____

Telephone: _____

To the best of my knowledge, the above information is accurate and true.

Participant Signature

Date