

# Equest Volunteer Riding Lessons Application

Spring Semester: Feb 13 – April 29

**Registration Due by January 31**

**Eligibility:** To take advantage of this opportunity, volunteers must be one of the following:

- A current 2022-2023 Equest volunteer, has completed one semester of volunteer time & is signed up for current semester.
- An Equest Board member or
- An Equest Committee member

**Registration:** Classes are filled on a first-come, first served basis and those volunteers who rode in the previous semester will be given priority to continue in their classes. Classes fill QUICKLY!!

**Cost:** The cost is \$500 for the 10-week fall semester. Payment is due in full by the first class of session.

We are unable to issue refunds for missed classes due to schedule conflicts.

Classes held on Thursdays, Fridays & Saturdays will be 9 weeks due to PATH conference in Oct, Ridefest and holiday observance.

## LEVELS

### Greener than Grass

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

### Rusty but Ready

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 semesters of Greener than Grass. Class will emphasis equitation and fine-tuning control at the different gaits.

### Tally Ho Ho

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.

All lessons are taught in the English balanced-seat style of riding

\*\*\* We will adhere to the following **height/weight guidelines for ALL 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

**Class Date & Time:** Class time includes grooming and tacking.

Tuesday 7:30 - 8:30 pm

Thursday 7:30 - 8:30 pm

Friday 2:00 - 3:00 pm

Greener than Grass

Rusty by Ready

Tally Ho Ho

**Registration Form** Please PRINT clearly in dark ink

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address (street, city, zip): \_\_\_\_\_

Phone: home \_\_\_\_\_ work/cell \_\_\_\_\_ email: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Please check all that apply so that we may better be 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 \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ or online at [www.Equest.org](http://www.Equest.org)

Card number \_\_\_\_\_ Exp Date: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Please return forms to Angela Escamilla, Registrar at [aescamilla@equest.org](mailto:aescamilla@equest.org) or Equest PO Box, 171779, Dallas, Texas 75217

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## Participant Health and Riding History

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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 \_\_\_\_\_