

ALL STAR EQUESTRIAN FOUNDATION

Winter 2024 – RIDER REGISTRATION – January 16 – March 9

THERAPEUTIC HORSEBACK RIDING

PLEASE COMPLETE THE REGISTRATION BELOW - (Please email, mail or fax your registration in as soon as possible to avoid being placed on a waiting list).
Each rider must participate in a weigh-in the first week of classes. Weight is to include helmet, riding shoes, and other regular riding attire.

All Star Equestrian has a riding weight limit of 200lbs.

All Star offers therapeutic riding classes year-round by PATH Intl. certified instructors in quarterly sessions: Private (45 minutes), semi-private (45 minutes) or group (60 minutes). Confirmations will be sent the week before session begins. Call after 1/6/24 to verify your riding time if you haven't heard from us before then.

All Star is required to have current (annual) information on all riders. Each year you will be asked to fill out a new set of forms:

Liability Release, Photo Release, Consent Form and Medical Release Form. New riders will be given these forms after we receive the registration

*******RIDERS WITHOUT CURRENT RELEASE FORMS WILL BE UNABLE TO RIDE*******

Mark 1st, 2nd & 3rd class time preferences below by circling or checking the squares you are available.

We cannot guarantee the time and/or type of class you request, but we will try our best to accommodate.

Make note of dates above and return form(s) below as soon as possible. **DO NOT LEAVE THIS AREA BLANK!!!!**

Therapeutic Horseback Riding and Veterans – PRIVATE, SEMI-PRIVATE OR GROUP

TUESDAY		WEDNESDAY		THURSDAY		SATURDAY	
1/16-3/5 – 8WKS Private = \$520 Semi private = \$360 Group = \$320		1/17-3/6 8WKS Private = \$520 Semi private = \$360 Group = \$320		1/18-3/7 8WKS Private = \$520 Semi private = \$360 Group = \$320		1/20-3/9 8WKS Semi private = \$405 Group = \$360	
9AM	3PM	9AM	3PM	9AM	3PM	9:00 AM	
10AM	4PM	10AM	4PM	10AM	4PM	----- 10:15 AM	
11AM	5PM	11AM	5PM	11AM	5PM	----- 10:30 AM	
6/6:30PM		6/6:30PM		6/6:30PM		-----	

Class Type: () Private () Semi-Private (2-3 riders) () Group (4 or more riders)

Method of Payment: () Private () DSSW () Scoggins () Agape () Veteran () OTHER: Please list () Interested in Scholarship

RIDER NAME: _____ BIRTHDATE: _____ AGE: _____ DISABILITY: _____

RIDER HEIGHT: _____ RIDER WEIGHT: _____ AMBULATORY () NON AMBULATORY () WHEELCHAIR () HAS RIDDEN BEFORE ()

PARENT/GUARDIAN: _____ ADDRESS: _____ EMAIL: _____ PHONE: _____

THERAPEUTIC RIDING FEE POLICY: 50% rider's fees are payable at the **BEGINNING of each session. The 50% balance is **DUE HALFWAY** through the session **February 6, 2024**. Fees can be paid on our website: allstarfoundation.org (or) credit card, check and/or cash in the office.**

**ABSENTEE POLICY: There are no refunds or make-ups for non-attendance. Classes will be rescheduled or credited only if they are:
 (1) Cancelled by All Star, or (2) pertain to a rider's major medical or surgical conflicts.**

Please mail, scan or fax completed form to: All Star Equestrian Foundation
 P.O. Box 892-Mansfield, Tx. 76063 Phone: 817-477-1437 / Fax: 817-473-9175
 Email: forms@allstarequestrian.org