

**FREEDOM RECREATIONAL SERVICES  
RIDING APPLICATION**

**PLEASE FILL OUT ALL QUESTIONS ON FRONT AND BACK**

Rider's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent's or Guardian's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 School District \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Rider's Disability (Please be specific) \_\_\_\_\_  
 Person to Contact in case of emergency  
     Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
     Address \_\_\_\_\_ Relationship \_\_\_\_\_

Parents'/ Guardian's Medical Coverage:

Private Insurance Co. \_\_\_\_\_ Access # \_\_\_\_\_  
 Medicaid: \_\_\_\_\_ ID# \_\_\_\_\_  
 Other \_\_\_\_\_ ID# \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING:**

Why do you want your child to participate in this program? \_\_\_\_\_

Would you be willing to help the instructors in the arena with horses and riders? \_\_\_\_ YES \_\_\_\_ NO  
 Ex: Walking with them as they go around the arena, etc.

**Indicate class time.**    Fridays    6pm \_\_\_\_    7pm \_\_\_\_

Saturdays 10am \_\_\_\_    11am \_\_\_\_

**EACH CLASS IS LIMITED TO FOUR (4) RIDERS.**

The Freedom Riding Program will be held at the SOUTHERN TIER STABLES. The stables are owned and operated by Mark and Donna Minnoe. Donna has special certification to work with children with special needs from PATH (Professional Association of Therapeutic Horsemanship International).

Each class will be one hour long with emphasis on riding, care of the horses, and basic horsemanship. Rodeo and a Rodeo Picnic will immediately follow the Riding Awards.

*ONCE AGAIN:*

*Each rider must have a signed physician's form completed before lessons start. This and other releases will be sent to parents as soon as we receive this application. Good for all lessons in 2018. (PARENTS ARE REQUIRED TO STAY AT THE STABLES DURING THE LESSON)*

This program is a service of ARISE and Freedom Recreational Services for Youth with Disabilities which is a non-profit agency that services any youth with a defined documented disability who resides in Auburn and Cayuga County. The program is funded by local foundations and your donations to Freedom Recreation.

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**TRANSPORTATION TO THE RIDING CLASS IS THE RESPONSIBILITY OF THE RIDER'S PARENT/GUARDIAN.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**  
**For**  
**FREEDOM RECREATIONAL SERVICES**

Participant's name: \_\_\_\_\_

I (we) hereby authorize and give permission to ARISE and Freedom Recreational Services for Youth with Disabilities to use my child's name and picture in any brochure and any local, state and/or national news media including **social media**, television, newspapers, radio programs or video to explain and promote the programs of ARISE and Freedom Recreational Services for Youth with Disabilities.

I further waive any right that I (we) may have to inspect and/or approve the finished product or the use to which it may be applied and I (we) waive all claims for any compensation for such use or for damages.

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

The purpose of this form is to give the administration of ARISE and Freedom Recreational Services for Youth with Disabilities permission to take group and individual pictures and videos of the programs of Freedom Recreational Services. These pictures may ultimately be used in brochures to obtain support for the programs of ARISE and Freedom Recreational Services for Youth with Disabilities.

Please return completed application to:      ARISE  
Attn: Kristen Morey  
635 James St.  
Syracuse, NY 13203

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