



## ARISE at Freedom Riders 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 #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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 \_\_\_\_ (first session will be on September 14)

Saturdays 10am \_\_\_\_ 11am \_\_\_\_ (first session will be on September 15)



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

The ARISE Freedom Riding Program will be held at:

SOUTHERN TIER STABLES  
2068 Dumplin Hill Road  
Moravia, NY 13118  
315-796-2609

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.

**\*\* IMPORTANT \*\***

*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)*

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

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

Date \_\_\_\_\_



## PHOTO RELEASE

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

I (we) hereby authorize and give permission to ARISE Child and Family Service, Inc., Services 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.

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 permission to take group and individual pictures and videos of the ARISE programs. These pictures may ultimately be used in brochures and on social media to obtain support for the programs of ARISE

**Please return completed application to:**

ARISE  
Attn: Sabine Ingerson  
21 Lincoln Street  
Auburn, NY 13021

*This program is a service of ARISE and funded by local foundations*