



## STUDENT APPLICATION

This document covers the providing of riding instruction, and/or other participation in Equestrian activities, at ARCURI STABLES to the Student named below. PLEASE READ THE ENCLOSED DOCUMENTS CAREFULLY AND DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND IT. Applicant also agrees to hold ARCURI STABLES harmless, and understands the apparent risks of equine activities (see Release of Liability form).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

If Student is under eighteen (18) years of age:

Parent or Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

In case of emergency please contact: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

### BACKGROUND

Prior riding experience: From: \_\_\_\_\_ To: \_\_\_\_\_ Years: \_\_\_\_\_ # of Lessons: \_\_\_\_\_  
Type of Riding: \_\_\_\_\_  
Locations: \_\_\_\_\_  
Prior Instructors: \_\_\_\_\_  
How did you hear of Arcuri Stables?: \_\_\_\_\_  
Why you want to take lessons: \_\_\_\_\_  
Would you call yourself a: Beginner Rider \_\_\_\_\_ Intermediate Rider \_\_\_\_\_ Advanced Rider \_\_\_\_\_

### MEDICAL AUTHORIZATION

In the event that the above named Student requires medical treatment on account of an accident or injury, which may occur in connection with any activities at ARCURI STABLES, instructors and employees of ARCURI STABLES, and its owners, are hereby given full authority to engage any necessary emergency medical services for the above named Student including the administration of anesthesia, in the event the Student is not able to act for himself/herself (or in the absence of a Parent or Guardian). I give medical caregivers authorization to work on my self or my child for any medical reasons they feel necessary due to any horse related accident or activities while at ARCURI STABLES and promise to take 100% responsibility of ALL medical expenses. (See medical information sheet)

### LESSON CANCELATION AND RELEASE OF IMAGES FOR PROMOTIONAL PURPOSES

I understand that there is no refund in the event the participant must cancel his/her attendance. I also hereby release the use of photo/video images and work product of the above registered student for the purpose of program or clinic promotions, and display to the general public. I have read this application, and the ARCURI STABLES operating procedures, the hold harmless agreement, and payment policy carefully and fully understand the contents of all documents.

I agree to the contents of these documents.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## ARCURI STABLES OPERATION PROCEDURES

*We thank you for choosing ARCURI STABLES for your riding experience and we look forward to serving you!*

### **Our Payment Policy:**

All lessons will be billed at the month's end. We accept cash, and checks. Checks can be made out to Arcuri Stables. Services will not be rendered to past due accounts and will result in additional fees and/or loss of time slot.

### **Horsemanship & Riding Policy:**

Please arrive 15 minutes early to assist an attendant in tacking up your lesson horse. Some horses may already be tacked up upon your arrival. Lesson start time is prompt. Late arrivals will get the remainder of lesson time allotted to them, and occasional grooming will be included in lesson slot.

### **Attire**

Proper riding attire is a **REQUIRED!** This includes jodhpurs (or jeans or stretch pants), proper riding boots with heel (no tennis shoes or open-toed shoes allowed), and an approved ASTM/SEI riding helmet. Gloves are optional but recommended. Riding apparel can be purchased through various mail-order catalogs or online sources. Supplies and helmets can also be purchased through "Tack N Up," on Q St in Springfield, at a 10% discount for Arcuri Stables clients. We can supply a helmet for your first lesson, but after that you'll need to bring your own.

### **Our Cancellation Policy:**

Please remember that your lesson time has been set aside especially for you. A 24-hour notice is required for lesson cancellations. Otherwise, last minute cancellations will be charged and strictly enforced. An overwhelming amount of cancellations will result in probation and you may possibly be taken off the schedule and placed back on the waiting list. **All other missed lessons and no-shows will be charged.**

I have read the above policies and agree to abide by them.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



# Medical Information Form

## Personal Information

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

\_\_\_\_\_

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

Phone #: \_\_\_\_\_

### Check Yes or No

Yes	No	<b>History Of:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury or Concussion(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Neck or Back injuries: _____
<input type="checkbox"/>	<input type="checkbox"/>	Fractures or Dislocations: _____
<input type="checkbox"/>	<input type="checkbox"/>	Chest or Abdominal injuries: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Vision: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you wear contacts? _____
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Hearing: _____
<input type="checkbox"/>	<input type="checkbox"/>	Last Tetanus Immunization Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Recent Surgery: _____



**Primary Physician**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Health Insurance Info**

Carrier: \_\_\_\_\_

Card #: \_\_\_\_\_

**Accidents/Injuries**

Accident Date	Activity	Type of Injury/Accident	Treating Doctor Name/Phone	Additional Information

**Current Medications**

Type of Medications	Reason	Date Started	Date Ended