

2026 Lesson Season

Dear Riders, Family and Friends of Lothlorien,

I hope you've had a wonderful holiday season and are excited for the year ahead! Please take a few moments to carefully review this packet, as it contains important details for the upcoming lesson season. We're also pleased to share that Lothlorien has joined sasi and High Hurdles this past year, expanding the resources and support available to our riders and families while continuing to keep Lothlorien as a strong and thriving program.

Important Notes:

- We will make every effort to choose your preferred lesson time, and beyond that will be selecting classes based on variables such as horse availability, level of independence and group dynamics.
- ANYONE who will be in the barn/around the horses (any staff/family assisting their rider, etc.) is REQUIRED to wear sturdy closed toe shoes with a closed heel such as sneakers or boots. Crocs, sandals, dress shoes/flats etc. are not acceptable.
- Family/staff is required to be within eye/earshot of the rider unless explicit permission is given by the instructor. Please refrain from entering the riding area unless you are asked to help with a rider.
- We ask that family/staff bringing riders be prepared to sidewalk if needed (wearing closed toe shoes). This will help lessons continue to run when there are shortages of volunteers.

Please refer to the Participant Handbook for specific information pertaining to rider and lesson policies.

Text or call (716) 387-1355 regarding lessons to reach our instructors.

Follow us on Facebook at Lothlorien Therapeutic Riding Center, Inc. to keep up to date and see pictures throughout the season!

Sincerely,



Shelby Dytschkowskyj

Director of Equine Assisted Services



2026 Lesson Season: Rider Reservation Form

Please send your completed packet to:

Lothlorien Therapeutic Riding Center

ATTN: Shelby Dytschkowskyj

15 Reiter Rd

East Aurora, NY 14052

OR

Email to shelby.dytschkowskyj@sasinc.org

OR

Fax to 716.496.4010

QUESTIONS?

Office Phone 716.436.3935

Barn Cell 716.387.1355

Rider Name _____

Phone # (if applicable) _____ Text? YES NO

Email _____

Address _____

City/State _____ Zip _____

Contact Person _____

Relationship to rider _____

Phone # _____ Text? YES NO Email _____

Parent or Legal Guardian (circle one) _____

Phone # _____ Text? YES NO Email _____

Address _____

City/State _____ Zip _____

For Lothlorien correspondence (including lesson cancellation), who is best person to contact?

RIDER via text call email

CONTACT PERSON via text call email

PARENT/GUARDIAN via text call email

**Please indicate to whom the invoice should be sent
(individual/entity paying for lessons):**



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

2026 Lesson Season: Payment Information

Lesson Rates:

8-week session: \$520

6-week session: \$390

4-week session: \$260



PLEASE DO NOT SEND PAYMENT WITH REGISTRATION PACKET



- **Third Party Payments:** Please speak with your Fiscal Intermediary/Broker or Care Coordinator to ensure that there are funds in the rider's budget for the program. Payment is due upon the completion of each session prior to continuing with services.
- **Private payments** are due no later than the second week of classes to continue riding.

If the rider is paying through a third party, please provide the following information:

Agency _____

Care Coordinator Name _____

Phone # _____

Email _____

Fiscal Intermediary Name _____

Phone # _____

Email _____

TABS ID# (if applicable) _____

2026 Lesson Season: Schedule Options



PLEASE MARK 3 or more choices for the day/time the rider would like to participate per session.
Indicate with a ★ next to the most preferred choice.



How many total sessions would the rider like to attend? o1 o2 o3 o4 o5

Which session(s) are preferred? Session o1 o2 o3 o4 o5

Rider is interested in:

- Primarily on-horse classes (horsemanship and riding)
- Off-horse only classes (horsemanship and ground based learning-no riding)

SESSION 1 (8 weeks)

Mon 2/23-4/13	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	Fri 2/27-4/17	<input type="checkbox"/> 4p	<input type="checkbox"/> 5:30p		
Tues 2/24-4/14	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p	Sat 2/28-4/18	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a
Weds 2/25-4/15	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p			
Thurs 2/26-4/16	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p			

SESSION 2 (8 weeks)

Mon 4/27-6/22 (no 5/25)	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	Fri 5/1-6/19	<input type="checkbox"/> 4p	<input type="checkbox"/> 5:30p			
Tues 4/28-6/16	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p	Sat 5/2-6/20	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 1:30p
Weds 4/29-6/17	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p				
Thurs 4/30-6/18	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p				

SESSION 3 (8 weeks)

Mon 6/29-8/17	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	Fri 7/10-8/28 (no 7/3)	<input type="checkbox"/> 4p	<input type="checkbox"/> 5:30p			
Tues 6/30-8/18	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p	Sat 7/11-8/29 (no 7/4)	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 1:30p
Weds 7/1-8/19	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p				
Thurs 7/2-8/20	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p				

SESSION 4 (8 weeks)

Mon 9/14-11/2	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	Fri 9/18-11/6	<input type="checkbox"/> 4p	<input type="checkbox"/> 5:30p		
Tues 9/15-11/3	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p	Sat 9/19-11/7	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a
Weds 9/16-11/4	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p			
Thurs 9/17-11/5	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	<input type="checkbox"/> 6p			

Session 5 (4 weeks)

Mon 11/16-12/14 (no 11/23)	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	Fri 11/20-12/18	<input type="checkbox"/> 4p	<input type="checkbox"/> 5:30p
Tues 11/17-12/15 (no 11/24)	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p	Sat 11/21-12/19	<input type="checkbox"/> 10a	<input type="checkbox"/> 11:30a
Weds 11/18-12/16 (no 11/25)	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p			
Thurs 11/19-12/17 (no 11/26)	<input type="checkbox"/> 11:30a	<input type="checkbox"/> 4:30p			

2026 Lesson Season: Rider Information/Background

Please complete this section as completely and accurately as possible to ensure the safety of the rider, horse and staff and to allow us to serve the rider as effectively as possible.

Rider Name: _____ Date of Birth: _____

Height: _____

Weight: _____ (required) *We have a strict 200lb on-horse weight limit.

Gender: _____

Diagnoses: _____

Medical/Surgical History:

Current Medications: _____

Adaptive Equipment: _____

Does the rider receive OT/PT services? o YES o NO

If YES, through which agency? _____

Behavioral Concerns: Lothlorien staff and volunteers are not SCIP-R certified. We rely on participants' staff and family to manage behavioral situations that occur onsite. should any behavioral changes occur during a session, we ask that you inform our staff; especially if it pertains to safety.

Please list any existing concerns:

Level of Supervision while in the Community: _____

Has this rider had horse/riding experience in any other capacity/program? Please describe:

Does the rider have specific areas of need? (social, behavioral, emotional etc.)

GOALS: What is the rider/family/caregiver hoping to achieve through participation? (increased strength, coordination, confidence, improved social interaction, recreation, etc.)

What is the rider's preferred learning style? (auditory, kinesthetic, visual, etc.)



2026 Lesson Season: Rider Information/Background

Please use the following scale when answering questions:

1 Always 2 Almost Always 3 Sometimes 4 Almost Never 5 Never



Social/Behavioral

Does the rider request help when they need it? 1 2 3 4 5

Does the rider have a difficult time with changes in their routine? 1 2 3 4 5

Does the rider get distracted easily by other people/objects in the room? 1 2 3 4 5

Does the rider work well with others in group settings? 1 2 3 4 5

Does the rider get frustrated easily? YES NO Please describe how they might react and the best way to help them in these situations?

Does the rider react to unexpected or loud noises? YES NO Please describe (will they stop talking, run away, cry, etc.): _____

Does the rider react to unexpected touch? YES NO Please describe (will they get angry, stop talking, run away, cry, etc.): _____

Is the rider anxious/fearful of heights? YES NO Please describe (will they avoid riding, yell, cry, etc.): _____

Cognitive/Physical

Does the rider get tired easily, especially when standing/holding a particular body position?
1 2 3 4 5

Does the rider require hand-over-hand assistance when completing tasks? 1 2 3 4 5

Does the rider bump into objects/need to be reminded to look where they are going? 1 2 3 4 5

Does it take the rider a long time to complete a task? 1 2 3 4 5

Is the rider able to identify shapes, colors, and read (at what level)?

Can the rider follow single step directions? YES NO Multi-step directions? YES NO

Please describe the rider's primary form of communication (verbal/nonverbal, communication device, sign language etc.) _____

Does the rider seek out activities that require a lot of movement or more sedentary activities?

2026 Lesson Season: Rider Ability Information

ABILITY Please mark an X in each box, or further comment	TOTAL ASSISTANCE	NEEDS SOME ASSISTANCE	INDEPENDENT/ SUPERVISION
Stair Climbing			
Mobility			
Transferring			
ADL Skills (grooming, dressing, etc.)			
BALANCING	POOR	FAIR	GOOD
While seated			
While standing			
While moving			
MOTOR SKILLS	POOR	FAIR	GOOD
Head Control			
Trunk Control			
Grip strength			
Muscle Strength			
Range of Motion in Arms			
Range of Motion in Legs			

Hearing: No ability Wears hearing aid No impairments

Vision: No ability Glasses No impairments

Any bone or joint limitations? YES NO _____

Any muscular limitations? (hypertonia/hypotonia, high spasticity, dystonia, rigidity etc.)

YES NO _____

2026 Lesson Season: Release Forms

Rider's Name: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____ Phone: _____

Health Insurance Company: _____ Phone: _____

List all pertinent medical information (allergies to food or drugs, special medical conditions):

Select One:

CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Sasi/Lothlorien to:

- Secure and retain medical treatment and transportation if needed.
- Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the contacts listed above are unable to be reached.

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Sasi/Lothlorien. In the event emergency treatment is required, I wish the following procedures to take place:

Consent Signature

Date

Non-consent Signature

Date

LIABILITY RELEASE

_____ (Rider's Name) would like to participate in the Lothlorien Therapeutic Riding Program. I acknowledge the risks and potential for risks of horses and horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against Sasi, Lothlorien, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Lothlorien Therapeutic Riding Program.

Signature: _____ Date: _____

Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)

PHOTO RELEASE (optional)

I hereby consent to and authorize the use and reproduction by Sasi/Lothlorien, of any and all photographs and any other audio / visual materials taken of me/my son/my daughter/ my ward for promotional printed material, social media, website, educational activities or for any other use for the benefit of the program.

Signature: _____ Date: _____

Parent / Guardian / Correspondent / or Rider (if over 21, no guardian)



2026 Lesson Season: Physician Release Form

Dear Dr. _____,

Your patient _____ has shown an interest in participating in our therapeutic horsemanship/riding program. In order to safely provide this service, our center requests that you complete/update this Medical History and Physician's Statement Form. Please provide us with your recommendations regarding the activity/exercise prescription for this individual and any restrictions and/or limitations that would limit their participation in this program. Please note that the following conditions may suggest precautions and contraindications to equine activities - please indicate whether these conditions are present and to what degree. Thank you for your time and cooperation in completing this form.

Orthopedic

Atlantoaxial Instability- include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation
Tethered Cord/Hydromyelia

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire setting
Hemophilia
Medical Instability
Migraines
PVD
REspiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders

Other

Weight Control Disorder
Age- under 4 years
Indwelling Catheters/Medical Equipment
Medications - e.g. photosensitivity
Poor Endurance
Skin Breakdown

Diagnoses: _____

Past / Prospective Surgeries: _____

Seizures / type? _____ Controlled? YES NO Date of last seizure: _____

Down syndrome? YES NO

If YES, date of cervical spine x-ray: _____ Result: _____ (must be negative to ride)

Shunt present? YES NO

Please check any limitations to any muscle strength activation movements or limited mobility:

Chest: ___ Shoulders: ___ Back: ___ Hips: ___ Biceps: ___ Legs: ___

Limitations to any cardiovascular/endurance training exercises, primarily during periods of walking/jogging? YES NO

Other limitations/restrictions to on-horse/riding activities? YES NO Please specify any that are appropriate:

Physician's Recommendation

I am not aware of any contraindications in participating in this horsemanship program

I believe this individual can participate on horse, but urge caution because:

 This individual should NOT participate in ON-HORSE/Riding activities, but MAY participate in OFF-HORSE activities:

 I recommend this individual NOT participate in the program.

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted services/activities. I understand that Lothlorien Therapeutic Riding Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Lothlorien Therapeutic Riding Center for ongoing evaluation to determine eligibility for participation.

Signature: _____ Date: _____

