2026

Schedule Request Form (Page 1 of 3)

Participant: _____ Date: _____

For 2026, COPS will be running six sessions throughout the year. For each session you are signing up for, please indicate your preferred day of the week and preferred time slot:

Winter (starts January 27th for 5 weeks)			
Preferred day of the week:		Preferred time slot:	
1st choice:		1st choice:	
2nd choice:		2nd choice:	

Spring 1 (starts March 10th for 5 weeks):			
Preferred day of the week:		Preferred time slot:	
1st choice:		1st choice:	
2nd choice:		2nd choice:	

Spring 2 (starts April 21st for 8 weeks):			
Preferred day of the week:		Preferred time slot:	
1st choice:		1st choice:	
2nd choice:		2nd choice:	

Summer (starts June 23rd for 8 weeks):			
Preferred day of the week:		Preferred time slot:	
1st choice:		1st choice:	
2nd choice:		2nd choice:	

Fall 1 (starts September 8th for 8 weeks):			
Preferred day of the week:		Preferred time slot:	
1st choice:		1st choice:	
2nd choice:		2nd choice:	

Fall 2 (starts November 10th for 5 weeks):			
Preferred day of the week:		Preferred time slot:	
1st choice:		1st choice:	
2nd choice:		2nd choice:	

Lesson Start Times:
Weekend: 9:00; 9:45; 10:30; 11:15 and 12:00 noon
Weekday: 3:45; 4:30 and 5:15
Each session consists of a thirty-minute private lesson once per week.
Please note that the Barn is closed on Mondays

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2026 Fees

The fee per session is as follows:

Winter (January 27th through February 23rd)	$425
Spring 1 (March 4th through April 6th)	$425
Spring 2 (April 15th through June 8th)	$680
Summer (June 17th through August 17th)	$680
Fall 1 (September 9th through November 2nd)	$680
Fall 2 (November 11th through December 14th)	$425

Rockland County Residents

Through a grant from the Rockland County Department of Health, riders who are residents of Rockland County may be eligible for a reduced rate. Please reach out to our Program Director, Derek Drobenak, for more information.

Grant Riders

If your rider is grant eligible, please indicate below and provide their TABS number. Note that grant riders are only eligible for the Spring 2, Summer and Fall 1 sessions.

☐ **Rider has participated in DDSO grant in the past and would like to apply for a session.**

TABS Number: _____

Note that there is a **$60 processing fee per session** for grant riders.

Payment, Reserving your Preferred Time Slot and Cancellation Policies

Payment:

Payment for the session you are signing up for is due **1 week prior to the start of that session.**

Reserving Your Preferred Time Slot:

Lesson slots are assigned on a "first come basis" based on when we receive completed paperwork, evaluation, and payment for the session you are signing up for.

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Missed Lesson / Cancellations:

Missed Lesson:

Lessons must be canceled no less than 2 hours prior to scheduled lesson time in order to receive a make up. No make ups will be permitted for "No Shows".

Barn Cancellation:

Make ups will be scheduled for any lessons canceled by the barn.

Participant's Application and Health History (page 1 of 2)

GENERAL INFORMATION

Participant: _____ Date: _____
DOB: _____ Age: _____ Height: _____ Gender: □ M □ F
Parent / Legal Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Preferred Contact Phone: _____ Alternative #: _____
Email: _____
School / Employer: _____
Address: _____
Caregivers: _____ Phone: _____
Emergency Contact: _____ Phone: _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

Participant's Application & Health History

MEDICATIONS (include prescription and over-the-counter, name, dose and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHOSOCIAL FUNCTION (e.g., work/school including grade completed, leisure interests, relationships- family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e., why are you applying for participation? What would you like to accomplish?)

PREVIOUS EXPERIENCE

How did you hear about the program?

Signature: **Date:**

Physician's Statement and Medical History (page 1 of 2)

**** Paperwork will not be accepted without individuals height and weight.***

Participant: _____ Date: _____

Date of Birth: _____ Height: _____ Weight: _____ □ Male □ Female

Address: _____
Street # / P.O. Box *City* *State* *Zip*

Diagnosis: _____ Date of Onset: _____

Past / Prospective Surgeries: _____
_____
_____

Medications: _____
_____
_____
_____

Seizure Type: _____ Controlled: □ Yes □ No
Date of Last Seizure: _____
Shunt Present: □ Yes □ No Date of Last Revision: _____

Special Precautions / Needs: _____
_____
_____

Mobility: Independent Ambulation □ Yes □ No Assisted Ambulation □ Yes □ No
Wheelchair □ Yes □ No
Braces / Assistive Devices _____

For those with Down Syndrome:
Neurologic Symptoms of Atlantoaxial Instability □ Present □ Absent

MMR Vaccination: Has the participant received the CDC recommended MMR vaccination or is otherwise immune □ Yes □ No

Physician's Statement and Medical History

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

HEALTH HISTORY

	Yes	No	Comment
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the center will weigh the medical information above against the existing precautions and contraindications.

Name / Title _____ MD DO NP PA Other _____

Signature _____ Date _____

Address _____
Street # / PO *City* *State* *Zip*

Phone _____ License / UPIN number _____

Liability Release

_____ (participant) would like to participate in equine-assisted activities and therapies at Children of Promise Stable, Inc. I acknowledge the risks and potential for risks of engaging in horseback riding activities as well as activities in the close proximity to horses, however, I feel that the possible benefits to me/my child are greater than the risks assumed. I hereby, intending to be legally bound, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against Children of Promise Stable, Inc. its instructors, volunteers, and/or employees for all injuries and/or losses that _____ (participant) may sustain while participating in activities at Children of Promise Stable (COPS Barn).

Consent Signature _____ **Date** _____

(Participant if over 18; or parent or legal guardian)

Photo Release

I, _____ □ **DO** □ **DO NOT**

(Participant if over 18; or parent or legal guardian)

consent to and authorize the use and reproduction by Children of Promise Stable, Inc., and its representatives of any and all photographs and any other audiovisual materials taken of me and/or my child for promotional material, educational activities, exhibitions or for any other use for the benefit of Children of Promise Stable, Inc. including use on the COPS Barn Facebook, Twitter and other social media accounts.

Consent Signature _____ **Date** _____

(Participant if over 18; or parent or legal guardian)