

Horseback Riding



Classes

Class Description: This entry level class is a no pressure, individually paced exposure to the wonderful partnership between horse and rider. We take the approach of the need to understand the horse's mind, the process of training and how to use the mutual language of riding aids to communicate commands on horseback. We will take you through how to safely remove your horse from their paddock, halter, groom, tack, adjust all equipment, properly mount and start the process of developing correct riding position. This is an exciting, challenging sport as it requires a level of trust and willingness on both participants; rider and horse. Rainy days will offer opportunities in the barn to learn more extensive skills such as mane pulling, braiding, tack cleaning and watching equine training videos. As you pass through the initial beginners' stage, more skilled exercises will be added. The Beginners Plus class is for beginners who have some exposure to horses and a basic understanding of tacking and communicating aids. For more information visit White Buffalo Horse Farm on Facebook.

Session Date: May 3 - June 6, 2021 (No Class May 30, 2021)

<u>Day of the week</u>	<u>Ages</u>	<u>Times</u>	<u>Fee (Res. /NR)</u>	<u>Activity #</u>
Mondays	6 & Up	4:00-5:00pm	\$130/\$140	201201-86
Wednesdays	6 & Up	4:00-5:00pm	\$130/\$140	201201-87
Fridays	6 & Up	4:00-5:00pm	\$130/\$140	201201-88
Saturdays	6 & Up	11:00am-12:00pm	\$130/\$140	201201-89
Sundays- Beginners Plus	6 & up	11:00am-12:00pm	\$130/\$140	201201-90

Registration Dates: April 5 – 23, 2021

(Students are required to wear shoes or boots with a small heel and long jeans/pants)

Location: White Buffalo Horse Farm

Complete the registration form and return it, along with the fee, to the Parks and Recreation Department. **Birth Certificate required at the time of registration, if one is not already on file with the Department, for everyone under the age of 18.** Class is open on a first come, first serve basis or until full. Make checks payable to: *“Treasurer, Spotsylvania County”*. There is a \$50 service charge on all returned checks. There will be an additional charge of \$10 on all late registrations.

Register online at www.spotsylvania.va.us/parksandrec. A Household waiver needs to be completed and on file at the Parks and Recreation office prior to registering online. **2.75% NON-REFUNDABLE CONVENIENCE FEE CHARGED ON ALL CREDIT/DEBIT CARD TRANSACTIONS.**

Withdrawals:

Those wishing to withdraw from the class must do so by contacting the Spotsylvania Parks and Recreation Department one week prior to the start of the program. Individuals should follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. Failure to attend class does not constitute a proper withdrawal and the participant will not receive a refund.

Directions to the White Buffalo Horse Farm (4325 Muster Field Rd., Culpeper, VA 22701):

Take Route 3 west toward Culpeper County. Turn left onto Route 20 toward Orange County. Go approximately 5 miles. Turn right at Route 611 by the Exxon Station. Continue approximately 6 miles to Muster Field Road. WBH Farm is on the left side with black fencing and brick pillar entrance with horse heads.

SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT
P.O. Box 28 Spotsylvania, Virginia 22553 (540) 507-PLAY (7529)

www.spotsylvania.va.us/parksandrec
Leisure Activity/Class Registration Form

Please Print Legible-

First _____ MI _____ Last _____ Boy _____ Girl _____

Complete Address _____

City _____ Zip _____

Is this a new address or phone number? _____ Email Address _____

Primary # _____ Secondary Contact # _____ Alternate # _____

Age (where applicable) _____ Birth Date _____

Birth Certificate is (circle one): On File Enclosed (A birth certificate must accompany this form if not already on file.)

Shirt Size (if applicable) (circle one): Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult XLarge (46-48)

Medical conditions, injuries or allergies: _____

Emergency Contact: _____ Phone _____

Class/Activity Name _____

Class/Activity Date (s) _____ Activity Number _____

Fee \$ _____ (Add \$10 if registering after the deadline date stated on front page of form)
(\$50 Fee On All Returned Checks)

(2.75% Non-Refundable Convenience Fee Charged On ALL Credit/Debit Card Transactions)

Release of Claims: (Parent or Guardian must sign for those under age 18): I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, and Spotsylvania County School authorities, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the class/program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a class/program does not constitute a proper withdrawal, and the participant will not receive a refund.

Parent/Guardian Signature _____ Date: _____

Print Name _____

Checks payable to "Treasurer, Spotsylvania County". (\$50 Fee On All Returned Checks)

COVID-19 AGREEMENT (PLEASE READ CAREFULLY AND INITIAL):

Activities will resume under guidance from the Commonwealth of Virginia and Spotsylvania County officials. Please note that classes, programs, facility rentals, special events and sports may be delayed, postponed, or cancelled if at any time new guidance is issued at the state or local level regarding the COVID-19 virus. _____ (primary guardian initials)

I understand that the above listed participant will not be able to participate if they are experiencing any of the following: cough, shortness of breath, fever or chills, sore throat, muscle aches, headache, or new loss of smell or taste. _____ (primary guardian initials)