



Pegasus Riding Academy, Inc.

Therapeutic Riding Program

8297 Bustleton Avenue, Philadelphia, PA 19152

www.pegasusridingacademy.com

(215) 742-1500 - FAX: (215) 742-1515

Welcome Packet – New Riders

Thank you for your interest in our program.

All prospective riders must complete the attached forms.

Please read all of the forms completely, initial and sign in the places indicated. Forms must be returned with original signatures. Do not fax or email forms to our office. They can be mailed or dropped off.

The MEDICAL FORM must be completed by the rider's current physician and returned with an original signature. We cannot accept faxed or emailed copies.

Once all of the completed forms have been received the rider's name will be added to the waiting list. (We do not contact you concerning your status on the list.) Please feel free to check with us periodically in regard to your status on the list.

When the rider's name is on the top of the list and an opening occurs we will contact you and offer you that specific time. We will only wait a maximum of seven days for a response. If you are unable to accept that opening, the rider's name stays in the same place on the list and we will offer the opening to the next rider on the waiting list.

When an opening has been accepted, an evaluation with the Program Director or the Program Director and therapist (physical disabilities) will be scheduled. If the rider fails to show up for the evaluation the opening will be forfeited.

The Welcome Packet includes the following forms:

- Registration Form
- Medical Form
- Authorization for Emergency Medical Treatment
- Liability Release
- Photo Release
- Riding Contract

Please make sure that you have returned all of the forms fully completed with original signatures. The rider's name will not be added to the waiting list until all forms have been received.

Thank you



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PARTICIPANT REGISTRATION FORM

DATE: _____

Name _____ Male _____ Female _____

Date of Birth _____ Ht. _____ Wt. _____

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

E-mail address _____

Parent(s)/Guardian _____

Occupation(s) _____

Place(s) of Employment _____

Siblings (name & age) _____

Doctor's name(s)/addresses/phone _____

Therapist's names/addresses/phone _____

School/Education/Day Program _____

Physical Limitations _____

Intellectual Limitations _____

Please answer the following questions:

1. How did you hear about Pegasus Riding Academy?
2. What are your expectations from the rider's participation in the therapeutic riding program?
3. Have there been any significant changes (health or physical development) in the rider's condition within the past 6 months?

Pegasus Riding Academy Riding Contract

Pegasus Riding Academy, Inc. (hereinafter referred to as "Pegasus"), a non-profit corporation formed under the laws of the Commonwealth of Pennsylvania, provides therapeutic riding sessions. Participants agree to the following rules and regulations:

I. FEES & PAYMENT PROCEDURES:

Fee Schedule:

Group Fee: \$40.00 per session (Billed monthly in advance)

Private Fee: \$50.00 per session (Billed monthly in advance)

Upon receiving a slot in the program, clients will need to complete a one time evaluation. Each client will be evaluated by our Staff Therapist (physical disabilities) and/or our Program Director. The evaluation will determine the appropriate lesson. The one time fees are as follows:

Therapist Evaluation Fee: \$50.00

Pegasus Evaluation Fee: \$50.00

Fees must be paid by check or money order.

1. All payments must be paid on a monthly basis in advance.
2. Fees paid after the 7th of the month are subject to a "late fee" of \$25.00 per month.
3. All bank fees charged for returned checks are the responsibility of the participant.
4. Fees can be PAID BY MAIL – and must be received by the 1st of the month. Send payments to Pegasus Riding Academy, 8297 Bustleton Avenue, Philadelphia, PA 19152
5. Fees paid in person: **Fees paid in person are to be placed in the black mailbox located outside of the door to the first office. They should not be given to the instructors.**

Pegasus has no responsibility for claims or paperwork, other than to provide receipts or acknowledgement of services provided.

Initials _____

II. CANCELLATIONS:

1. Absences must be reported 24 hours in advance and will be considered a sick/vacation day. A make-up session will be scheduled if available and the rider notifies Pegasus of their desire to schedule a make-up session at the time the absence is reported. The client/family will then be advised of make-up times if and when available. Cancellations received within 24 hours of the scheduled session are considered to be a NON EXCUSED FORFEITED absence and the cost for the session is still due and owing.
*Note: Clients requiring surgery or experiencing a serious illness (more than two weeks; duration) will not be required to pay for or make up the lost sessions, but a valid doctor's note will be needed to resume riding. During this time, the client's slot will be held until the client is able to return.
2. All clients will be given **three** vacation/sick days a year that need not be paid for or made up; the client's slot will be held. Two weeks advance notice is needed for vacation.
3. Excused absences are as follows:
 - a. Religious activity – makeup session required within 30 days, if available, as determined by schedule cancellations, plus one-week notice. Note, the further in advance notice is given, the greater the possibility a makeup session will be able to be scheduled.
 - b. Vacation/sick days – three sessions a year on a January – December calendar basis; Riders beginning the program after January will be prorated sick days at one vacation/sick day per four month period remaining in the year – no fee or make up session required.
 - c. Extended Illness or surgery – no fee or makeup required, but a doctor's note is required to resume riding. An extended illness is considered to be an illness which is in excess of two weeks. Weekly coordination with Program Director is necessary for fee waiver.
 - d. Family emergency – session may be made up or excused completely as determined by the Board of Directors.
4. Any rider missing three lessons within the calendar year without prior notification (no call/no show) will be dropped from the program.

5. Cancellation due to inclement weather : Cancellation of classes due to weather is at the sole discretion of Pegasus and is not determined by school closures. Messages as to class cancellation will be available on 215-742-1501 no earlier than two hours prior to the beginning of class sessions for that day.
6. If a client chooses to leave the program, thirty (30) days notice is required. In the interim, the client is responsible for the cost of all lessons during that thirty day period.
7. Exceptions to the attendance and fee rules can be made in extenuating circumstances. Any client/family with such a situation can submit all pertinent information in writing and the Board of Directors will then take the matter under consideration.

Initials _____

III. LATE ARRIVALS:

Punctuality is required! Please let us know if you are going to be late. Classes are planned in advance for you, our dedicated team of volunteers and instructors will be waiting. **So if you're late, communicate!** Call the barn at 215-742-1503. We will wait for ten minutes past the scheduled ride time. Horses will be put away after this 10 minute period and no longer available so as to not disrupt the current active class. **NO** credit or make-up time will be issued.

Initials _____

IV. EXTENDED LEAVE

IF A CLIENT CHOOSES TO LEAVE FOR AN EXTENDED PERIOD (more than four weeks), PEGASUS CANNOT HOLD THE TIME SLOT UNLESS THE CLIENT ELECTS TO PAY TO RESERVE THEIR REGULARLY SCHEDULED SESSION. However, if a client does NOT desire to hold their time slot, they can elect to take an extended leave from the program and return at a future time without paying for lessons under the following conditions:

- a. The leave must be in excess of four weeks
- b. The client is a "rider in good standing" which means that in the past 12 months the rider has made timely payments and has provided timely notice for all missed lessons.
- c. The client must provide a valid reason for the extended leave and must provide proof of same to the Executive Director, who will determine the validity of the requested leave.
- d. The client must provide 30 days written notice of intent/desire to take an extended leave from the program. During that 30 day period the client is still responsible for all costs associated with scheduled lessons for the rider.
- e. If the client is granted an extended leave, at the time the client desires to return to the program, the client will take the first spot of the waiting list and will be offered the next available opening in the program. The client's prior lesson spot will not be held during this period of time and there are no guarantees as to availability of lesson times or the duration of time the client will have to wait until a space becomes available.

V. INFECTIOUS DISEASES:

Please be considerate of our riders, volunteers, and staff by keeping your rider at home if they are not feeling well. This is inclusive of all viral or bacterial infections.

Initials _____

VI. DRESS CODE FOR PARTICIPANTS:

Appropriate attire is essential for the comfort & safety of the rider. Long pants are required. Pants that are made of nylon, polyester, or other "slippery" materials are not acceptable. Closed-toe footwear with a closed back is mandatory for all riders. Riders riding with stirrups will need appropriate riding boots. The rider may NOT ride if not dressed appropriately.

Weather related clothing: Please provide jackets, sweaters, gloves, etc. in the event of colder temperatures. Remember, the arena is not heated.

Summer related clothing: Shorts are not permitted. Rider's legs can become irritated unless they are protected. Also, proper footwear is required. No sandals, etc.

Helmets: Helmets must be worn by all riders prior to and through the entire lesson time. Pegasus will provide an ASTM/SEI certified helmet if the rider does not have their own. They are located on the observation/play

room wall inside the main office building. Helmets must properly fit the rider. Meaning, they should stay on the head when harnessed without rocking or moving. It should rest so there can be two fingers placed between the eyebrows and the edge of the helmet. **Please place helmets in their designated numbered area and utilize the disinfectant spray after your rider's lesson as a courtesy to the next rider.**

VII. WEIGHT RESTRICTIONS:

The weight limit for riding at Pegasus Riding Academy is 200 pounds. Weight restrictions are also based on the extent of a rider's physical, emotional, and cognitive disability, as well as each individual horse's conformation and size. This is due to safety considerations for the rider, volunteers, and instructors. Riders may be asked for an updated weight or to be weighed at Pegasus at any time during the year to ensure that the appropriate horse is available.

VIII. OBSERVING CLASSES:

- We are happy to have families and friends of riders observe as long as it does not distract the class. We ask that you do not interrupt, enter into the arena, or distract the rider during the active session. This includes any additional siblings etc.
- **Riders should remain in the waiting area until their instructor or a volunteer comes to get them for their lesson.** There are specific areas designated for observation.
- For the safety of the riders, volunteers, instructors, and horses, riders and their parents, caregivers, siblings etc. are not permitted to enter the barn.
- **The mounting ramp is considered the most dangerous area during the rider's lesson.** Parents and caregivers are not permitted on the mounting ramp unless requested to do so by the instructor. **UNDER NO CIRCUMSTANCES** can a rider be mounted onto or dismounted from a horse by anyone other than an instructor unless previously authorized.
- Please keep activity/noise level around the mounting ramp area extremely low.
- Parents, caregivers, siblings etc. must stay behind the chained arena door entryway or in the waiting room.
- Some parents wish to help by side walking during class. We are happy to train you for this skill. Let us know if you wish to participate.

Initials _____

IX. SUPERVISION REQUIREMENTS

All participants under the age of 18 must be accompanied by a parent, adult guardian or aide unless otherwise approved by the Executive Director. An adult must remain on the premises that will be responsible for any dependence needs and/or emergencies and must accompany participants with medical or functional dependency

Initials _____

X. HORSES:

Do not feed any of the horses. Our horse's diets are supervised solely by our Equine Director. In the event you are bringing any type of treat for our horses such as carrots, apples, etc you may hold onto them until the end of the lesson. Let your instructor know that you have brought them. The instructor will take the treats and put them in the appropriate place in the barn. **Riders are not permitted to go into the barn area without an instructor.**

Initials _____

XI. PETS:

We have a high commitment to safety for our riders and horses; therefore, no pets are allowed on the premises. Exceptions are certified companions or working therapy support animals.

Initials _____

XII. SMOKING – PARTICIPANTS & GUESTS:

There is absolutely no smoking on site.

XIII. PARKING:

Please park in the designated areas. Do not block walk way areas. **Please observe a 5 MPH courtesy standard when entering and exiting the property.** We could have horses and/or riders moving from one area to another. Your cooperation is appreciated.

XIV. DISCIPLINARY POLICY

Pegasus disciplinary policy has been developed to ensure a safe and conducive environment for all involved in our therapeutic riding program. The Pegasus Executive Director, Program Director, Equine Director and/or Instructors have the right to discipline a rider, parent/guardian and/or aide.

a. First offense: (includes a documented verbal warning) If this is a rider, he or she will be dismounted from the horse and must meet with the instructor.

b. Second offense: (written warning) If a rider, he or she will be dismounted from the horse and dismissed from the riding lesson for that day and will receive a written warning.

c. Third offense: (final warning) The rider will be dismounted from the horse and dismissed from the program with written notice to follow.

d. If the offender is a parent, guardian or aide they will follow the same disciplinary policy and can be removed from the program on the third offense. If the offense pertains to a parent/guardian or aide, removal from the program may also include the rider.

e. Examples of reasons for disciplinary actions: disruption to class, behavior problems that are unacceptable or unsafe, disrespect to instructors and/or volunteers including disruption of lesson instruction, any actions deemed unsafe, use of cell phones in the arena, acts which are harmful to the horses, failure to follow program policies, rules, instructions, etc.

f. A rider, parent, guardian or aide will be immediately removed from the Pegasus program for inappropriate sexual comments or sexual misconduct.

Initials _____

Yes, I would like _____ to participate in the therapeutic riding program at Pegasus Riding Academy, Inc. and have read and agree to the above provisions. I have also discussed this with the participant's Physician. I understand that horseback riding is an inherently dangerous activity that can result in SERIOUS INJURY and even DEATH, and that no liability can be accepted by any organization concerned with this program, including Pegasus, the Board of Directors of Pegasus, the employees of Pegasus, the volunteers, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia in the event of any accident, which may occur.

Signature of Parent /Guardian _____

Signature of Participant over age 18 _____

Date: _____

**PLEASE SIGN, DATE AND RETURN ONE COPY.
PLEASE KEEP A COPY FOR YOUR REFERENCE.**

PHONE NUMBER USED TO CALL FOR CANCELLATION: 215-742-1501.

**VERBAL CANCELLATIONS MUST BE DIRECTED TO THE PEGASUS OFFICE ONLY
OTHERWISE THE STANDARD FEE WILL BE CHARGED.**

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WAIVERS

Date _____

Liability Waiver for Participants/Riders

I (We, as parent/guardian of) _____ in consideration of the efforts of
(Name of rider)
Pegasus Riding Academy, Inc. (hereinafter referred to as "Pegasus") do release and forever discharge Pegasus, the Board of Directors of Pegasus, the employees of Pegasus, the volunteers working for Pegasus, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia from all manner of actions, cause and causes of action, and suits, at law and or in equity which may arise in any manner whatsoever from said horseback riding sessions.

I (We) further promise not to institute any action at law or in equity against Pegasus or any of the individuals serving on the Board of Directors of Pegasus, the Advisory Board of Pegasus the employees of Pegasus, the volunteers working for Pegasus, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia on account of any injury or other loss or damage that may be sustained by me (us, or my child) _____ as a
(Name of rider)
consequence of said horseback riding sessions.

I (We) understand that being on horseback is an inherently dangerous activity that can result in serious bodily injury and/or death of the participants. This waiver shall bind me (us) and my (our) heirs and legal representatives.

I (We) have read this waiver and understand all its terms. I (We) am (are) executing it voluntarily and with knowledge that this waiver will act as a complete bar to any claim resulting from said horseback riding sessions.

Intending to be legally bound, I (we) have signed this liability release on _____, 20____.

SIGNATURE _____ DATE _____
(Adult Rider)

SIGNATURE _____ DATE _____
(Parent/Guardian if rider is under 18 years of age)

No participant can be accepted for riding therapy until this form has been completed by the individual or parent(s)/guardian. If the participant is of legal age (18), he/she may complete this form, if he/she is competent to do so. Therapeutic riding will be under strict supervision and although every effort will be made to avoid any accident, it must be recognized that being on horseback is an inherently dangerous activity which could result in SERIOUS INJURY or DEATH, AND NO LIABILITY can be accepted by any of the individuals or organizations concerned.

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Photo Release Form for Participants/Riders

I (We) hereby grant permission to take or have taken still photographs, videotape or television film of myself (our/my child) _____, and consent and authorize the

(Name of rider)

Pegasus Riding Academy, Inc., its advertising agencies, news media, and any other persons interested in the Pegasus Riding Academy, Inc., and its work, to use and reproduce the photographs, videotape and television film to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, internet, including Facebook, brochures, pamphlets, instructional material, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of the Pegasus Riding Academy, Inc., to use or cause to be used such photographs, films and pictures of Pegasus Riding Academy, Inc. and its work.

SIGNATURE _____ DATE _____
(Adult Rider)

SIGNATURE _____ DATE _____
(Parent/Guardian if rider is under 18 years of age)

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Authorization for Emergency Medical Treatment Form

Participant Volunteer Staff

NAME _____ Date of Birth _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

NAMES OF PARENT/GUARDIAN (IF UNDER 18) _____

Physician's Name _____ Phone _____

Health Insurance Company _____ Policy # _____

Preferred Medical Facility _____

Allergies/Allergies to medication _____

Current medications _____

In the event of an emergency, contact:

Name _____ Cell phone _____ Relationship _____

CHOOSE EITHER CONSENT PLAN OR NON-CONSENT PLAN

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 Pegasus Riding Academy,

I authorize Pegasus Riding Academy, Inc. to:

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

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date _____ Consent Signature _____

Participant, Volunteer, Staff Member, Parent or Legal Guardian
Signed in the presence of Pegasus staff

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 Pegasus Riding Academy, Inc.

- o Parent or legal guardian will remain on site at all times during therapeutic riding activities.
- o In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Participant, Volunteer, Staff Member, Parent or Legal Guardian
Signed in the presence of Pegasus staff

Pegasus Riding Academy Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + —

Neurologic Symptoms of Atlanto Axial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	YES	NO	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic/Scoliosis degree			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

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

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: (_____) _____ License/UPIN Number: _____

THIS FORM IS VALID FOR A PERIOD OF ONE YEAR FROM DATE SIGNED.

IT MUST HAVE ORIGINAL SIGNATURE.

PLEASE RETURN TO PEGASUS RIDING ACADEMY, 8297 BUSTLETON AVENUE, PHILADELPHIA, PA 19152