



Pegasus Therapeutic Riding Academy, Inc

8297 Bustleton Avenue, Philadelphia, PA 19152

(215) 742-1500 - FAX: (215) 742-1515 www.pegasusridingacademy.com

Welcome Packet – New Participants

Thank you for your interest in our program.

All prospective participants 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 participant'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 participant'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 participant'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 participant's name stays in the same place on the list and we will offer the opening to the next participant 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 participant 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
- Participation Contract

Please make sure that you have returned all of the forms fully completed with original signatures. The participant'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 _____

Race/Ethnicity: Caucasian Black/African American Hispanic Asian Mixed: _____ Other: _____

Date of Birth _____ Ht. _____ Wt. _____

Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

E-mail address _____

Parent(s)/Legal Guardian _____

Occupation(s) _____

Place(s) of Employment _____

Siblings (name & age) _____

Caregivers name, address & phone _____

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 Therapeutic Riding Academy?
2. What are your expectations from the participant's participation in the Pegasus program?
3. Have there been any significant changes (health or physical development) in the participant's condition within the past 6 months?

Pegasus Therapeutic Riding Academy Contract

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

I. FEES & PAYMENT PROCEDURES FOR THERAPEUTIC RIDING:

Fee Schedule:

Group Fee: \$42.00 per lesson (Billed monthly in advance)

Private Fee: \$52.50 per lesson (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

Clients must participate in the program on a session basis and are only able to end participation in the program at the end of a session.

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 10th 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 Therapeutic 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 in advance and will be considered an uncharged absence (DAY OFF) as long as we receive notice prior to the lesson that the participant will not be coming. For weekday evenings notice must be received by 5:00 PM and on weekends and weekday mornings by 9:00 AM. Cancellations must be called into the Pegasus office on 215-742-1501. Email notification is not sufficient since Pegasus email is not monitored on a 24/7 basis. Cancellations received after 5:00 PM for weekday evenings and 9:00 AM for weekends and weekday mornings are considered to be a **NON EXCUSED FORFEITED** absence and the cost for the lesson is still due and owing.*
2. *All clients will be given **two** days off a year (calendar year: January – December) that need not be paid for (uncharged absence – DAY OFF); clients starting to ride during the year will have the number of days off prorated as follows: in program three or four sessions per year - two days off per year; in program one or two sessions per year - one day off per year.*
3. *Extended Illness or surgery – no fee 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. Pegasus Program Director must be notified of the participant's extended illness or surgery when the surgery is scheduled or the illness begins.*
4. *Any participant 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 lessons for that day.*
6. *If a client chooses to leave the program at the end of the session, thirty (30) days' notice is required. In the interim, the client is responsible for the cost of all lessons during that thirty day period. Clients cannot leave the program during a session except for physician documented medical reasons.*
7. *There are no make-up lessons for classes missed.*

8. 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 will be issued.

Initials _____

IV. **SESSION LEAVE**

IF A CLIENT CHOOSES TO LEAVE FOR A SESSION, PEGASUS CANNOT HOLD THE TIME SLOT UNLESS THE CLIENT ELECTS TO PAY TO RESERVE THEIR REGULARLY SCHEDULED LESSON.

However, if a client does NOT desire to hold their time slot, they can elect to take A SESSION OFF from the program and return at a future time without paying for lessons under the following conditions:

d. The client must provide 30 days written notice of intent/desire to take A SESSION OFF from the program. During that 30 day period the client is still responsible for all costs associated with scheduled lessons for the participant.

e. If the client is granted A SESSION leave, at the time the client desires to return to the program, the client will BE PLACED on the waiting list and will be offered the next APPROPRIATE 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.

f. If the client does not desire to re-register for a session, then 30 days' notice of this intent must be provided prior to the start of the next session. The client is financially responsible for the cost of all lessons in the current session during the 30 days' notice period.

V. **INFECTIOUS DISEASES:**

Please be considerate of our participants, volunteers, and staff by keeping your participant at home if they are not feeling well. Participants who are taking an antibiotic, must be on the antibiotic for at least 24 hours prior to returning to lessons. 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 participant. Long pants are required. Pants that are made of nylon, polyester, or other "slippery" materials are not acceptable. Boots or sneakers are mandatory for all participants. Participants riding with stirrups will need appropriate riding boots. The participant may NOT ride if not dressed appropriately. If a participant comes to lessons in inappropriate footwear, the participant will not be permitted to ride, but will still be charged for the lesson.

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. Participant's legs can become irritated unless they are protected. If it is medically necessary for a participant to wear shorts, a letter from the participant's physician must state that fact. Participants will be given one warning for coming to riding in shorts without the proper medical documentation. The second time the participant comes to lessons in shorts, the participant will not be permitted to ride, but will still be charged for the lesson. Also, proper footwear is required. Only boots or sneakers are permitted.

This applies year round; even in the summer. If a participant comes to lessons in inappropriate footwear, the participant will not be permitted to ride, but will still be charged for the lesson.

Helmets: Helmets must be worn by all participants prior to and through the entire lesson time. Pegasus will provide an ASTM/SEI certified helmet if the participant does not have their own. They are located on the observation/playroom wall inside the main office building. Helmets must properly fit the participant. 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 participant's lesson as a courtesy to the next participant.**

VII. WEIGHT RESTRICTIONS:

The weight limit for riding at Pegasus Therapeutic Riding Academy is 200 pounds. Weight restrictions are also based on the extent of a participant's physical, emotional, and cognitive disability, as well as each individual horse's conformation and size. This is due to safety considerations for the participant, volunteers, and instructors. Participants 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 participants observe as long as it does not distract the class. We ask that you do not interrupt, enter into the arena, or distract the participant during the active session. This includes any additional siblings etc.
- **Participants 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 participants, volunteers, instructors, and horses, participants and their parents, caregivers, siblings etc. are not permitted to enter the barn.
- **The mounting ramp is considered the most dangerous area during the participant'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 participant 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. All siblings must be supervised.
- 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. **Participants are not permitted to go into the barn area without an instructor.**

Initials _____

XI. PETS:

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

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 participants 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/Equine Director, Asst. Program Director and/or Instructors have the right to discipline a participant, parent/guardian and/or aide.

a. First offense: (includes a documented verbal warning) If this is a participant, he or she will be dismounted from the horse or removed from lesson area if an unmounted program and must meet with the instructor.

b. Second offense: (written warning) If a participant, he or she will be dismounted from the horse or removed from lesson area if an unmounted program, and dismissed from the lesson for that day and will receive a written warning.

c. Third offense: (final warning) The participant will be dismounted from the horse or removed from the lesson area if an unmounted program and dismissed from the program with written notice to follow.

d. If the offender is a parent, guardian or caregiver 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 participant.

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 participant, 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 Therapeutic 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.**

Pegasus Therapeutic Riding Academy, Inc.

8297 Bustleton Avenue, Philadelphia, PA 19152

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

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) _____

CAREGIVERS _____

Address (if different from above): _____

Phone (if different from above): _____

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 _____

Consent to Emergency Medical Treatment

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 Therapeutic Riding Academy,

I authorize Pegasus Therapeutic 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.

SIGNATURE _____ DATE _____

Adult Participant
Signed in the presence of Pegasus staff

SIGNATURE _____ DATE _____

Parent/Guardian if participant is under 18 years of age
Signed in the presence of Pegasus staff

Relationship to participant if participant is under 18 years of age _____

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WAIVERS

Date _____

Liability Waiver for Participants

I (We, as parent/guardian of) _____ in consideration of the efforts of
(Name of participant)
Pegasus Therapeutic 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 and equine assisted learning 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 participant)
consequence of said horseback riding and/or equine assisted learning sessions.

I (We) understand that being on horseback and/or being around horses 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 _____
(Adult Participant)

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

No participant can be accepted for equine assisted activities and therapies 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 and equine assisted learning will be under strict supervision and although every effort will be made to avoid any accident, it must be recognized that being on horseback or around horses 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.

Photo Release Form for Participants

I, DO DO NOT

consent to and authorize the use and reproduction by Pegasus Therapeutic Riding Academy of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

SIGNATURE _____ DATE _____
Participant - Signed in the presence of Pegasus staff

SIGNATURE _____ DATE _____
Parent/Guardian if participant is under 18 years of age - Signed in the presence of Pegasus staff

Pegasus Therapeutic 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 Therapeutic 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 HAND DELIVER OR RETURN BY MAIL TO PEGASUS THERAPEUTIC RIDING ACADEMY, 8297 BUSTLETON AVENUE, PHILA, PA 19152