



# Pegasus Therapeutic Riding Academy, Inc

8297 Bustleton Avenue, Philadelphia, PA 19152

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

## 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 Rules

## I. 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.

## II. 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 \_\_\_\_\_

## III. 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.

**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.

**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.**

## IV. 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.

## V. 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.

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## VI. 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

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## VII. 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.**

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## VIII. 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.

## IX. SMOKING – PARTICIPANTS & GUESTS:

There is absolutely no smoking on site.

## XI. 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.

## XII. 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.

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**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**

# 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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian if participant is under 18 years of age

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Parent/Guardian if participant is under 18 years of age

## 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