



Pegasus Therapeutic Riding Academy, Inc

8297 Bustleton Avenue, Philadelphia, PA 19152

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

Welcome Packet 4-H Participants Unmounted Program (no riding)

Thank you for your interest in our program at Pegasus Therapeutic Riding Academy.

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 Welcome Packet includes the following forms:

- Registration 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 will not be enrolled in our program until all forms have been received.

Thank you



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DATE: _____

4-H PARTICIPANT REGISTRATION FORM

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 _____

If Applicable Therapist's names/addresses/phone _____

School/Education/Day Program _____

If Applicable Physical Limitations _____

If Applicable 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 4-H 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. **CANCELLATIONS:**

1. 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.
2. *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.*
3. *If it is determined by either Pegasus or the participant's therapist that participating in a specific lesson would be unsafe, then the participant is still responsible for the cost of the lesson.*
4. There are no make-up lessons for classes missed

II. **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!**

III. **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 _____

IV. **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. The participant may NOT participate if not dressed appropriately. If a participant comes to lessons in inappropriate footwear, the participant will not be permitted to participate, 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: If deemed necessary by the instructor / 4-H leader, helmets may be worn during program 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.**

Initials _____

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

Initials _____

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.**

Initials _____

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.

X. 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.

XI. 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 removed from lesson area and must meet with the instructor.
program with written notice to follow.

- b. Second offense: (written warning) If a participant, he or she will be removed from lesson area, and dismissed from the lesson for that day and will receive a written warning.
- c. Third offense: (final warning) The participant will be removed from the lesson area and dismissed from the
- 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 4-H 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 equine activities are inherently dangerous and 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.**

TO CANCEL LESSONS:

**CALL THE OFFICE PHONE TO CANCEL BEFORE LESSONS: 215-742-1501
CALL THE BARN PHONE ONCE LESSONS HAVE STARTED: 215-742-1503**

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

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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) _____

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/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