

Purple Pony Therapeutic Horsemanship, Inc.

Dear Prospective Participant,

Purple Pony Therapeutic Horsemanship typically offers a combination of spring, summer and fall riding sessions. Please call or check the website calendar for exact dates and fee information for the current year as they do fluctuate.

Session dates are determined early in each calendar year by the Purple Pony leaders. Typically a session will be 6- to 10 weeks in duration with a short interim between sessions. Weekly group classes are 45-60 minutes in length ranging between 2 to 5 participants per class.

Purple Pony will consider applicants who are at least 4 years of age and do not exceed a weight of 200 pounds.

ATTENDANCE POLICY:

In order for the lesson schedule to work efficiently, the following attendance policy must be followed:

1. **A parent or primary caregiver must be present during the participant's lesson at all times.**
2. Please plan to arrive 5-10 minutes before class time.
3. It is the responsibility of the participant or caregiver to notify Purple Pony **prior** to the day of the lesson if they will be absent. Volunteers commit their time to lessons; to be respectful of their schedules we try to notify them at least 24 hours in advance to changes in the schedule.
4. Our team of volunteers will wait 20 minutes in case a participant arrives late for a lesson. If arrival is later than 20 minutes, the lesson will be considered canceled; no makeup will be provided.
5. We have both outdoor and indoor arenas; class will rarely be canceled due to inclement weather. If there is a change in a class schedule for any reason you will be notified as soon as possible.
6. If a rider needs to cancel or have a scheduled absence, PP will offer a make-up during regular lesson times if openings are available. PP will not refund monetarily for any absence or cancellation by a rider.

WAITING LIST:

Purple Pony currently has a waiting list. Each season class openings are offered first to returning students. Following that, open lesson spots will be filled from the waiting list. If this is your first application to the program, please submit the one-page waiting list application found on www.purplepony.org. You will be notified when an opening is available and arrangements for an onsite evaluation will be scheduled. After the evaluation, if the rider is accepted into the program, a complete application packet will be required.

REQUIRED FORMS/APPLICATION: The following forms & information are included in this packet. If you have been notified of acceptance into a session, all forms included in this packet must be completed and submitted at least 1 week prior to beginning of the session. (Note: for returning riders, Purple Pony requires updated paperwork, including pg. 6 Doctor's Health History & Release, once per year, at the start of each riding season)

- General Information & Schedule Form to be completed by participant or guardian
- Participant's Health History to be completed by participant or guardian
- Authorization for Emergency Medical Treatment Form to be completed by participant or guardian
- Release and Hold Harmless Agreement to be completed by participant or guardian
- Participant's Medical History and Physician's Statement **must be completed & signed by your physician**
- (And provided for information only) Specifics regarding Down's Syndrome & Atlantoaxial Instability. **If applicable, to be shared with the physician for participation in an equine riding program.**

Please return the completed forms to our MAILING ADDRESS:

Purple Pony Therapeutic Horsemanship, P.O. Box 148, Bergen, NY 14416

NOTE: PROGRAM LOCATION is at Double G Ranch, 7295 Beaver Meadows Rd, Bergen, NY 14416

For further information, call Dan Kilker (585-303-6495) or refer to the website: www.purplepony.org

Purple Pony Therapeutic Horsemanship, Inc.

PARTICIPANT GENERAL INFORMATION & PHOTO RELEASE

Today's Date _____ New Participant _____ Returning Participant _____

Enrolling for: Spring Session _____ Fall Session _____

The chart below indicates the class schedule for this season. Please number the boxes in order of preferred class day & time. Every effort will be made to place riders into their 1st choice but flexibility is greatly appreciated as we match riders with our horses, our volunteer availability and, class dynamics:

	4:15 p.m.	5:30 p.m.	6:45 p.m.	(approximate start times)
Tuesday				
Friday				

PARTICIPANT INFORMATION:

Participant's Name _____ Gender: M or F

Height: _____ Weight*: _____ Age today: _____

Riders Current School _____

Has Rider had previous horseback riding experience? _____

How did you hear about Purple Pony? _____

Home Mailing Address _____

City _____ State _____ Zip _____

Parent/Guardian who will be attending lessons with rider? _____

(Please indicate preferred contact) Phone _____ Cell Phone _____

e-mail (for primary care giver) _____

Additional Parent /Guardian name & contact if needed _____

PHOTO RELEASE

I DO

I DO NOT

consent to & authorize the use & reproduction by Purple Pony Therapeutic Horsemanship, Inc. 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: _____

Client, Parent or Legal Guardian

Purple Pony Therapeutic Horsemanship, Inc.

PARTICIPANT'S HEALTH HISTORY (filled out by parent or primary caregiver)

Participants Name: _____ Date of Birth: _____

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS (include prescription and over-the-counter; name, dose and frequency) _____

Describe rider's abilities or difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding) _____

PSYCHO/SOCIAL FUNCTION (e.g., work/school including grade completed, leisure interests, Relationships, family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e. why are you applying for participation? What would you like to accomplish?)

Signature: _____ Date: _____

Purple Pony Therapeutic Horsemanship, Inc.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event that emergency medical aid/treatment is required due to illness or injury during lesson activities, or while on the property of the agency, I authorize Purple Pony Therapeutic Horsemanship, Inc to:

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

Participant's Name _____ DOB: _____ Date Today: _____

Physician's Name _____ Facility _____ Phone: _____

Health Insurance Company _____ Policy # _____

Known Allergies (environment/pharmaceutical) _____

In the event of an emergency, contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CONSENT PLAN

This authorization includes x-ray, 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.

Consent Signature _____ Date _____
Participant, parent or legal guardian

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during lesson activities or while on the property of the agency. In the event emergency treatment/aid is required, **I wish the following procedures to take place:**

Consent Signature _____ Date _____
Participant, parent or legal guardian

Purple Pony Therapeutic Horsemanship, Inc.

RELEASE AND HOLD HARMLESS AGREEMENT

No participant will be accepted for therapeutic horsemanship instruction at Pony Therapeutic Horsemanship, Inc. until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of the participant.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding, driving, and working around horses. This includes bodily injury from horseback riding or driving or being in close proximity to horses. Among other risks, both horse and participant can be injured during normal use or in competition and schooling. In order to provide this valuable service, **NO LIABILITY** will be accepted by the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC., DOUBLE G RANCH**, or any of the organizations or persons connected with the above named facilities.

IN CONSIDERATION for the opportunity to ride, drive and/or work with horses at **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.,** and/or **DOUBLE G RANCH**, the undersigned, as self, or as parent(s), or guardian(s) of the named participant, jointly or severally, do hereby agree to release, hold harmless and indemnify **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.,** and/or **DOUBLE G RANCH**, its officers, directors, trustees, agents, employees, representatives, successors and assigns from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned or said participant may now or in the future have against the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.,** and/or **DOUBLE G RANCH**, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said participant, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.,** and/or **DOUBLE G RANCH**, its officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

I have carefully read this agreement and fully understand its contents.

Today's Date _____

Participant Name (**Print**) _____ DOB _____

Participant or Parent/Guardian Signature _____)

Address (*if different than pg 1*) _____

City _____ State _____ Zip _____

Purple Pony Therapeutic Horsemanship, Inc.

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

To be completed by Physician

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: Neurologic Symptoms of Atlantoaxial Instability: _____ Present _____ Absent

*Please indicate current or past special needs in the following systems/areas, including surgeries.
 These conditions may suggest precautions and contraindications to equine activities.*

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Orthopedic			
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 and/or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____
 Signature: _____ Date: _____
 Address: _____
 Phone: (____) _____ License/UPIN Number: _____

Purple Pony Therapeutic Horsemanship, Inc.

Information Concerning the Therapeutic Riding Program

Therapeutic Horsemanship describes equine activities organized and taught by knowledgeable and skilled instructors to people with disabilities or diverse needs. Riders progress in equestrian skills while improving their cognitive, physical, emotional, social, and behavioral skills.

What are the Benefits: Physically, therapeutic riding can improve coordination and help normalize muscle tone. It can help improve posture and increase the functional range of motion, muscular strength, and flexibility. Perceptual and sensory motor skills may also improve. Psychological benefits include improved motivation, self-esteem and confidence. Therapeutic riding enhances the development of cognitive skills and allows the participant to improve socialization skills and learn team work.

How do you qualify to participate in the therapeutic horsemanship program?

- Participants over the age of 4
- Meets the current weight restrictions (Purple Pony accepts riders under 200 lbs)
- Participants display appropriate behavior to maintain safety

The following conditions ARE contraindicated for therapeutic riding:

- Structural scoliosis greater than 30 degrees
- Uncontrolled seizures
- Positive X-Ray for Atlantoaxial Instability (see additional information)
- Tethered Cord or Chiari II Malformation
- Hip subluxation, dislocation, or degeneration
- Indwelling catheter
- Spinal Cord Injury above a T-6
- Hemophilia

The following conditions MAY BE Contraindicated – Please consult Physician before engaging in a riding program:

- Osteoporosis
- Osteogenesis Imperfecta, lordosis, or kyphosis
- Osteopenia
- Recent surgeries
- Recurrent pathological fractures
- Spina Bifida
- Spinal fusions / spinal instability/ spinal stabilization devices
- Varicose veins
- Diabetes

Purple Pony Therapeutic Horsemanship may be unable to accommodate a potential participant due to resources available and program capabilities (i.e. horses, equipment, availability of instructor, volunteers, capabilities). The therapeutic riding program follows PATH Int'l Precautions and Contraindications Guidelines. You may learn more about the Professional Association of Therapeutic Horsemanship International on their website, www.pathintl.org.

If you have a question as to whether you qualify for the Therapeutic Horsemanship Program, contact: Purple Pony Therapeutic Horsemanship, Inc. at 585.303.6495 to discuss (e mail: purpleponyth.org@yahoo.com).

Occasionally it becomes apparent for the need to discharge an enrolled client from riding in the therapeutic program. Some of the conditions that may lead to dismissal are as follows:

- Client has reached all of their goals or loses purpose for participation.
- Client displays conditions listed by PATH as a contraindication to riding. (i.e. client unable to maintain a safe sitting position, safe head or neck control.
- Changes in client's medical, physical, cognitive, or emotional condition that makes participation inappropriate.
- A client's inability or resistance to follow directions which would interfere with progress and safety of a class.
- Client exceeds weight limit that can safely be managed by horses, and/or volunteers.
- 3 missed scheduled riding classes without prior notification will be considered a discharge.
- Nonpayment for enrolled session (if payment is not received after the 1st lesson of the session).

Purple Pony Therapeutic Horsemanship, Inc.

Information Concerning Participants w/ Down Syndrome and Atlantoaxial Instability

Atlantoaxial Instability (AAI) has been described as instability, subluxation or dislocation of the joint between the first and second cervical vertebrae (atlantoaxial joint). Instability of the joint is generally due to poor muscle tone and joint laxity common with Down Syndrome. This is a potentially life threatening or paralyzing condition. Incidence of AAI among persons with Down Syndrome is reported to be 10 to 20 percent.

Specific radiographs, full flexion / extension X-rays of the lateral cervical spine to determine the atlanto-dens-interval measurement (ADI), are needed to rule out AAI before mounted activities are permitted. An accurate ADI measurement is not always easy to obtain and X-rays should be done by a radiologist familiar with this examination. It should be noted that X-rays done prior to the age of 2 can be less reliable; therefore, these children should not participate in mounted activities. For the child from 2-4 years, please refer to the section on Age Related Considerations, and always consult with the participant's pediatrician. A group of individuals with Down Syndrome have been reported to demonstrate neurological abnormalities with normal ADI X-rays. The cause of these abnormal neurological signs is unclear.

It is possible that the child or adult with low muscle tone, common with Down Syndrome, may suffer repeated micro-trauma to the cervical spine area. These individuals often show excessive head and neck instability.

PATH Int'l recommends that all participants with Down Syndrome have:

Prior to starting mounted activities:

- A. A medical examination with special reference to neurological function
- B. Initial lateral, or side view X-Rays, within the past 5 years, of the upper cervical region in:
 1. full flexion
 2. extension
- C. Certification by a physician that an examination did not reveal atlantoaxial instability or focal neurological disorder

With continuation of mounted activities:

- A. Annual certification from a physician that the participant's annual physical examination reveals no symptoms of AAI.
- B. Following the initial X-ray, indication for repeated X-Rays should be made at the discretion of the participant's physician.

Atlantoaxial Instability Symptoms

Change of Head Control

Torticollis

Head tilt

Stiff neck

Change in gait

Progressive clumsiness

Toe walking or scissoring

Falling

Posturing

Change in Hand Control

Progressive weakness

Fisting

Change of dominant hand

Increasing tremor

Change in Bladder Function

Change in Bowel Function

Precaution: Monitor for Neurological symptoms, report changes to the family physician.

Contraindications – will not recommend for therapeutic riding

- Children under the age of 4
- Neurological symptoms Atlantoaxial instability (see above)
- Positive neurological clinical signs as noted by the physician
- Significant ADI measurement as determined by the physician

**Information from the PATH Int'l Precautions and Contraindications Guidelines*