

Purple Pony Therapeutic Horsemanship, Inc.

Dear Prospective Participants,

The Purple Pony Therapeutic Horsemanship offers a Spring, Summer and Fall Session. Please check calendar for current dates.

Participants can enroll in any number of sessions. The cost of the session is 25.00 per lesson times the number of weeks. Lessons are approximately one hour long with two or more riders. Private lessons are available by individual arrangement. The fee is payable in advance or in three payments (first payment in advance to reserve riding time). Alternative session lengths can be arranged to meet the rider's needs.

Attendance Policy: Purple Pony Therapeutic Horsemanship, Inc. does not have access to indoor riding facilities and will provide unmounted horsemanship lessons if unable to ride outside. If more than two unmounted horsemanship lessons occur in one riding session, alternative lesson times will be offered. Please check with the instructors for clarification.

In order for the session system to work efficiently, the following attendance policy is applicable:

1. If the lesson is cancelled by Purple Pony Therapeutic Horsemanship, Inc., a make up lesson will be provided.
2. There are no refunds or make-ups for any other absences.

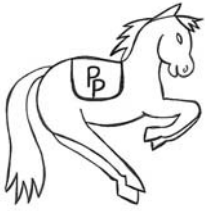
Forms: The following forms and information are included in this packet. All forms must be completed prior to participation.

- Participant Schedule Form (completed by participant to assist with scheduling)
- Participant's Application and Health History (completed by participant or guardian)
- Authorization for Emergency Medical Treatment Form (completed by participant or guardian)
- Release and Photo Release (completed by participant or guardian)
- Participant's Medical History and Physician's Statement (must be completed and signed by a physician)
- Information Concerning the Therapeutic Riding Program and Atlantoaxial Instability Information (to be shared with the physician for information).

Directions: Purple Pony is located at 785 Whittier Rd in Ogden, NY

From East: Highway 531 west to end. Turn left at the lights onto Route 36 (Washington St) and travel south for 2.4 miles. Right on Whittier Rd. and travel 1.2 miles to Purple Pony on right.

From West: Highway 31 east. Turn right on Hubbell Rd. and travel south for 2.5 miles. Turn right on Whittier Rd. Purple Pony is the 2nd driveway on the right.



Purple Pony Therapeutic Horsemanship, Inc. Participant Schedule Form

New Student _____ **Session:** Spring _____ Summer _____ Fall _____
 Continuing Student _____ **Year** _____

Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Disability _____

Previous Horseback Riding Experience _____

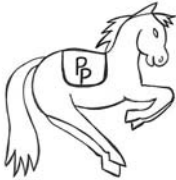
To help schedule lessons, please list times that you **CAN** ride:

	Morning	Afternoon	*After School	Evening
Mon				
Tues.				
Wed.				
Thu.				
Fri.				
Sat.				
Sun.				

* If you can ride after school, please indicate what time you could arrive at the barn.

Please return to Purple Pony Therapeutic Horsemanship, Inc. 99 Meridian St, Rochester, NY 14612.

For more information call Karen Reeverts (585.293.3699) or Sue Brodner at (585.663.0977).



Purple Pony Therapeutic Horsemanship, Inc. Participant's Application and Health History

GENERAL INFORMATION

Participant _____

Disability _____ Date of Onset _____

DOB _____ Age _____ Height _____ Weight _____ M F

Address _____
Street / PO Box City State Zip

Phone _____ Alternative Phone # _____

Employer / School _____ Phone # _____

Address _____
Street / PO Box City State Zip

Parent / Legal Guardian _____ Phone# _____

Address (if different from above) _____

HEALTH HISTORY

Please indicate current or past problems in the following areas:

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

Tetanus Shot Yes _____ No _____ Date _____

What medication(s) is participant currently taking, including over-the-counter medication? _____

Describe the participant's abilities / difficulties in the following areas (include assistance required or equipment needed.)

FUNCTION *(ie Mobility skills such as transfers, walking, wheelchair use, driving / bus riding)*

SOCIAL *(ie work/school including grade completed, leisure interests, companion animals, fears/ concerns, etc.)*

GOALS *(ie Reasons for participation? What does the participant want to accomplish?)*

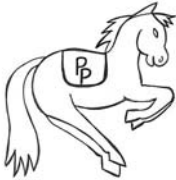
PHOTO RELEASE

- I **DO**
 DO NOT

Consent to and authorize the use and reproduction by Purple Pony Therapeutic Horsemanship, Inc. and its representatives 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 Purple Pony Therapeutic Horsemanship, Inc.

Signature _____ Date _____

Participant, parent, or legal guardian



Purple Pony Therapeutic Horsemanship, Inc. Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name _____

Address _____

Street / PO Box *City* *State* *Zip*

Telephone _____ DOB _____

Physician's Name _____ Medical Facility _____

Health Insurance Company _____ Policy # _____

Allergies to Medications _____

Current Medications _____

In the event of an emergency, contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

In the event that emergency medical aid/treatment is required due to illness or injury during center 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.

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 center 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 student will be accepted for therapeutic horsemanship instruction and no volunteer accepted for service at Purple Pony Therapeutic Horsemanship, Inc. until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor or, if the student or volunteer is of legal age and sound mind, by the student or volunteer.

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 rider can be injured during normal use or in competition and schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.** or any of the organizations or persons connected with the above named facility.

IN CONSIDERATION for the privilege of riding, driving and/or working around horses at the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.**, the undersigned, as self, or as parent(s), or guardian(s) of the named minor, jointly or severally, do hereby agree to release, hold harmless and indemnify **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.**, 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 minor may now or in the future have against the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.**, 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 minor, 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.**, 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.

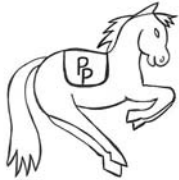
I have carefully read this agreement and fully understand its contents.

Participant Name (Print) _____

Participant or Parent / Guardian Signature _____ Date _____

Address _____

City _____ State _____ Zip _____



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. Students 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?

- Riders over the age of four
- Meets the current horse weight restrictions
- Riders have appropriate behavior to maintain safety

The following conditions ARE contraindicated for therapeutic riding:

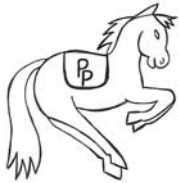
- Structural scoliosis greater than 30 degrees
- Uncontrolled seizures
- Positive X-Ray for Atlantoaxial Instability (see additional information)
- Tethered Cord or Chiari II Malformation
- Hip subluxation, dislocation, or degeneration
- Indwelling catheter
- Spinal Cord Injury above a T-6
- Hemophilia

The following conditions MAY BE Contraindicated:

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

Purple Pony Therapeutic Horsemanship, Inc. may be unable to accommodate a potential rider due to resources available and program capabilities (ie horses, equipment, availability of therapist, volunteers, capabilities) Riders accepted into the program are re-evaluated on a regular basis and may become ineligible. The therapeutic riding program follows NARHA's Precautions and Contraindications Guidelines.

If you have a question as to whether you qualify for the Therapeutic Horsemanship Program, contact: Purple Pony Therapeutic Horsemanship, Inc. at 585-349-1481 or www.purpleponyth.org



Purple Pony Therapeutic Horsemanship, Inc.

Information Concerning Participants with 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.

NARHA 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

- Children under the age of 2
- 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 NARHA Precautions and Contraindications Guidelines*