



Rider Registration Packet

At Ivy Hill Therapeutic Equestrian Center, we strive to offer positive and productive equine assisted services to individuals with disabilities. To receive equine assisted services, the first step is to complete and return this packet.

Once we receive your completed packet, our Program Manager will review your information, and will contact you to schedule an intake evaluation appointment. During the evaluation, we will assess the rider's physical, cognitive, and social/emotional needs to determine if equine assisted services are appropriate. This evaluation takes 30 to 50 minutes and will include a discussion of the rider's medical and treatment history. The assessment will be done at Ivy Hill, both on the ground and while the rider is mounted on a horse. At the conclusion of the intake evaluation, recommendations will be made for services with an equine assisted riding instructor staff member. All further scheduling will go through the Program Manager. Please feel free to contact us with any questions.

FEE SCHEDULE

This application packet must be completed with physician signatures on the medical pages to schedule an evaluation.

Pricing is as follows:

- Intake Evaluation – \$70
- Weekly lesson
 - Equine Assisted Service
 - \$66: 50 minute group
 - \$77: 50 minute private
 - \$55: 30 minute group
 - \$66: 30 minute private

Payment must be made monthly in advance in the form of cash, check, or credit card.
Payments are due by the 10th of every month.

Financial aid is available for riders who qualify.

Rider's Registration

Client: _____ Date of Birth: _____ Age: _____

Gender: _____ County of Residence: _____

Primary Phone Number: _____ Home/ Cell

Alternate Phone Number: _____ Home/ Cell

Street: _____

City/State/Zip: _____

Email Address: _____

School or Institute Currently Attending: _____

Home School District: _____

Parents/Guardians Name(s): _____

Daytime Phone Number: _____ Relationship: _____

_____ Relationship: _____

Evening Phone Number: _____ Relationship: _____

_____ Relationship: _____

New Rider Information:

How did you hear about us: _____

I was referred by: _____

Availability:

Ivy Hill Therapeutic Equestrian Center conducts lessons five days a week. The more flexible you are, the quicker we can get you a slot in our schedule. Please specify days and times you are available.

Example: Monday and Wednesday after 4

Monday _____

Thursday _____

Tuesday _____

Saturday _____

Wednesday _____

Consent For Release of Information

Ivy Hill Therapeutic Equestrian Center may request additional information for the purpose of developing an individualized equine assisted services program for the client named below. If we have your permission to obtain additional information from other therapeutic type services, please complete this form.

I hereby authorize the release of information to Ivy Hill Therapeutic Equestrian Center.

Rider's Name _____

The information to be released is checked below:

YES	NO	
		Medical history from a physician
		Physical Therapy evaluation, assessment, and/or program plan
		Occupational Therapy evaluation, assessment, and/or program plan
		Speech Therapy evaluation, assessment, and/or program plan
		Classroom Individual Education Plan (I.E.P.)
		Psychological evaluation, assessment, and/or program plan
		Mental health diagnoses and/or treatment plan
		Cognitive and/or behavioral management plan
		Other:

IMPORTANT

I agree to notify Ivy Hill Therapeutic Equestrian Center should the physical condition of the rider change at any time.

Any surgeries or changes in medication must be reported to Ivy Hill immediately by email to the Program Manager, and a new physician's form must be completed.

This release is valid for one year and can be revoked, in writing, at my request.

Print name: _____ Relationship to rider: _____

Signed: _____ Date: _____

Rider (or Parent/Guardian if client is under 18 years of age)



Date: _____

Dear Health Care Provider:

Your patient, _____ (*rider's name*) is interested in participating in supervised equine assisted services. To safely provide this service, we request that you complete/ update the attached Medical History and Physician's Statement forms. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please indicate whether these conditions are present and to what degree.

Orthopedic

Atlantoaxial Instability-include neurologic symptoms
Coxarthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizures
Spina Bifida/ Chiari II Malformation/Tethered
Cord/Hydromyelia

Other

Age under 4 years
Indwelling catheters
Medications
Poor Endurance
Skin Breakdown

Medical

Allergies
Blood Pressure Control
Exacerbations of Medical Conditions
Heart Conditions
Hemophilia
Migraines
Peripheral Vascular Disease
Respiratory Compromise
Recent Surgeries

Psychological

Animal Abuse
Physical/Sexual/Emotional Abuse
Dangerous to Self or Others
Fire Setting
Substance Abuse
Impulse Control Disorders
Eating Disorders

Thank you very much for your assistance. If you have any questions regarding this patient's participation in equine assisted services, please feel free to contact Ivy Hill Therapeutic Equestrian Center.

Rider's Medical History and Physician's Statement

Name: _____ DOB: _____
 Address: _____
 Diagnosis: _____ Date of onset: _____
 Tetanus Shot: YES NO Date: _____ Height: _____ Weight: _____
 Seizure: YES NO Type: _____ Controlled: _____ Date of Last Seizure: _____
 Shunt Present: YES NO Date of last revision: _____
 Medications: _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking YES or NO; if YES, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			___sounds___ words___ sentences___ no limitations
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies (medicine/environmental/etc.)			
Learning Disability			
Mental Impairment			
Emotional/ Psychological Impairment			
Tactile Sensation			
Incontinence			
Coordination			
Balance			
Other			

Mobility: Independent Ambulation: Yes _____ No _____ Crutches: Yes _____ No _____
 Braces: Yes _____ No _____ Wheelchair: Yes _____ No _____ Sits independently: Yes _____ No _____

Holds head up: 30 seconds _____ 2 minutes _____ No issues _____

Please indicate any special precautions: _____

To my knowledge there is no reason why this person cannot participate in supervised equestrian services. However, I understand that the equine assisted riding center will weigh the medical information above, against the existing precautions and contraindications.

Physician Name _____ MD DO NP PA Other
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Date: _____

Physician Signature: _____ License/UPIN Number _____

Contraindications to Equine Assisted Services

The following contraindications, if present, may require precautions to equine assisted services.
Please note whether these conditions are present, and to what degree.

Orthopedic	Yes	No	Mild	Moderate	Severe	Comments
Spinal Fusion						
Spinal Instabilities/Abnormalities						
Atlantoaxial Instabilities						
Scoliosis						Degree _____ Last X-Ray Date _____
Kyphosis						Degree _____ Last X-Ray Date _____
Lordosis						Degree _____ Last X-Ray Date _____
Hip Subluxation and Dislocation						
Osteoporosis						
Pathologic Fractures						
Coxarthrosis						
Heterotopic Ossification						
Osteogenesis Imperfecta						
Cranial Deficits						
Spinal Orthoses						
Internal Spinal Stabilization Device						
Fractures						

Medical/Surgical	Yes	No	Mild	Moderate	Severe	Comments
Cancer						
Poor Endurance						
Recent Surgery						
Diabetes						
Peripheral Vascular Disease						
Varicose Veins						
Hemophilia						
Hypertension						
Serious Heart Condition						
Stroke (CVA, TIA)						

Neurological	Yes,	No	Mild	Moderate	Severe	Comments
Hydrocephalus/shunt						
Spina Bifida						
Tethered Cord						
Chiari II Malformation						
Hydromania						
Paralysis 2 nd to Spinal Cord Inj.						
Seizure Disorder						

Muscular	Yes	No	Mild	Moderate	Severe	Comments
Hypotonic						
Hypertonic						
Trunk Control-Upper/Lower extremity, specify						

Secondary Concerns	Yes	No	Mild	Moderate	Severe	Comments
Behavior problems						
Age under two years						
Indwelling catheter						
Acute exacerbation of chronic disorder						

Down syndrome X-Ray Form

(If applicable)

Dear Rider, Parent, or Guardian,

There is a condition known as Atlanto-Axial dislocation or subluxation that may be present in some individuals with Down syndrome.

Parents or Guardians of riders with Down syndrome, who seek to participate in equine assisted riding with Ivy Hill, must be made aware of this condition which can occur in 10 – 20% of individuals with Down syndrome. The two vertebrae at the top of the spinal column are named the atlas and axis respectively. In some persons with Down syndrome, the ligaments and bone structures that normally maintain the proper position of these vertebrae with respect to each other and the skull are abnormal. The abnormality permits the spinal column to shift, under certain conditions of physical stress, which pinches the nerves issuing from the base of the brain, leading to severe consequences.

Because of this possibility, without prior examination and authorization by a rider's medical doctor, Ivy Hill Therapeutic Equestrian Center is unable to accept into our program riders with Down syndrome as certain activities such as horseback riding which could aggravate this condition until their doctor has examined them. The doctor will determine if the condition is present by an examination that requires an X-ray view of the neck when it is both flexed and extended. If the X-rays demonstrate that the Atlanto-Axial dislocation or subluxation is present, then the person with Down syndrome may not participate in horseback riding.

***Cervical radiograph for Atlanto - Axial subluxation: Positive_____ Negative_____**
Date of Radiograph:_____

Physician's Signature

Date

Physician's Printed Name & Title (MD or DO)

Phone

Sincerely,

Ivy Hill Therapeutic Equestrian Center

Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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, I authorize **Ivy Hill Therapeutic Equestrian Center** to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release rider's 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 "lifesaving" by the physician or other professionals rendering medical treatment. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

OR

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of **Ivy Hill Therapeutic Equestrian Center**.

- Parent or legal guardian will always remain on site during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Signature: _____

Client, Parent or Legal Guardian

Release and Hold Harmless Agreement

"You assume the risk of equine activities pursuant to Pennsylvania Law."

The program at **IVY HILL FOUNDATION, INC.** (dba. Ivy Hill Therapeutic Equestrian Center) provides equine assisted services for children and adults with special needs. Volunteers and horses are carefully selected and trained, and safety equipment is required for all clients/riders since horseback riding is a risky exercise. No client/rider will be accepted for riding services and no volunteer will be accepted for service 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 rider 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 and working around horses. This includes bodily injury from horseback riding or being near horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling.

I acknowledge the risks and potential for injury that may occur with equine assisted activities and working around horses, and, I have discussed these risks with my rider/and a physician. However, I feel that the possible benefits to myself/child/ward are greater than the risk assumed. Therefore, I agree to be legally bound for myself (or for my rider/ward) heirs, executors or administrators and do hereby agree to defend, release, hold harmless and indemnify **IVY HILL THERAPEUTIC EQUESTRIAN CENTER**, its Board of Directors, Instructors, Therapists, Aids, Volunteers, Employees, and Supervisors harmless of any claim for loss, injury or damages of every kind and nature whatsoever while at the **IVY HILL THERAPEUTIC EQUESTRIAN CENTER** facility located at 1811 Mill Rd, Perkasio PA, 18944 or while off the property in conjunction with an **IVY HILL THERAPEUTIC EQUESTRIAN CENTER** event or show.

Date _____ Rider's Name (Print) _____

Rider or Parent/Guardian Signature _____

Print Parent/Guardian Name (If Applicable) _____

Relationship to Rider _____

Address _____

City _____ State _____ Zip _____

Liability Release Form

_____ (rider's name) would like to participate in the equine assisted services offered by Ivy Hill Foundation, Inc. (dba Ivy Hill Therapeutic Equestrian Center). By signing this form, I acknowledge the potential risks of injury or death from interacting with and riding horses. I hereby, intending to be legally bound, for myself, my heirs, executor, or administrators, waive and release all claims for damages I may have against Ivy Hill Foundation, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Supervisors and/or Associates for all injuries, and/or losses I/child/ward may sustain while participating at Ivy Hill Therapeutic Equestrian Center.

Print name of Rider: _____

Signature of Rider: _____

Is participant under 18 years of age? _____

If yes, Print name of Parent/Guardian: _____

Signature of Parent/Guardian if participant is under 18 years of age: _____

Date: _____

Photo and Media Release

I hereby

consent

do not consent

to and authorize the use and reproduction by Ivy Hill Therapeutic Equestrian Center of all photographs and any other audiovisual and printed materials of me (or my child/ward if participant is under 18 years of age) for the promotional and educational activities or other uses for the benefit of the programs.

Print name of Rider: _____

Signature of Rider or Parent/ Guardian if participant is under 18: _____

Print name of Parent/Guardian: _____ Date: _____

Rider Policies and Guidelines

The safety, satisfaction and delivery of services that reflect our mission is based on the ability to schedule lessons within sessions and accommodate, as much as possible, the needs of our riders, families, and employees. The following policies are in place to ensure efficient and effective use of time and resources.

PROPER CANCELLATION

A proper cancellation is when a cancellation is made **24 hours** or more before the scheduled lesson. Please call 215-822-2515 or email program.mgr@ivyhillequestrian.org in the event you need to cancel. We require this advanced notice to contact all staff and volunteers scheduled for your lesson. Please be courteous about cancelling lessons as your instructors' and volunteers time is valuable. Unmounted makeups will be scheduled during the year's two makeup blocks.

IMPROPER CANCELLATION

An improper cancellation is providing less than 24 hours' notice when cancelling a scheduled lesson. These lessons will not be given a makeup or monetary credit.

No Shows

A "no show" is not showing up for lesson or calling after a scheduled lesson to explain why you missed the lesson. **In these instances, you will be charged the full amount for the lesson.**

Late Arrivals

If you are running late, we will hold the lesson for 15 minutes. After 15 minutes of the start time of the lesson, the staff is not obligated to hold the lesson. Whether the lesson is held or not, the lesson will be charged the full amount even if you show up late. If you know you will be late, please call the barn or let staff know so we can plan and use the time accordingly.

Additional Information

Excessive or repetitive cancellations or late arrivals will jeopardize your lesson appointment slot. If you have an extended sickness or surgery, your time slot will be held during your absence for up to 4 weeks. For the rider's safety, a doctor's note may be required to resume their lessons. Riders may discontinue lessons at any time but are required to give 2 weeks' notice. If you wish to take a break from lessons for longer than one month you will not be guaranteed your same day or time upon your return.

In the case of a closure due to a horse show or a special event, you will not be charged for the scheduled lesson.

Inclement Weather

Ivy Hill Therapeutic Equestrian Center may close or cancel lessons due to inclement weather or uncomfortable temperatures. Weather cancellation notifications will be made by text message, email and/or phone call. When Ivy Hill cancels lessons for weather, an unmounted makeup lesson will be scheduled. If you decide to not come for your lesson because of the weather when Ivy Hill is open, this will count as an improper cancellation, and you will be charged the full amount of the lesson. With the addition of the large fans in the indoor, we plan to run lessons in most instances unless the weather creates a hazard getting to the facility.

NEW CANCELLATION POLICY AS OF JANUARY 1st, 2024

As the year 2023 comes to an end, we are now able to reflect on the year we've had and ways we can improve the delivery of our services to our riders. In the new year, we are going to make a shift in the way we provide makeup sessions to unmounted group sessions with an emphasis on Equine-Assisted Learning (EAL). EAL is a learning approach that promotes the development of life skills applicable to educational, professional, or personal goals through horse-human interaction to meet the identified goals or desires of the participant.

During these unmounted group sessions, our instructors will provide opportunities such as team-building activities in the arena with a horse, grooming, horse care, and other equine-related educational experiences.

We have split up the calendar year into two sessions. The two sessions are as follows:

- Session 1 – Winter and Spring: January 1st – June 17^h
- Session 2 – Summer and Fall: June 22nd – December 23rd

During these six-month long sessions, you will be allowed ONE proper lesson cancellation that will be handled as an unmounted EAL make-up during our scheduled session make-up days. (A proper lesson cancellation is defined as providing 24 hours' notice before the scheduled lesson.) Any improper cancellation (not providing 24 hours' notice) will not receive a make-up or credit.

Each session will have two dedicated make-up days during the calendar year in which we can provide these EAL make-ups when the regular program is on break. These dates for each session are:

- Session 1 – June 18th and June 20th
- Session 2 – December 27th and December 30th

You must make up your missed lesson during the one of the scheduled session make-up days or else you will lose the make-up. For example, if you cancel a lesson in February, the only time you can make it up is on June 18th or 20th. If you cancel a lesson in August, the only time you can make it up is December 27th or December 30th. If you cancel two or more lessons in a session, you will only be able to make-up one of them. The unmounted group EAL make-ups will be an hour long. If you cancel a scheduled make-up or do not show up, you will not be given another.

Thank you for your continued support as we navigate into 2024!

Please sign here that you have read and will comply with these policies:

Print Name of Rider: _____

Signature of Parent/Guardian _____ Date: _____

Payment for Lessons

- Payment must be received upon receipt of monthly invoice but no later than the 10th of the month.
- Non-payment for sessions will result in loss of appointment slot.
- Paid invoices can be generated and are available upon request.
- Lessons are held Monday - Thursday and Saturday except major holidays unless otherwise notified (No lessons are held on Labor Day, Thanksgiving, Christmas Eve, Christmas Day, or Memorial Day.)
- Payments can be made by cash, check, Venmo or credit card (Visa, Master Card, Discover, or American Express)

Appropriate Clothing

- Long riding pants, sweatpants or yoga pants can be worn, but riding pants are preferred. No shorts or skirts.
- Riding boots or shoes with a hard sole and low heel preferred. Ivy Hill ensures that all saddles are fitted with safety stirrups; sturdy sneakers are permitted. No open-toed shoes permitted. Closed-toed shoes must be sturdy (no Crocs or Ugg's).
- A safety-approved horseback-riding helmet (no bicycle helmets). Must be an ASTM-SEI certified helmet. Ivy Hill has a selection of helmets of all sizes available for borrowing for lessons.
- Riders should not wear large necklaces, bracelets, or earrings that dangle, or excessively loose-fitting shirts or pants.
- Please note that riders who are not dressed appropriately will not be able to ride.

Rider Limitations

- Ivy Hill riders must be at least 3 years old to participate in equine assisted services. Special accommodations may be made with a physician's permission and individual physical developments.
- Weight limit is 230 lbs. for ambulatory persons. Weight limitations may differ for persons requiring full transfers and will be at the decision of our staff.

Barn and Safety Rules

- Should the physical/medical condition of the rider change at any time, Ivy Hill should be notified immediately, and a new Rider's Medical History form must be submitted with a prescription to return to equine assisted services.
- For safety reasons, all children and/or guests who come with you, must always stay with you. We ask you to be responsible for your guests and children, to make sure that the horses are not startled during lessons.
- Riders should arrive at the barn 5-10 minutes prior to the start of their lesson to allow the maximum use of the scheduled session time and will be brought into the barn by a staff member when they are permitted to come into the barn area.
- No dogs allowed near or in the riding rings unless it is a service dog.
- Please allow our staff to conduct the lesson without interruption.
- Ivy Hill Therapeutic Equestrian Center is a smoke free facility.
- For the safety of our riders, no parents or family members may be in the arena during the session unless explicit permission given by instructor. All ring gates are to remain closed during the session.

Please sign here that you have read and will comply with these policies:

Signature _____ Date _____

Possible Reasons for Discharge

These rules and guidelines are for the safety of our riders and the productivity of our sessions. We appreciate your cooperation!

The following situations may lead to a rider's discharge from the Ivy Hill Therapeutic Equestrian Center.

- Rider's head and neck control while sitting presents a safety concern.
- Inability to follow directions, interfering with progress toward treatment goals.
- Uncontrolled and inappropriate behavior that constitutes a safety risk to rider, staff, volunteers, and/or horses.
- Rider exceeds weight that can safely be managed by staff, volunteers, and/or therapy horses. Weight limit is 230 lbs. for ambulatory persons.
- Any change in the rider's medical, physical, cognitive, or emotional condition that make equine assisted activities inappropriate.
- Three scheduled lessons are missed without prior canceling, at the discretion of the Program Manager.
- Non-payment of lessons after 30 days.
- Paperwork that is not returned within 30 days.

Print Name of Rider _____

Signature of Rider or Parent/ Guardian _____ Date _____

We strive to make this a fun, learning, safe experience for everyone. Please do not hesitate to call the office with any questions you may have.

Rider Questionnaire

The following questionnaire is designed to give Ivy Hill information pertaining to each individual rider's behavior and ability. This will help us prepare group lesson plans and assist you in attaining individual goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Name _____ Age _____

1. Briefly describe their disability:

2. What are the physical symptoms of the disability?

3. What goals do you hope they will achieve by participating in this program?

Short-term (6-12months)

Long-term (2-3 years)

General Goals

4. What other treatments or therapies have they undergone? Please specify when and for how long:

5. How would you describe their concentration, attention span and general awareness?

6. Would you characterize them as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted, or extroverted? _____

7. How do they communicate? (Expressive and Receptive language)

8. Is there a history of incontinence? _____

9. What positive reinforcements do they respond to? _____

10. What are some things your rider likes? (topics, movies, books, etc.)? _____

11. What are some things your rider dislikes? _____

12. Do they have any prior horse experience? _____

Please use the rest of this sheet and/ or the reverse side to indicate any other areas of the potential rider's behavior and personality that will help us to best communicate, understand and work with them at Ivy Hill.

Completed by: _____ Date: _____

Ways to Help

Parents are always encouraged to offer their support by volunteering during the rider's lesson time. There are many ways to help, please contact the office if interested.

Please check the areas you may be interested in:

Stable Volunteer

- Assisting with lessons
- Grooming/tacking a horse for a lesson
- Stable chores/horse care (feedings)

Administrative

- Public Relations (community outreach)
- Fundraising
- Volunteer Recruitment
- Photography/Video
- Board Member
- Committee Member (marketing, development, governance)
- Future planning
- Newsletter
- Event planning

Do you have access to any skills or services that may be helpful to Ivy Hill Therapeutic Equestrian Center?

- Printing, Marketing Materials
- Computer Programming, Equipment/AV
- Building Materials/Construction
- Electrical/Plumbing
- Horse Feed/Riding Equipment
- Medical Professional (OT, PT, Social Worker)
Please specify _____
- Education Professional

Other (Please list your occupation in any area if it may be beneficial to the horses and riders of Ivy Hill.
(Examples: OT, PT, school psychologist, plumber, accountant etc.)

Are you financially able to assist Ivy Hill Therapeutic Equestrian Center in any way?

- Does your employer offer matching donations given to non-profit? YES NO
- Does your employer require volunteer hours/service projects? YES NO
- Is your employer/company interested in doing a lunch and learn? YES NO
- Does your company do employee giving through payroll deductions? YES NO
- Is your employer/company interested in doing a Casual for a Cause Day? YES NO

For more information, please email info@ivyhillequestrian.org