

Phoenix Equestrian Warriors – Rescue- Rehab & Restore Inc.
1676 County Route 57 •
Fulton, NY 13069
(315) 766-6729 Fax: (315) 303-5892

<https://www.phoenixequestrianwarriors.org>

January 2020

Dear Families,

Thank you for your interest and/or participating in Horseback Riding and/or Ground Lessons! We are committed to providing children and adults of all abilities the opportunity to experience the benefits and joy of recreation. We have adopted and abide by the Policies and Procedures from PATH International for their wonderful direction.

An updated Rider Application is required annually for all participants. Signed and completed applications must be received **prior** to the first riding lesson. This includes the 2020 Rider Application (rider information, health history, personal information, and rider policies), Rider Lesson Availability, Policies, Liability and Photo Release, Authorization for Emergency Medical Treatment, Payment Form, and Physician Form. The applications should be mailed to **Phoenix Equestrian Warriors- Rescue-Rehab & Restore Inc., 1676 County Route 57, Fulton, NY 13069** or emailed to the attention of **Dawn Conley-Morelli, Barn Manager** at pewrrr1@gmail.com.

Lessons for the 2020 season are: \$30/half-hour lesson or \$60/one-hour lesson.

Lessons will resume in the first week of February. Our instructors will be available for lessons starting February 1st.

Riders who start lessons in the first week of February will be scheduled first. All other riders will be scheduled on a first-come, first-served basis. Rider applications must be received prior to scheduling. Lesson slots from last year are not guaranteed so if you would like to maintain your lesson time, please submit your application when you are ready to begin lessons.

When we receive your application, we will call you to schedule a meeting. This meeting will give us an opportunity to review the rider's goals and help us determine the best horse and tack. For new riders we will have an orientation lesson. This will be an un-mounted lesson. Staff will meet the rider to assess needs. Riders will meet horses. Please bring your calendar to this meeting as we will be scheduling your lessons at this time.

If the rider needs to take a break from lessons for medical reasons, a physician's release will be required prior to resuming lessons. We are committed to keeping the confidentiality of all client information. Please be assured that all data is held in strictest confidence.

Please call our office at **(315) 766-6729** if you have any questions.

Be sure to check our website for upcoming events!

Sincerely,

Dawn Conley-Morelli, RN, BSN, CCM
CEO/Founder

2020 Programs

Horseback Riding - Ground Lessons - Equine Assisted Mental Health Therapies

ABOUT US

We began in 2016 with Hope and a Dream...

We have been lucky to partner with a wonderful Stable that will assist and house our program until we are able to raise enough funds to build our own farm. We would like to thank Legacy Farm and Stable LLC for their help to provide children, adults and Veterans with Mental Health disabilities, access to year-round recreation and adventure. We believe that people of all ages and abilities should have the opportunity to experience the benefits and joy of recreation.

Phoenix Equestrian Warriors - Rescue - Rehab & Restore Inc., offers year-round recreation and adventure through horseback riding lessons, ground lessons, equine assisted mental health therapies, and inclusive camps.

It takes many hands and many hearts to make everything we do at PEWRRR possible. It is only through the active support of donors and volunteers that we are able to offer these programs. If you would like to make a donation in support of our work, please visit <https://www.phoenixequestrianwarriors.org> or contact Dawn Conley-Morelli, RN, BSN, CEO/Founder at 315-766-6729 or pewrrr1@gmail.com.

PEWRRR is a 501 (C) 3 non-profit organization dedicated to ensuring that every person, regardless of disability, has the power to make their own life choices and achieve their dreams. Every day, we're removing barriers, sustaining needs, strengthening skills, and enriching the lives of people with disabilities across Central New York. We currently offer 20+ programs including Care Management/Support Services and Medicaid Service.

LESSON DESCRIPTIONS

All of our lessons are offered at \$30/half-hour lesson, includes mounting and dismounting, or \$60/one-hour lesson.

Horseback Riding

Our lessons are a blend of:

Adaptive Riding Techniques which help riders learn how to ride independently by developing skills in steering, posting, trotting, etc.

Therapeutic Riding Techniques which help riders develop balance and fine motor control through reaching, weight-shifting, and motor planning.

The weight limit for horseback riding lessons is 190 pounds.

Ground Lessons

Ground lessons give participants an opportunity to develop confidence by learning how to handle and care for horses.

Students will learn the basics of grooming, tacking, handling, and walking horses.

There is no weight limit for ground lessons.

Equine Assisted Mental Health Therapies

Clients who can meet physical, cognitive, and psychological goals while making friends.

There is no weight limit for EAMHT lessons.

2020 Rider Application

Riding Lessons - Ground Lessons - Equine Assisted Mental Health Therapies

RIDER INFORMATION			
Rider Name:		Date:	
DOB:	Age:	Height:	Weight:
Gender:	Ethnicity:		
Street Address:			
City:		State:	Zip:
Day Phone:	Evening Phone:	Cell Phone:	
Email:			
Parent/Legal Guardian:		Phone Number:	
Occupation:		Employer:	
Address (if different from above):			
City:		State:	Zip:
Parent/Legal Guardian:		Phone Number:	
Occupation:		Employer:	
Address (if different from above):			
City:		State:	Zip:
The rider is interested in: <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Ground Lessons <input type="checkbox"/> EAAT			
How did you hear about Phoenix Equestrian Warriors, Rescue, Rehab and Restore?			

HEALTH HISTORY

Disability	
Primary Disability:	
Secondary Disability:	

Communication	
Does the rider need assistance with communication?	
Does the rider use a communication device?	
If the rider is non-verbal, how do they convey emotion and needs?	
What is the rider's primary language?	

Illnesses (Please check all that apply)							
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Seizure Disorder

Seizures	
Type of Seizure Disorder:	Date of Last Seizure:
Please describe how seizures present:	
How are seizures handled?	
How does the rider present after a seizure?	

Functional Status	Independent	Some Assistance	Dependent
Dressing			
Feeding			
Sitting			
Standing			
Toileting			
Walking			
Wheelchair			

General	Yes	No	Comments
Has the rider had any operations or serious injuries?			
Is the rider under medical care for any reason?			
Does the rider have Scoliosis?			Type:
			Degree of Curve:
			Fusion/Rod?
Are there any special precautions we should take?			

Allergies	Yes	No	Comments
Foods			
Hay Fever			
Insect Bites/Stings			
Poison Ivy			
Prescription Drugs			
Other			

Does the rider have an inhaler/medication for allergies?		Yes		No
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Mobility	Yes	No	Comments
Assistive Devices			Type(s):
Independent Ambulation			
Wheelchair			

Please indicate current or past problems in the following areas:

	Yes	No	Comments
Behavioral			
Bone/Joint			
Breathing			
Circulation			
Cognitive/Thinking			
Digestion			
Elimination			
Emotional			
Heart			
Muscular			
Pain			
Sensation			
Vision			
Other (please specify):			

Please list all medications taken and for what purpose:

Medication	Taken For:

*There is a rider weight limit of 190 pounds. For riders who exceed the weight limit, we can offer cart driving and other activities.

PERSONAL INFORMATION

Please let us know about the rider! We incorporate this information into riding lessons.

Social (grade completed,
siblings, fears/concerns, etc.)

Interests (games, hobbies,
TV shows, songs, etc.)

Goals from Riding

Sensory Integration (difficulty
with touch, wearing
hats/helmets, etc.)

Additional Comments (other
information that would be
helpful for staff to meet the
needs of the rider):

Rider Lesson Availability

Horseback Riding - Ground Lessons – Equine Assisted Mental Health Therapies

Please indicate on the chart below all of the times the rider would be available for lessons.

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.
Morning 9:15 AM to 1:15 PM						
Mid-Day 2:00 PM to 4:00 PM						
Evening 4:00 PM to 7:00 PM						

Riders who start lessons on the first week of February will be scheduled first. All other riders will be scheduled on a first-come, first-served basis. Rider applications must be received prior to scheduling. Lesson slots from last year are not guaranteed so if you would like to maintain your lesson time, please submit your application.

Policies

Horseback Riding - Ground Lessons - Equine Assisted Mental Health Therapies

Payment Policy: ALL BOOKED LESSONS NEED TO BE PAID IN ADVANCE OR DAY OF LESSON.

When applicable: In the event that we are unable to collect from your designated agency, you are responsible for the remaining balance. _____ Initial

Self Pay/Agency Pay – In the event funding by either method changes, PEWRRR must be notified immediately by the rider/parent/guardian. _____ Initial

Cancellation Policy: PEWRRR REQUIRES 24-HOUR CANCELLATIONS FOR ALL LESSONS. TO CANCEL LESSONS YOU MUST TEXT - Dawn Conley-Morelli at #315-766-6729. FAILURE TO DO SO WITHIN 24 HOURS OF SCHEDULED LESSON WILL RESULT IN A NO SHOW/NO CALL LESSON CHARGE. After two missed no show lessons, the rider's spot will be given to another rider. After three timely cancellations the rider's spot may be given to another rider. _____ Initial

Scheduled Absences: If you know dates in advance where the rider will need to miss lessons (vacation, doctor appts, etc) **YOU MUST STATE IN WRITING** by mail, email: pewrrr1@gmail.com or text (315) 766-6729
Initial _____

Late Policy: It is important for riders to arrive 15 minutes PRIOR to the scheduled lesson. If a rider is more than 15 minutes late to a lesson, PEWRRR cannot guarantee he/she will be able to ride. Horses will be un-tacked and staff will be released 15 minutes after the schedule start time of the class, and the rider will be charged the full lesson fee. If a PEWRRR instructor is running late, your full lesson time will be granted. _____ Initial

Helmet Policy: When near/on horses, riders must wear STM-SEI-approved riding helmets. Helmets are available for use at PEWRRR. The instructor will fit the rider with the proper helmet. Riders may also choose to purchase their own helmets with a 10% discount through Hope Hill Tack Shop. Bike and ski helmets are not acceptable. _____ Initial

Clothing Requirements: Please dress the rider in jeans, stretch pants, or capris. Riders MUST wear closed toe shoes (preferably with a heel). Please no wind pants. Family members assisting in riding must wear closed toe shoes for safety. We ride outside as much as possible so the rider may want sunscreen or sunglasses. In cold weather, riders may wear boots (preferably with a heel), mittens/gloves, and hats without pompoms. Please ensure that all shoes are secure to the rider's feet so that they do not fall off while riding. _____ Initial

Bad Weather: In the event of dangerous or threatening weather, lessons may be cancelled at no charge. PEWRRR will call the rider if lessons are cancelled. _____ Initial

Siblings: If siblings are in attendance with parents and/or caregivers during the rider's class, parents are responsible for the direct supervision of these children at all times. Noises and lots of activity can distract horses and other students. _____ Initial

Weight Limit: The rider weight limit is 190 pounds. For riders who exceed the weight limit, we can offer ground lessons and other activities. _____ Initial

Safety: PEWRRR reserves the right at any time to refuse any rider we cannot safely accommodate. By signing below, you are acknowledging that you have read and understand all of our policies and procedures here at PEWRRR. _____ Initial

Rider Name: _____

Signature: _____
(Rider, parent, or legal guardian)

Date _____

1676 County Route 57, Fulton, NY 13069

Fax: (315) 303-5892 Tel: (315) 766-6729

Liability & Photo Release

Horseback Riding - Ground Lessons - Equine Assisted Mental Health Therapies

Liability Release: I would like to participate in the PEWRRR program. I acknowledge the risks and potential risks that I/my son/my daughter/client is taking, but feel that the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs, and assignees, executors and administrators, waive and release forever all claims for damages against PEWRRR, Phoenix Equestrian Warriors, Rescue, Rehab & Restore Inc., its Board of Directors, volunteers, and employees for any and all injuries and/or losses that I/my son/my daughter/client may sustain while a rider in the PEWRRR program. To my knowledge there is no reason why I/this person cannot participate in supervised equestrian activities.

Rider Name:

Signature:

(Rider, parent,
or legal guardian)

Date:

Photo Release: I authorize Phoenix Equestrian Warriors, Rescue, Rehab & Restore Inc.,- the use and reproduction of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other uses for the benefit of the program.

☐ **I Consent** ☐ **I Do Not Consent**

Rider Name:

Signature:

(Rider, parent,
or legal guardian)

Date:

Authorization for Emergency Medical Treatment
Horseback Riding - Ground Lessons - Equine Assisted Mental Health Therapies

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 the agency, I authorize PEWRRR to:

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

Rider Name:	Phone:
Address:	

In the event I cannot be reached:

Contact #1:	Phone:
Relationship:	

Contact #2:	Phone:
Relationship:	

Physician's Name:	Phone:
Preferred Medical Facility:	
Health Insurance Company:	Policy #:

Consent Plan:

☐ **I Consent** ☐ **I Do Not Consent**

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 below is unable to be reached.

Print Name:	Phone:
Signature:	Date:
Address:	
Relationship:	

Payment Form

Horseback Riding - Ground Lessons - Equine Assisted Mental Health Therapies

☐ **Self-pay**

Contact:	Phone:	
Billing Address:		
City:	State:	Zip:
Signature:		

☐ **Pay through Agency** (By checking this box, the information below must be completed in full or application will be returned.)

Please attach supporting documentation from the agency authorizing payment and quantity of lessons provided.

Primary Agency			
Agency Name:		# of Lessons Provided:	
Service Coordinator:		Phone:	
Email:		Fax:	
CSS Broker (if applicable):		Phone:	
Email:		Fax:	
Signature:			

Secondary Agency			
Agency Name:		# of Lessons Provided:	
Service Coordinator:		Phone:	
Email:		Fax:	
CSS Broker (if applicable):		Phone:	
Email:		Fax:	
Signature:			

Physician Form

Horseback Riding - Ground Lessons - Equine Assisted Mental Health Therapies

Dear Physician:

Your patient, _____, is interested in participating in supervised equestrian activities through Phoenix Equestrian Warriors, Rescue, Rehab & Restore Inc.,.

In order to safely provide this service, our operating center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindication to therapeutic horseback riding. **Therefore, when completing this form, please note whether these conditions are present, and to what degree.**

ORTHOPEDIC

Atlantoaxial Instability
Coxa Arthrosis
Crainial Deficits
Heterotopic Ossification
Myositis Ossificans
Joint Subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities

NEUROLOGICAL

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

OTHER

Age-Under 4
Indwelling Catheters
Medications
Poor Endurance
Skin Breakdown

MEDICAL/PSYCOLOGICAL

Allergies
Animal Abuse
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self/Others
Exacerbation of medical conditions
Fire Settings
Heart Conditions
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact Phoenix Equestrian Warriors, Rescue, Rehab & Restore Inc. at (315) 766-6729.

Sincerely,

Dawn Conley-Morelli, RN, BSM, CCM

Phoenix Equestrian Warriors, Rescue, Rehab & Restore Inc.

1676 County Route 57, Fulton, NY 13069

Fax: (315) 303-5892 Tel: (315) 766-6729

PHYSICIAN FORM

Rider Name:	
Physician Name:	
Physician Address:	
Phone:	Fax:

Please indicate current or past difficulties in the following areas/symptoms:

	Yes	No	Comments
Allergies			
Auditory			
Balance			
Cardiac			
Circulatory			
Cognitive			
Emotional/Psychological			
Immune System			
Integumentary/Skin			
Learning Disability			
Muscular			
Neurological			
Orthopedic			
Pain			
Pulmonary			
Speech			
Tactile Sensation			
Visual			
Other			

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindication. I concur with a review of this person's abilities/limitations by a licensed or credentialed health professional (e.g. RN, PT, OT, Speech, Psychologist, Equine Assisted Mental Health Therapist, etc.) in the implications of an effective equestrian program.

Signature	MD DO NP PA
License/UPIN #:	

RIDERS WITH DOWN SYNDROME:

A cervical spine x-ray must have been taken in the past 5 years and been documented by a physician to be negative for Atlantoaxial Instability.

X-Ray Date:	Result:
Physician Signature:	