



1972 New Boston Road • Chittenango, NY 13037
(315) 687-6727 • ariseatthefarm.org

January 2020

Dear Families,

Thank you for participating in Horseback Riding, Ground Lessons, or Cart Driving at ARISE at the Farm! As a PATH Member Center, we are committed to providing children and adults of all abilities the opportunity to experience the benefits and joy of recreation.

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 **ARISE at the Farm, 1972 New Boston Road, Chittenango, NY 13037** or emailed to the attention of Laura Little little@ariseinc.org.

Lessons for the 2020 season are: \$40/half-hour lesson or \$75/one-hour lesson.

Lessons will resume in the first week of February or when weather permits.

When we receive your application, we will call you to schedule an orientation lesson. This lesson will give us an opportunity to review the rider's goals and help us determine the best horse and tack. 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 lesson as we will be scheduling your future lessons at this time.

Returning riders need to send completed application but do not need orientation.

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) 687-6727** if you have any questions.

Be sure to check our website for upcoming events!

Sincerely,

A handwritten signature in cursive script that reads 'Laura Little'.

Laura Little
Farm Manager





2020 Participant Application
 (This information must be updated annually)
 PLEASE PRINT LEGIBLY

PARTICIPANT NAME _____ DATE _____

HEIGHT _____ WEIGHT _____ DOB _____ AGE _____ GENDER _____

ADDRESS _____

EMAIL _____ HOME PHONE _____ CELL _____

EMERGENCY CONTACT NAME _____ PHONE NUMBER _____

EMPLOYER/SCHOOL _____ PHONE NUMBER _____

PARENT/LEGAL GUARDIAN _____ PHONE NUMBER _____

ADDRESS (if different from above) _____

HOW DID YOU HEAR ABOUT ARISE _____

HEALTH HISTORY

DISABILITY: PRIMARY _____ SECONDARY _____

***Riders with Down syndrome are required to have an annual medical clearance from a licensed physician that includes a neurological exam that specifically denies any symptoms consistent with atlantoaxial instability (AAI).**

Please indicate current or past ISSUES in the following areas:

	Y	N	Comments
VISION			
SENSATION			
COMMUNICATION			
HEART			
BREATHING			
DIGESTION			
ELIMINATION			
CIRCULATION			
EMOTIONAL			
BEHAVIORAL			
PAIN			
BONE/JOINT			
MUSCULAR			
THINKING/COGNITIVE			
ALLERGIES			
SEIZURES			
OTHER, please describe			

PLEASE LIST ALL MEDICATIONS AND FOR WHAT PURPOSE

MEDICATION	TAKEN FOR



2020 Participant Application
(This information must be updated annually)
PLEASE PRINT LEGIBLY

ARISE at the Farm has a weight limit of 180 lbs. Applicants over 180 lbs will be considered at our discretion.

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

Language: Verbal _____ Sign _____ Gestural _____ Augmentative _____

Grade Level _____ Math _____ Reading _____

Explanation of Conditions/Diseases Checked _____

Please list interests and hobbies _____

What form of behavior modifications do you use, if any? _____

Please list a goal for each

Physical _____

Emotional _____

Sensory _____

CONFIDENTIALITY AGREEMENT

I agree to respect and observe privacy and confidentiality of the participants, volunteers and personnel of ARISE at the Farm and not to discuss or disclose any sensitive information about any person or their family.

Rider's Name: _____ Date: _____

CLIENT, PARENT, GUARDIAN, CAREGIVER SIGNATURE _____



Payment Form

Horseback Riding, Ground Lessons, & Cart Driving

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. If not attached the application will be returned to you.

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:			

Care Coordinator Information (if applicable):

Care Coordinator's Name: _____ Agency: _____

Phone: _____ Email: _____

Do you utilize a Self-Direction budget? YES _____ No _____ *If yes, please provide the following information:*

Broker's Name: _____ Agency: _____

Phone: _____ Email: _____

Self-pay

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

1972 New Boston Road, Chittenango, NY 13037 - (315) 687-6727



Policies

Horseback Riding, Ground Lessons, & Cart Driving

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, ARISE at the FARM must be notified immediately by the rider/parent/guardian. ____ **Initial**

Payment is required for any late cancellations/late cancellations due to illness/no shows. ____ **Initial**

Cancellation Policy: ARISE AT THE FARM REQUIRES 48-HOUR CANCELLATIONS FOR ALL LESSONS. TO CANCEL LESSONS YOU MUST TEXT (315) 430-6957. FAILURE TO DO SO WITHIN 48 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. ____ **Initial**

Do not text (315) 687-6727 is a landline.

Late Policy: It is important for riders to arrive 5 minutes PRIOR to the scheduled lesson. If a rider is more than 15 minutes late to a lesson, ARISE at the Farm cannot guarantee he/she will be able to ride. Horses will be un-tacked and staff will be released 15 minutes after the scheduled start time of the class, and the rider will be charged the full lesson fee. If an ARISE at the Farm 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 ARISE at the Farm. The instructor will fit the rider with the proper helmet. Riders are encouraged to purchase their own helmets. Bike and ski helmets are not acceptable. ____ **Initial**

Clothing Requirements: Riders should wear jeans or stretch pants. Smooth bottomed boots with a heel are recommended. ____ **Initial**

If accompanied by staff, staff MUST wear closed-toe shoes. ____ **Initial**

Bad Weather: In the event of dangerous or threatening weather, lessons may be canceled at no charge. ARISE at the Farm will call the rider if lessons are canceled. ____ **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: ARISE at the Farm has a weight limit of 180 lbs. Applicants over 180 lbs will be considered at our discretion. ____ **Initial**

Safety: ARISE at the Farm 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 ARISE at the Farm. ____ **Initial**

Rider Name:

Signature:

(Rider, parent, or legal guardian)

Date:



Rider Lesson Availability
 Horseback Riding, Ground Lessons, & Cart Driving

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

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.
Morning 9:00 AM to 1:00 PM						No Lessons
Mid-Day 1:00 PM to 4:00 PM						No Lessons
Evening 4:00 PM to 5:30 PM					No Lessons	No Lessons

Rider applications must be received prior to scheduling

Limited lessons June 29 – July 31 due to Horsemanship camp.



Liability & Photo Release

Horseback Riding, Ground Lessons, & Cart Driving

Liability Release: I would like to participate in the ARISE at the Farm 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 ARISE, Inc., ARISE at the Farm, 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 ARISE at the Farm 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 ARISE at the Farm, ARISE, and ARISE Foundation 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, & Cart Driving

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 ARISE at the Farm 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:	



Participant's Medical Clearance and Physician Statement

**TO BE COMPLETED AND SIGNED
BY THE PARTICIPANT'S
PHYSICIAN**



Participant: _____ DOB: _____

Height: _____ Weight: _____

Address _____ City: _____ State _____ Zip: _____

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: Result of Neurological exam of Atlantoaxial Instability: _____ Present _____ Absent

Please indicate current or past special needs in the following system/areas, including surgeries:

System/Areas	Y	N	List Any Surgeries
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the PATH Accredited Center will weigh the medical information above against the existing precautions and contraindications.

Physician Name: _____ MD DO NP PA Other _____

Physician Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN number: _____