Dear HOOPH Participant:

Thank you for your interest in the Staten Island Recreational Association’s Therapeutic Riding program HOOPH. Enclosed you will find general information on our programs. You will need the required application, as well as, the rider manual to complete the process.

Once all the forms are completed please contact our office to schedule an appointment. All completed forms must be returned to us on your first visit. No child may participate without completed paperwork. The information you provide on the attached forms will assist us with scheduling and determining the goals and the appropriateness of the program for an individual. Program openings are based on the needs of the individual and the availability of resources. Many of our riders return each year and openings can be limited. Please know that we do all we can to accommodate participants whenever possible.

When an application is accepted a $25.00 processing fee will be collected. This is a one time fee and is payable at the time of your first session. We accept cash or check payable to SIRA.

Should you have any questions regarding the application process, enrollment forms, would like to arrange a visit or check on the program availability, please contact me at 718-981-9251.

Sincerely,

Megan Delmar
Program Director
SIRA offers services to children with special needs. Eligibility for participation in SIRA’s programs is based solely upon an individual’s ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor/therapist, horse, volunteers and class availability which meets an individual’s needs. Financial consideration is not taken into account in determining the eligibility for participation.

As an accredited PATH intl. operating center, SIRA fully adheres to the Precautions and Contraindications as recommended by PATH Intl. as well as Professional Standards. Therefore, our staff provides initial and ongoing evaluations for all prospective and active participants.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom the HOOPH program is deemed inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in SIRA’s programs. This determination is made on the basis of physical, behavioral and other limitations.

Individuals accepted into SIRA’s programs are required to take part in periodic progress reviews and follow SIRA’s rules and procedures. During these reviews, or as the result of unusual occurrences during a program session, the SIRA staff may find that continuance in the program for a given individual is inappropriate. For this reason, SIRA reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of SIRA and/or the individual concerned.

SIRA reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and/or safety concerns including PATH Intl. guidelines relating to contraindications for participation.
Consent For Release Of Information

I hereby authorize ________________________________________________________________

Person(s) or Place(s) releasing information

to release information from the records of ____________________________________________

Participant's name

DOB ____________________________

The information is to be released to Staten Island Recreational Association Inc. for the purpose of developing an equine activity program for the above-named participant. The information to be released is marked below.

________ Medical History

________ Physical Therapy evaluation, assessment and program plan

________ Occupational Therapy evaluation, assessment and program plan

________ Speech Therapy evaluation, assessment and program plan

________ Psychosocial evaluation, assessment, program plan, discharge summary

________ Classroom Individual Education Plan (I.E.P.)

________ Cognitive-Behavioral Management Plan

________ Other: _____________________________________________________________

Date: __________________ Signature: ____________________________________________

Please send the indicated material to SIRA at the address below. Thank You!

599 Father Capodanno Blvd
Staten Island, NY 10305
718-981-9251
718-876-0459 Fax
Date __________________________

Dear Health Care Provider:

Your patient, __________________________(participant’s name) is interested in participating in supervised equestrian activities.

In order to safely provide this service, our 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 contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**ORTHOPEDIC**
- Atlantoaxial Instability - include neurologic symptoms
- Coxa Arthritis
- Cranial Deficits
- Heterotopic Ossification\Myositis Ossificans
- Joint subluxation\dislocation
- Osteoporosis
- Pathologic Fractures
  - MS) Spinal Joint fusion\Fixation
  - Spinal Joint Instability\Abnormalities

**NEUROLOGIC**
- Hydrocephalus\Shunt
- Compromise
- Seizure
- Spina Bifida\Chiari II malformation
- Tethered Cord\Hydromyelia
- Disorders

**MEDICAL\PSYCHOLOGICAL**
- Allergies
- Animal Abuse
- Cardiac Condition
- Physical\Sexual\Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions (i.e. RA, Fire Settings
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory

- Recent Surgeries
- Substance Abuse
- Thought Control
- Weight Control Disorders

**OTHER**
- Age-under 4 years
- Indwelling Catheters\Medical Equipment
- Medications – i.e. photosensitivity
- Poor Endurance
- Skin Breakdown

Thank you very much for your assistance. If you have any questions or concerns regarding this patient’s participation in equine assisted activities, please feel free to contact the center at the address/phone indicated above.

Sincerely,

Megan Delmar
Program Director
Participant's Medical History & Physician's Statement

Participant: ____________________________ DOB: __________ Height: __________ Weight: __________

Address: ___________________________________________________________ Zip: __________

Diagnosis: __________________________________________________________________________

Past/Prospective Surgeries: __________________________________________________________________________

Medications: __________________________________________________________________________

Seizure Type: __________________________________________________________________________

Shunt Present? Y N Date of last revision: __________________________

Special Precautions, Diets/Needs/Allergies: ____________________________________________

May participate in all activities May participate except for: __________________________________________


Braces/Assistive Devices: __________________________________________________________________________

***For those with Down Syndrome: AtlantoDens Interval X-rays, date: __________ Result: +

Neurologic Symptoms of AtlantoAxial Instability: __________________________________________________________________________

This Participant is up-to-date on all the following routine childhood immunizations:

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<td>Measles</td>
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<td>Other</td>
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Please indicate current or past difficulties in the following systems/areas, including surgeries:

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<td>Tactile Sensation</td>
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<td>Learning Disability</td>
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<td>Cognitive</td>
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IMPORTANT NOTE TO DOCTOR/MEDICAL FACILITY:

If you prefer to provide the request information on your own medical form, we will accept that only when the below release section is completed, signed, dated and your form is stapled to our form.

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 contraindications. I concur with a referral of the patient to a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, etc) in the implementations of an effective equestrian program.

Name/Title: ____________________________ MD DO Other: ____________________________

Signature: ____________________________ Date: __________

Address: ____________________________

Phone: ____________________________ License/UPIN Number: ____________________________
Staten Island Recreational Association Inc. Therapeutic Riding
Participant Questionnaire

It is helpful for the staff at SIRA to know your participation goals, interests, and understand your current status prior to developing a program for you. Please complete the following questions.

Name__________________________________________DOB____________________

Please indicate the program(s) you are interested in: Therapeutic Riding __________ Hippotherapy __________

Availability: Day(s)_________________________________Times:____________________

Disability__________________________________________

Posture:__________________________________________

Balance__________________________________________

Movement/Coordination:____________________________

General Attitude & Behavior__________________________

Perceptual/Balance Problems__________________________

Communication Challenges & Methods (verbal, sign, PEC)__________________________

Cognitive Abilities (age level, multi step directions)__________________________

What are your goals for the riding sessions (i.e., riding skills, behavioral changes, physical improvements, paying attention). Please be specific

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Any special considerations? (i.e., health, precautions, medications, etc.)

__________________________________________________________________________

__________________________________________________________________________

Describe any previous horseback riding experience

__________________________________________________________________________

Areas of interest, games & activities enjoyed__________________________

__________________________________________________________________________

__________________________________________________________________________

How did you hear about our program?__________________________
Registration and Photo Release Form
Authorization For Emergency Medical Treatment

Participant's Name: __________________________ Date of Birth: _______ Age _______

Weight: ______ Height ______ Disability: ______

School or Institution Presently Attending: __________________________ Teacher's Name: __________________________

Primary Contact Name: __________________________ Relationship: __________________________

Mailing Address: Street: __________________________ City: _______ State: _______ Zip: _______

Home Phone: ( ) __________________________ Cell Phone: ( ) __________________________ Email: __________________________

In the event of an emergency

Preferred medical facility: __________________________

Emergency Contact 1: __________________________ Relationship: __________________________

Home Ph: __________________________ Work Ph: __________________________ (ext) Cell Ph: __________________________

Emergency Contact 2: __________________________ Relationship: __________________________

Home Ph: __________________________ Work Ph: __________________________ (ext) Cell Ph: __________________________

In the event that 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 Staten Island Recreational Assoc., Inc. to 1. Secure and retain medical treatment and transportation, if needed. 2. Release client 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) listed cannot be reached. In case of non-consent, please request a non-consent form.

Date: __________________________ Consent Signature: __________________________

Photo & Publicity Release

I hereby consent and authorize _______ I do not consent to, nor do I authorize
1) SIRA to use my (my child's) photograph or image in its print, online and video publications;
2) Release SIRA, its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities
3) Waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me (my child).

Relationship to Participant: __________________________ Date: __________________________

Signature (Client, Parent or Legal Guardian): __________________________
Liability Release

PLEASE READ CAREFULLY BEFORE SIGNING

Serious injury may result from your participation in this activity. This stable/program does not guarantee your safety. **HORSES ARE LARGE AND PONTENTIALLY DANGEROUS ANIMALS.** Horsemanship in all its respects can lead to serious injury, sometimes even causing death, to horse and to human.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE

In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from Staten Island Recreational Association, Inc., dba HOOPH ("here and after "program"), a horse, tack, and Equipment, personnel and trail for the purpose of horseback riding today and on future dates:

NAME ______________________ AGE___ WEIGHT _____ HEIGHT ________

Level=Beginner w/t, Intermediate w/t/c, can ride on own, Advanced w/t/c, jumps

HORSE RIDING EXPERIENCE
(level) __________________________

Does this rider have physical and/or mental health conditions, problem, and/or disabilities, which may affect his/her safety and ability to ride a horse? **YES NO** (circle one) If Yes describe here:

_________________________________________

Rider, and if a minor, parent or guardian must write Initials below after reading each section:

B AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and shall be interpreted according to the laws of the state and county of this stable/program’s physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which the stable/program is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term “horse” herein shall refer to all equine species. The term “horseback riding” herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term “rider” shall herein refer to a person who riders a horse mounted or otherwise handles or comes near a horse from the ground. The terms “I” me’ ‘my’ shall herein refer to the above registered rider and the parent or legal guardian thereof if a minor.

C ACTIVITY RISK CLASSIFICATION: I understand that horseback riding is classified as a rugged adventure recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions.

D NATURE OF STABLE HORSES: I understand that: this stable/program chooses its horses for the calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and this stable/program follows a rigid risk reduction program, yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance from 3 ½ to 5 ½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short; changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting, or running from danger.

Page 1
E RIDER RESPONSIBILITY: I understand that upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider’s safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety and that of an unborn child if the rider is pregnant. This stable/program advises pregnant women not to ride horses unless permission is given under advice of her physician.

F. CONDITIONS OF NATURE: I understand that Staten Island Recreational Association, Inc., dba HOOPH, its board of directors, agents, employees, and assigns and the New York City Department of Parks and Recreation is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, ore react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

G. CARRY-ON OBJECTS AND SHARP NOISES: I understand that riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. Some examples are: cameras, hats not securely fastened under chin, toys, purses. Riders must not make sharp loud noises such as screaming or yelling, which may scare a horse.

H. SADDLE-GIRTHS NATURAL LOOSENING: I understand that saddle girths (saddle fasteners around the horse’s belly) may loosen during a ride. If a rider notices this he/she must alert the nearest instructor/staff member as quickly as possible so action can be taken to avoid slippage of the saddle and a potential fall from the animal.

I. PROTECTIVE HEADGEAR OFFERING: I, for myself and on behalf of my child and/or legal ward have been offered a helmet by this stable/program and do understand that the wearing of such headgear while mounted, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer’s potential head injuries and possibly prevent the wearer’s death as the result of a fall and/or other occurrences. It is understood that stable/program provided protective headgear may not be of perfect fit for each rider’s head, and that once provided I/we will be responsible for securing the helmet on this rider’s head at all times.

J. LIABILITY RELEASE: I agree that in consideration of this stable/program allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge this Staten Island Recreational Association, Inc., dba HOOPH, it’s board of directors, agents, employees, and assigns and the New York City Department of Parks and Recreation, insurers, and others acting on its behalf from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated, due to this stable’s/program’s negligence, fault, and/or gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation against this Staten Island Recreational Association, Inc., dba HOOPH, its board of directors, agents, employees, and assigns and the New York City Department of Parks and Recreation, insurers, and other acting on its behalf for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of this stable/program, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of this stable/program, whether on or off the premises of this stable/program. All riders and parents or legal guardians must sign below after reading this entire document.
SIGNER STATEMENT OF AWARENESS:

I/we the undersigned have read and do understand the foregoing agreement, warnings, releases and assumption of risk. I/we further attest that all facts relating to the applicant’s physical condition, experience, and age are true and accurate.

I ______________________________ AGE ______________________________

(Print Name)

Residing at

(Print Address)

Hold the Staten Island Recreational Association, Inc., dba HOOPH, its board of directors, agents, employees, and assigns and the New York City Department of Parks and Recreation, it’s officers, employees and assigns harmless from any/all liability and waive the right to sue for any injury that may be sustained in any/all activities ( to include interaction with equine/livestock) and/or at any/all time(s) at the Staten Island Recreational Association Inc., dba HOOPH and the NYC Department of Parks and Recreation program areas/ground or traveling to or traveling away from the Staten Island Recreational Association Inc., dba HOOPH and the NYC Department of Parks and Recreation areas/grounds and with any other participant or spectator.

(Signature of participant, Rider, Spectator, Worker/Volunteer)

(Signature of Parent/Legal Guardian)

DATE: _______ / _______ / _______
I have been advised of my Visitor/Participant Responsibilities. I have also received and read my Rider’s manual and agree to abide by the rules and regulations of the Equine Facility, known as the Staten Island Recreational Association/Ocean Breeze horse arena. As a visitor I must:

- Read and Follow All Posted Signs
- Sign in the Visitor Log (located by the front door)
- Remain in Areas designated for the Equine Activity
- Exercise Care Regarding Inherent Risks Associated with an Equine Facility.
- Read and Comply with all posted or Verbal regulation from Authorized Individuals with the Equine Facility.
- I will not Remove, deface, alter or otherwise damage safety equipment, signage, warning devices or other safety measures.

IF AT ANY TIME YOU DECIDE THAT YOU ARE UNWILLING OR UNABLE TO ACCEPT THESE RESPONSIBILITIES IMPOSED ON YOU AND/OR THE INHERENT RISKS ASSOCIATED WITH AN EQUINE FACILITY, YOU MAY REQUEST A REFUND OF ANY UNUSED FEES:

Rider’s/Visitor’s signature (Parent or guardian if individual is under the age of 18)

____________________
Date
All Riding Participants:

Effective January 1, 2019 we will unfortunately have to increase our lesson rates. Due to increased costs of supplies and feed and a low fundraising participation we have no option but to impose an increase. Just to put things in perspective, each lesson is a cost to our organization of $185.00. The fees you are charged cover less than 1/3 of the actually cost. The balance is covered by fundraising efforts. Without everyone’s participation in those efforts we have to increase the cost to you. We tried to keep it at a small increase. We will continue to host fundraisers and ask for your participation, if possible, as to not have to increase costs any further. Thank you for your understanding. The new fee schedule is as follows:

- Therapeutic Riding Lessons: $50.00 per half hour Single session
- Therapeutic Riding Lessons: $45.00 per half hour 6 session package $270.00
- Horseback riding Lessons: $55.00 per half hour

We have also attached 2019’s update of information and the visitor’s responsibilities. These must be completed and sign to continue program participation.

If you have any questions, I can be reached at 718-354-9699

Sincerely,

Megan Delmar
Executive Director