



1972 New Boston Road • Chittenango, NY 13037  
(315) 687-6727 • [ariseatthefarm.org](http://ariseatthefarm.org)

January 2023

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 horsemanship.

**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 2023 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 [llittle@ariseinc.org](mailto:llittle@ariseinc.org).

Lessons for the 2023 season are: \$100 for a one-hour lesson.

**For new riders, 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 a **half-hour un-mounted lesson at \$50**. 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





**2023 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) \_\_\_\_\_

**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 |
|------------|-----------|
|            |           |
|            |           |
|            |           |



**2023 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: |  |
| Care Coordinator:           |  | Phone:                 |  |
| Email:                      |  | Fax:                   |  |
| CSS Broker (if applicable): |  | Phone:                 |  |
| Email:                      |  | Fax:                   |  |
| Signature:                  |  |                        |  |

#### Secondary Agency

|                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| Agency Name:                |  | # of Lessons Provided: |  |
| Care 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:       |        |      |



## 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 personally 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 OF \$80.00 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, although a ground lesson may be offered. 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. However, 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 rescheduled or canceled at no charge. ARISE at the Farm will call the rider if lessons are being rescheduled or 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:** 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.                             |
|--|------|------|------|--------|-------------------|----------------------------------|
| <b>Morning</b><br>9:00 AM<br><br>to<br>1:00 PM |      |      |      |        | No lessons        | <b>Limited Saturday Sessions</b> |
| <b>Mid-Day</b><br>1:00 PM<br><br>to<br>4:00 PM |      |      |      |        | No lessons        | <b>Limited Saturday Sessions</b> |
| <b>Evening</b><br>4:00 PM<br>to<br>5:30 PM     |      |      |      |        | <b>No Lessons</b> | <b>No Lessons</b>                |

**Rider applications must be received prior to scheduling**

**Limited lessons June 27 – July 29, 2023 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:<br>(Rider, parent,<br>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:<br>(Rider, parent,<br>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: \_\_\_\_\_

## *Student Goal Checklist*

Student name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Our instructors would like to know the important life goal that the rider/participant/you is working towards. This information helps us to structure our lesson plans. Examples are: walking without assistance, independent living, decision making, etc.

1. What is a major life goal? \_\_\_\_\_  
\_\_\_\_\_

2. Please select **up to 3 goals in each category** that are most important. **Rank them 1 through 3** with 1 being the most important.

| Physical Goals |   | Social Goals |  | Cognitive Goals |   |
|----------------|---|--------------|--|-----------------|---|
|                | <b>Balance</b> <ul style="list-style-type: none"> <li>• Posture</li> </ul>  |              | <b>Socialization</b> <ul style="list-style-type: none"> <li>• Enjoyment</li> <li>• Participation</li> <li>• Sportsmanship</li> </ul> |                 | <b>Readiness skills</b> <ul style="list-style-type: none"> <li>• Verbal skills/Vocalizations</li> <li>• Vocabulary Expansion</li> <li>• Word Recognition/ Reading skills</li> <li>• Math Skills</li> <li>• Shape recognition</li> <li>• Color Identification</li> </ul> |
|                | <b>Coordination</b> <ul style="list-style-type: none"> <li>• Fine Motor Skills</li> <li>• Range of Motion</li> <li>• Spatial Awareness</li> </ul>                                 |              | <b>Confidence</b> <ul style="list-style-type: none"> <li>• Self-esteem</li> <li>• Responsibility</li> <li>• Independence</li> </ul>  |                 | <b>Decision making</b> <ul style="list-style-type: none"> <li>• Sequencing</li> </ul>   |
|                | <b>Strength</b> <ul style="list-style-type: none"> <li>• Head Control</li> <li>• Gross Motor Skill</li> <li>• Muscle tone (increase)</li> <li>• Muscle tone (decrease)</li> </ul> |              | <b>Communication</b> <ul style="list-style-type: none"> <li>• Cooperation</li> <li>• Transition between activities</li> </ul>        |                 | <b>Concentration</b> <ul style="list-style-type: none"> <li>• Focus</li> <li>• Attention (increase)</li> <li>• Attention (decrease)</li> </ul>  |

Other: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

If needed, what behavior modification techniques would you suggest or recommend instructors use in the barn and during lesson if the participant is experiencing a challenge?

\_\_\_\_\_  
\_\_\_\_\_