



Pegasus Therapeutic Riding

All Special Needs, All Ages

RIDER APPLICATION

_____ Date _____
Print Applicant's name

To apply as a rider at Pegasus Therapeutic Riding here after referred to as Pegasus, the enclosed application must be completely filled out. This information is necessary for the rider's safety. Applications not completely filled out will be returned.

The Rider will be scheduled into a class when the application is approved. No applicant will be allowed on a horse until the application is received and approved.

Enclosed you will find the following: **Signatures are required.**

_____ REGISTRATION

_____ PHYSICIAN REFERRAL - SIGNED AND STAMPED

_____ LIABILITY RELEASE

_____ AUTHORIZATIN TO TREAT MINORS / ADULTS

_____ PHOTO RELEASE

FILL OUT THIS FORM, AND RETURN COMPLETED TO THE MAILING ADDRESS BELOW.

Should you have any further questions, please leave a message at the Pegasus Ranch Office. One of our staff will contact you. The phone number is: 760- 772-3057

RANCH DIRECTIONS: 10 Freeway ~ Exit Cook Street ~ North on Cook Street ~ Cross Varner Road ~ Chase School Road Turn Right ~ Continue To The Pegasus Ranch ~ Paved Road Turns Into Dirt Road. See map on our website.

MAILING ADDRESS: Pegasus Therapeutic Riding
35-450 B Pegasus Court
Palm Desert, CA 92211
760-772-3057

Pegasus Therapeutic Riding
501 (c) NONPROFIT CORPORATION FEDERAL TAX ID 95-3774003
www.pegasusridingacademy.org



REGISTRATION

Date: _____

Applicant's Name (print) _____ Age: _____

Address: _____ City _____

Phone: AM: _____ PM: _____

Date of Birth: _____ SS# _____

Parent / Guardian Authorization: print: _____ signature _____

Parent / Guardian Employer: _____

INSURANCE INFORMATION

Insurance: _____

Address: _____

Medicare Number: _____ Medical Number: _____ Certificate Number: _____

Group Number: _____ Policy Number: _____ Code: _____

MEDICAL INFORMATION

Physician's Name (Print) _____

Physician's Address: _____

Disability: _____ Date of Onset: _____

Medications: _____

Allergies to food, drugs, or animals: _____ Last Tetanus Toxoid Booster: _____

Special Medical Conditions (feeding tubes, shunts, hearing aids) etc. _____

PARENT OR GUARDIAN DAYTIME CONTACT NUMBERS: WORK OR HOME OR CELL

Contact _____ Phone: _____



MEDICAL HISTORY

DATE: _____

MEDICAL HISTORY: MUST BE FILLED OUT AT THE DOCTORS OFFICE WITH PHYSICIAN'S SIGNATURE AND STAMP

APPLICANT / PATIENT NAME: _____ DOB: ____/____/____ AGE _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ PULSE: _____ B.P.: _____

DIAGNOSIS _____

CAUSE: _____

MEDICATIONS (Type, Purpose, Dose): _____

If Downs Syndrome, Atlanto-Axial Subluxation? Yes _____ No _____

Cervical X-Ray for Atlanto-Axial Subluxation: Positive _____ Negative _____ X-ray Date: ____/____/____

Tetanus Shot: Yes _____ No _____ Date: ____/____/____

MOBILITY STATUS: Ambulatory? Yes _____ No _____

Can the patient ambulate independently? Yes _____ No _____

If No, describe: _____

PROSTHETICS / ORTHOTICS:

Type: _____ Purpose: _____

Type: _____ Purpose: _____



MEDICAL HISTORY CONTINUED

Date: _____

Please describe any other additional information that might help us to work with this Applicant / Patient.

Please indicate if the Applicant / Patient has or has / had a history of the following secondary problems by checking yes or no. If YES, please include COMPLETE information pertaining to the problem.

PROBLEM	Yes	No	IF YES, History of, Describe
Auditory Impairment	_____	_____	_____
Learning Disability	_____	_____	_____
Mental Impairment	_____	_____	_____
Psychological Impairment	_____	_____	_____
Speech Impairment	_____	_____	_____
Visual Impairment	_____	_____	Glasses: _____
Allergies	_____	_____	_____
Cardiac	_____	_____	_____
Circulatory PVD	_____	_____	_____
Postural Hypotension	_____	_____	_____
Hemophilia	_____	_____	_____
Asthma/COPD	_____	_____	_____
Neurological			
Seizures	_____	_____	_____
Controlled	_____	_____	_____
Last Seizure: _____ / _____ / _____			
Hydrocephalus	_____	_____	_____
Shunt	_____	_____	_____
Sensory Loss	_____	_____	_____
Pain	_____	_____	_____
Muscular Contractures	_____	_____	_____

PROBLEM	Yes	No	IF YES, History of: Describe	Yes	No	Explain
SKELETAL						
Spinal Column Injury	_____	_____	_____	_____	_____	Heterotrophis Ossification _____
Subluxing Joints	_____	_____	_____	_____	_____	Joint Disease _____
Dislocating Joints	_____	_____	_____			
Laminectomy/Fusion	_____	_____	_____			
Scoliosis-Degree/Type						
Brace Last X-ray	_____	_____	_____			
Klyphosis/Lordosis	_____	_____	_____			Cranial Defects _____
Degree/Type	_____	_____	_____			Fractures _____
Spondylolisthesis	_____	_____	_____			Other _____
Spinal Abnormality	_____	_____	_____			
Osteoporosis	_____	_____	_____			



MEDICAL HISTORY CONTINUED

Date: _____

MEDICAL HISTORY

Please indicate any medical problems not indicated on pages 2 & 3:

Please indicate special precautions:

Physician's Signature: _____ Date: _____

Physician's Name: (Please Print) _____

Physician's Address: _____

Telephone Number: _____ - _____ - _____

PHYSICIAN'S STAMP

PHYSICAL THERAPY ASSESSMENT IF APPLICABLE: PLEASE PRINT



PATIENT: _____ Date of Birth: _____ School Placement _____

Disability: _____ Ambulatory: Y / N _____ Muscle Tone: _____

Sensation: _____ Rom Limitations: _____

Balance / Equilibrium: _____ Other Structural Abnormalities: _____ Equipment: _____

Evaluation Summary _____ Precautions or Restrictions _____

Suggested Exercises: _____ Physical Therapist (Names) _____

Address: _____

Phone: _____ Signature: _____



LIABILITY RELEASE

DATE: _____

SIGNATURES REQUIRED FOR EACH WAIVER / RELEASE BELOW

APPLICANT:(Print Name) _____

This Applicant is represented for all releases and waivers as follows below. To participate in the Pegasus program, I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me / my son / my daughter / my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against

Pegasus, and its Board of Directors, Instructors, Therapists, Aides, Volunteers and / or Employees for any and all injuries and / or Losses I / my son / my daughter / my ward may sustain while participating in Pegasus.

Print Name: _____ Signature: _____ Date: _____
Applicant, Parent or Guardian Applicant, Parent or Guardian

AUTHORIZATION TO TREAT A MINOR

I / WE, the undersigned parent, parents or legal guardian of Client / Rider named above, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute General Hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: _____

Print Name: _____ Signature: _____ Date: _____

Circle Relationship to Applicant: Father, Mother, or Legal Guard

This consent, release and waiver form shall remain effective until the expiration of this form which is three years from date.

EMERGENCY CONTACT NUMBERS: IN CASE OF A DAYTIME EMERGENCY PLEASE CALL

PRINT NAME: _____ CELL _____ PRINT NAME: _____ CELL _____

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned grants to Pegasus permission to take or have taken still and moving photographs and films including television pictures of our/ my son, daughter, ward .By signing this the Rider, Parent or Guardian, consents and authorizes Pegasus, its advertising agencies, news media, and other persons interested in Pegasus and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including without limiting the generality of the foregoing newspapers, television media, brochures, films, pamphlets, instructional material, books, and clinical material. With respect to the foregoing matters, no inducements or promises have been made to us / me to secure our / my signature (s) to this release other than the intention of Pegasus to use or cause to be used, such photographs, films and pictures for the primary purpose of promotion and aiding Pegasus for the Handicapped and its work.

PHOTOS AUTHORIZED: Signature: _____ Date: _____

**** Applicant, Parent/Guardian

If the Rider, Parent or Guardian DO NOT want Photos taken under any circumstances, YOU MUST CIRCLE "NO PHOTO'S" AND SIGN BELOW NO PHOTOS: Signature of Applicant, Parent or Guardian _____

Requesting no photos be taken

NOTE: IF YOU DO NOT CIRCLE "NO PHOTOS AND SIGN, PICTURES MAY BE TAKEN!



QUALIFICATIONS / RIDERS DRESS CODE

Dear Riders, Parents, Caregivers and Teachers; Please keep this page for your information.

QUALIFICATIONS

- ❖ **Adults:** Riders must be deemed handicapped by the Social Security system
- ❖ **Children:** Riders must be deemed handicapped by the Public School system
- ❖ All applicants must complete the "Rider's Packet" which MUST include a Doctors signed approval for applicant to participate in the program
- ❖ We accept riders 3 years of age to late 80's
- ❖ Weight maximum: 190 lbs., no exceptions for SAFTEY of the rider, horse and volunteer.

RIDER'S DRESS CODE:

For a safe and beneficial ride we ask that everyone follow the dress code below. If the dress code is not followed the rider may be asked not to ride that week. Again these rules are for the safety of the rider.

- ❖ Long pants: to protect riders legs from chaffing and getting pinched in saddle straps
- ❖ Closed toe shoes, sneakers and boots are good, **NO SANDALS or FLIP FLOPS**. If a rider is wearing any open toe shoes, sandals or flip flops they WILL NOT BE ALLOWED TO RIDE.
- ❖ No dresses or skirts
- ❖ Tops, anything comfortable, keep in mind weather conditions
- ❖ HELMETS: Are provided by Pegasus and MUST be worn. Our Helmets comply with all state safety codes. Riders can bring their own helmet as long as it complies with state safety code.

Please call the ranch (760) 772.3057, if you have any questions and leave a message.

Thank you,

Chase Berke, VP Program Director
Karen Renberg, VP Operations

