PONY UP 4 KIDS

**PonyUp4Kids Foundation Inc**
**2536 Wingdale Mnt. Rd.**
**Poughquag, NY 12570**

**Tel: (845) 724 - 7128**
**Email: info@PonyUp4Kids.com**
**www.PonyUp4Kids.com**

Dear Prospective Participant,

Welcome to the PonyUp4Kids Foundation! We're excited to explore whether our equine-assisted services—both mounted and unmounted—are the right fit for you. Enclosed you'll find our enrollment guidelines and the required application forms.

Our mission is to ensure that every session is safe, enriching, and enjoyable. To help us tailor your experience, we ask that you carefully review and complete all attached documents. The information you provide is essential not only for determining program eligibility, but also for setting personalized goals and matching you with the most suitable horse and activity.

Please note:

- All sections of the Participant Application and Health History must be completed in full. Incomplete forms (e.g., missing height, weight, or signatures) will not be accepted and may result in your application being placed on hold.
- The Medical History and Physician's Statement must be completed by your healthcare provider. Supporting documents are welcome but cannot replace the original form—entries such as "see attached" will not be accepted.

Once we receive your completed forms, our team will contact you to schedule an evaluation. A $65 evaluation fee is due at the time of scheduling. If we determine that our services are a good match for your needs, we'll begin the process of placing you in an available program session.

If you have any questions about the application process or the enclosed forms, please don't hesitate to reach out to our Program Office at info@PonyUp4Kids.com.

We look forward to supporting your journey and welcoming you into our community.

Warm regards,

PonyUp4Kids Foundation Staff

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## PonyUp4Kids Foundation Application and Enrollment Guidelines

Application Process: Applications are available online and a brief telephone screening with PonyUp4Kids staff. Applications must be completed in full to be considered and include the following forms:

- Participant's Application and Health History Emergency Medical Treatment Information
- Liability Release
- Photo Release
- Participant's Medical History & Physician's Statement

## Health & Safety Considerations for Participation

To be accepted into and continue participating in PonyUp4Kids programs, all required forms must be completed in full and resubmitted annually. Additionally, updated documentation is required following any hospitalization, seizure, major illness, or injury. For mounted sessions, participants must be able to assume a sitting posture, tolerate movement, and wear a riding helmet safely. Both mounted and unmounted participants must also demonstrate sufficient tolerance and attention span to benefit from at least 20 minutes of structured activity. These conditions help ensure a safe and effective experience for all involved.

Participation in mounted equine-assisted activities at PonyUp4Kids is based on the availability of an appropriate opening that matches the participant's age, ability level, and physical requirements. To ensure safety for all involved—including our horses, volunteers, and staff—we must have a qualified instructor and a suitable horse that can accommodate the rider's height, weight, and muscle tone. While our general weight limit is 180 pounds, we also use a height-to-weight ratio scale to assess eligibility. If a participant exceeds these limits and is no longer eligible for mounted sessions, they may still be able to participate in our unmounted equine-assisted programs, which offer meaningful benefits and educational experiences without riding.

Due to the nature of equine-assisted activities, riding, and related services, there may be circumstances in which participation in PonyUp4Kids Foundation programs is no longer appropriate for certain individuals. All participants undergo periodic progress reviews, and our professional staff may determine that continued involvement is not in the best interest of the individual or the program. PonyUp4Kids Foundation reserves the right to decline or discontinue services if we are unable to safely accommodate an applicant due to limited resources or safety concerns. This includes adherence to industry standards and guidelines such as those established by EGALA, PATH, CHA

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and other professional organizations regarding precautions and contraindications for participation. These reviews are conducted regularly to ensure the safety, effectiveness, and integrity of our programs.

To ensure the safety and well-being of all participants, PonyUp4Kids Foundation carefully evaluates medical and behavioral conditions that may pose a risk during equine-assisted activities. Seizure disorders may be a contraindication to riding and are assessed on a case-by-case basis with consideration for appropriate precautions. Additional contraindications include, but are not limited to: atlantoaxial instability, uncontrolled behavior, loud outbursts or unmanageability, open sores, unstable spine or serious heart conditions, spontaneous or recent fractures, recent surgery without physician clearance, obesity, acute arthritis, and the inability to safely mount, dismount, or transfer from the ramp to the horse.

It is essential that the Foundation be notified prior to any session if a participant has experienced a seizure, undergone medical treatment or medication changes, been hospitalized, or encountered any condition that may affect their behavior, safety, or functional capacity during class. These guidelines help us maintain a safe, supportive environment for all participants and staff.

Scheduling: The PonyUp4Kids Foundation offers equine-assisted sessions year-round, including Spring, Summer, Fall, and Winter, with both mounted and unmounted options available. Group sessions are typically 45 to 60 minutes in length, depending on the type of activity, and are thoughtfully organized to include participants with similar ages, skill levels, and therapeutic goals. For those seeking a more personalized experience, private sessions are available in 30- or 60-minute formats, tailored to individual needs and scheduling availability. To accommodate a wide range of participants, the Foundation operates seven days a week, from Monday through Sunday.

Attendance: At PonyUp4Kids Foundation, we strive to provide a safe, structured, and meaningful experience for every participant. To ensure the highest quality of care and respect for our staff, volunteers, and horses, we ask all participants to follow the guidelines.

Participants are expected to arrive 5–10 minutes before their scheduled session. If a participant has not arrived—and has not contacted us—within 10 minutes after the session start time, their assigned horse will be returned to the barn and volunteers reassigned. Missed sessions cannot be made up, and late arrivals impact the experience for everyone involved. You are responsible for payment.

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Due to high demand and a growing waitlist, consistent attendance is required. If you are unable to attend a scheduled session, please notify us as soon as possible by calling the PonyUp4Kids Hotline at 845-260-0962. Leave a message so we can inform staff and volunteers in a timely manner.

We respectfully require at least 24 hours' notice for cancellations. Without proper notice, you will be financially responsible for the missed session. Excessive absences may result in removal from the program (without refund) and may incur additional fees.

If PonyUp4Kids must cancel a session due to inclement weather or unforeseen circumstances, we will notify participants at least three hours in advance, when possible, via phone and email. Updates will also be posted on our website homepage and Facebook page.

In such cases, we will offer a make-up session when possible. If rescheduling is not feasible, a credit will be applied to your account.

Thank you for your understanding and cooperation. These policies help us maintain a safe, respectful, and enriching environment for all.

Fee for Service: At PonyUp4Kids Foundation, our goal is to ensure that no one is turned away due to financial hardship. We are committed to making equine-assisted activity programs accessible to individuals and families from all walks of life.

The actual cost of one equine-assisted mounted session is $300, with other equine-assisted activities ranging from $100 to $300 per session. In most cases, participants contribute a **reduced fee of $50–$85 per session**, plus a **$10 insurance fee**. We also offer **flexible payment options**, including:

- Private pay
- Sliding scale fees
- Support from agencies such as DSS and OPWDD
- Free or reduced-cost services through the generosity of individual donors, corporate sponsors, foundation grants, and fundraising events.

Families in need of additional support may apply for financial aid, which is awarded based on demonstrated need and the availability of funds. Applications must be renewed annually. Please contact our Business Office for details.

Horse Selection: At PonyUp4Kids Foundation, riders are thoughtfully matched with horses based on a variety of factors including movement style, physical attributes, and

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individual temperament. This matching process is handled exclusively by our instructors and program staff to ensure the safest and most beneficial experience for each participant. Parents and riders are not involved in horse selection, as our team considers both goals and equine suitability when making these decisions.

Attire Guidelines: Participants should dress appropriately for the weather and follow safety guidelines for equine activities. Proper footwear is essential—at minimum, sturdy shoes or boots with a heel, such as paddock boots, are recommended. Long pants are required for all sessions. If needed, participants may wear well-fitting gloves (not mittens) to assist with grooming tools, buckles, and clips. For hygiene and safety, each participant should purchase their own ASTM-FEI approved riding helmet, which must be worn during all mounted and unmounted activities. For the first few sessions, PonyUp4Kids has several loaner helmets available.

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# PonyUp4Kids Foundation Participant Application and Health History

## GENERAL INFORMATION

Participant's Name: _____

Height: _____ Weight: _____ Gender: ___ M ___ F

Date of Birth: _____ Age:_____

Address: _____

Primary Phone Number: _____ Cell ____ Home _____

Alternative Phone: _____ Cell ____ Home _____

Primary Email: _____

Participant's School or Employer: _____

How did you hear about this program? _____

## PARENT INFORMATION

Mom/Guardian: _____ Email: _____

Address: _____

Phone: _____ Cell: _____

Employer: _____

Father/Guardian: _____ Email: _____

Address: _____

Phone: _____ Cell: _____

Employer: _____

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HEALTH HISTORY

Diagnosis: _____

Please indicate current or past special needs in the following:

| Area | Yes | No | Comments |
|---|---|---|---|
| Vision | | | |
| Hearing | | | |
| Sensation | | | |
| Communication | | | |
| Heart | | | |
| Asthma | | | |
| Digestion | | | |
| Circulation | | | |
| Emotional/Mental Health | | | |
| Behavioral | | | |
| Pain | | | |
| Bone/Joint | | | |
| Muscular | | | |
| Thinking/Cognition | | | |
| Allergies | | | |
| Other | | | |

Describe abilities/difficulties in these areas (be specific and detailed as this will provide PonyUp4Kids Foundation staff with helpful information to develop session goals):

Physical Function (ex. Mobility skill such as assistance required, equipment needed, walking, wheelchair use, stair climbing):

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Cognitive Abilities/Social Function (ex. Leisure interests, relationship/family structure, support systems, companion animals, fears/concerns, behavior challenges/strategies, work/school, communication abilities, reading/writing abilities):

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Goals: (ex. Reason you are applying for participation and what you would like to accomplish):

_____

Would you be willing to take your child out of school early in order to participate in our program? _____ Yes _____ No

What would you like to accomplish:

_____ Unmounted _____ Mounted

More: _____

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## EMERGENCY MEDICAL TREATMENT INFORMATION

Name: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility/Hospital: _____

Allergies to Medications: _____

Current Medications: _____

**In the event of emergency, contact:**

Name: _____ Relationship: _____

Phone: _____ Cell ___ Landline ____

Name: _____ Relationship: _____

Phone: _____ Cell ___ Landline ____

Name: _____ Relationship: _____

Phone: _____ Cell ___ Landline ____

**CONSENT PLAN**: If emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property, I authorize PonyUp4Kids Foundation Inc to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or company involved in the medical emergency treatment and/or transport.
3. This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed 'live saving' by the physician. This provision will only be invoked if the person(s) listed above are unable to be reached/contacted.

**I consent to above _____** **I do NOT consent to above _____**

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**LIABILITY RELEASE**

As a participant in the programs and activities of PonyUp4Kids Foundation Inc., I acknowledge and accept the inherent risks associated with horseback riding, equine-assisted activities, and being in proximity to horses. These risks include, but are not limited to, injury, illness, or grievous bodily harm resulting from riding, handling, or caring for horses.

Despite these risks, I believe the potential benefits to myself, my child, or my ward outweigh the risks involved. Therefore, with the intention of being legally bound, I hereby waive, release, and discharge forever any and all claims for damages or liability against PonyUp4Kids Foundation Inc., its Board of Directors, instructors, agents, therapists, staff, volunteers, employees, landowners, affiliated farms, stables, clubs, and their respective officers, directors, agents, employees, and members.

This release applies to any injuries, losses, or damages sustained by myself, my child, or my ward while participating in any program, session, or activity offered by PonyUp4Kids Foundation Inc., regardless of cause, including but not limited to the negligence of the released parties.

This hold harmless agreement extends to all activities and circumstances, including but not limited to our presence on the property, horseback riding, horse care and handling, and participation in equine-assisted programs.. ***Initial here**: _____

I agree.

**Sign here**: _____ **Date**: _____

**Photo Release**:

I grant the PonyUp4Kids Foundation Inc. permission to take photographs, video and any other audio/visual media of myself/my child/my ward and authorize use and reproduction of photographs, videos and any other audio/visual media to circulate and publicize the same by all means including but not limited to promotional materials, publications, social media, website, educational activities, exhibitions for the primary purpose of promoting the PonyUp4Kids Foundation Inc.

**Consent, initial here: _____ Do Not Consent, initial here: _____**

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## ACKNOWLEDGEMENT STATEMENT

___ I certify that all the information provided in this firm us true, accurate and up to date and guarantee to immediately notify the PonyUp4Kids Foundation Inc and staff to any changes or updates.

Signature: _____ Date: _____

Print Name: _____ * Signature of parent/legal guardian/conservator of participant in his/her name required if participant is under 18.

**BASIC RULES FOR PARTICIPATION - Attention Participants, parents and others:**

- Call the PonyUp4Kids Hotline (845) 260-0962 for cancellations, when unable to attend regularly scheduled days/times or running late.
- Arrive 5-10 minutes before session start time.
- Wear appropriate shoes, clothing. Do not wear open toed shoes or loose, floppy clothes.
- Wear your helmet while working with or riding horses.
- Please walk, do not run, while on premises.
- Park in Visitor Parking, unless other prior arrangements are made. Do not drive cars around the horse areas, including barns, ring, paddocks and turn-outs.
- No gum chewing while in program or during session.
- Please limit any cell phone use except for emergencies.
- Ask permission before taking photos or videos, especially with lights or flash.
- Do not approach or feed any horses/ponies unless you have explicated permission.
- No smoking.
- No alcohol.
- Please do not bring your dogs or pets on the premises. Prior arrangements and exceptions will be made for registered service dogs.
- Prior to mounted/unmounted activities, inform PonyUp4Kids staff, including instructor. Of any experiences or health issues which could or would affect the participant's behavior, safety or functioning at PonyUp4Kids.
- Inform instructor and PonyUp4Kids staff of any schedule changes or conflicts which would affect the participant's attendance.
- Please be respectful to the property, horses/ponies, staff and others.
- Clean up after yourself and/or your child/your ward.
- Do not damage property, equipment and/or others.
- Do not drive on grass areas. Stay on clearly marked paths.

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- While waiting or observing:
- Adhere to all basic rules.
- Closely supervise participants, siblings, your guests and/or visitors while on premise.
- Remain at PonyUp4Kids Foundation location during participant's activities, unless otherwise discussed with PonyUp4Kids Foundation personnel.
- Wait for PonyUp4Kids personnel to assist in mounting/dismounting.
- Remain outside fenced areas and riding rings.
- Do not use cell phones, except for emergency.
- Ask permission to take photos or videos, especially when using flash or lights.
- Use appropriate voices and avoid sudden movements, particularly near the horses.
- Do not approach or feed animals unless you have explicit permission from PonyUp4Kids personnel.
- No smoking. No alcohol.

Failure to follow the established safety procedures, demonstration of inappropriate and/or abusive behavior toward others or animals, incidents due to the use of drugs or alcohol, and demonstration of mistreatment/abuse of horses and/or other animals on the site may result in immediate dismissal from the PonyUp4Kids Foundation. No refunds will be issued and/or credited. You will be financially responsible for any and all damage in the minimum amount of $500.00.

I have read, understand and agree to adhere to all basic rules and procedures. _____
(initial here to let us know you have read basic rules and will adhere to them.)

_____ _____

Signature Date

Print your name

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# ATTENTION:

# The following pages must be completed and signed by your health care provider.

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Dear Health Care Provider:

To safely provide equine assisted-activities, mounted or unmounted, the PonyUp4Kids Foundation requests that you complete (or update) the attached Medical History and Physician's Statement Form.

Please note the following conditions may suggest precautions and/or contradictions to working with horses, caring for horses, horseback riding and other equine-assisted activities and be advised there is an inherent risk to injury. Therefore, please note whether these conditions are present and to what degree.

| | YES | NO | COMMENT |
|---|---|---|---|
| Orthopedic | | | |
| Neurological | | | |
| Allergies | | | |
| Asthma | | | |
| Cardiac | | | |
| Blood Pressure | | | |
| Hemophilia | | | |
| Kidney Disease | | | |
| Recent Surgeries | | | |
| Muscular | | | |
| Spinal Fusion | | | |
| Joint Abnormalities | | | |
| Truncal Stability | | | |
| Head/Neck Control | | | |
| Catheters | | | |
| Meds. ie: Photosensitivity | | | |
| Poor Endurance | | | |
| Substance Abuse | | | |
| Skin Issue | | | |
| Animal Abuse | | | |
| Physical Abuse | | | |

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| | | | |
|---|---|---|---|
| Sexual Abuse | | | |
| Emotional Abuse | | | |
| Trauma | | | |
| PTSD | | | |
| Autism | | | |
| Fire Setting | | | |
| Behavior Safety Risk | | | |

## PARTICIPANT MEDICAL HISTORY and PHYSICIAN STATEMENT

Participant Name: _____

DOB: _____ Height: _____ Weight: _____ lbs.

Address: _____

City/Town: _____ State: _____ Zip: _____

Diagnosis: _____ Date/Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Allergies: _____

Special precautions/needs: _____

Seizure type: _____

Controlled? Yes No Date of last seizure: _____

May participate in all equine related activities including horseback riding? Yes No

May participate except for: _____

Mobility: Independent _____ Assisted _____ Wheelchair: _____

Braces: Yes No Crutches/Walker: Yes No Other: _____

For person with Down Syndrome: Neurological symptoms of atlantoaxial instability?

Yes _____ No _____ Other: _____

Please indicate current or past special needs:

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| | YES | NO | Comment |
|---|---|---|---|
| Auditory | | | |
| Visual | | | |
| Tactile sensation | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Skin | | | |
| | YES | NO | Comments |
| Immunity | | | |
| Pulmonary | | | |
| Neurological | | | |
| Muscular | | | |
| Balance | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning disability | | | |
| Cognitive | | | |
| Emotional/Psychological | | | |
| Pain | | | |
| Other | | | |

Additional Comments:

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**IMPORTANT NOTE TO DOCTOR/MEDICAL PROVIDER/FACILITY**:

By signing this you consent and agree with this statement below. Your signature acknowledges that full disclosure of information.

To my knowledge there is no reason why this person cannot participate in supervised equine-assisted actives, horseback riding and equestrian activities. However, I understand that PonyUp4Kids Foundation Inc. will weigh the medical information above against the existing precautions and/or contradictions. I concur this person's abilities/limitations may be reviewed by a licensed/credentialed health professional (ie: psychologist, OT, PT, Speech, etc.) in the implementations of an effectiveness equestrian program.

(Check 1 or both)

I certify that the above named potential participant is approved to participate in equine assisted activities _____ Mounted _____ Unmounted

Name/Title: _____ MD DO PA NP RN

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

License/UPIN Number: _____

Signature: _____ Date: _____

Attach any other documentation and/or notes to help us provide the best experience.