



Unbridle the Magic!®

October 2017

Dear Applicant,

Thank you for your interest in Celtic Charms Therapeutic Horsemanship. Enclosed is the necessary paperwork required to initiate lessons for children over the age of four\*. As a 501(c)(3) charitable non-profit, #272-039-852/000, we are solely dependent on the generosity and support of those who believe in our mission and the benefits that therapeutic riding can produce for our riders.

Therapeutic riding, or equine-assisted activities and therapies ("EAAT"), is a powerful activity because the rhythmic movement of the horse can help to calm and organize the brain, thereby making it possible to learn new skills. Moreover, riding a horse moves the body in a manner similar to the human gait, and this allows for improvement in balance, coordination and muscle strength. Therapeutic riding is also a gentle way of exercising the body and providing sensory input that the brain needs to reorganize and de-stress.

Horseback riding is a great recreational activity because of the many opportunities for interaction and socialization. We find that there can be a marked improvement in the rider's self esteem, confidence, and personal awareness that can transfer to other areas of the rider's life. ***We love working with our horses to enhance the lives of our students by creating this magical opportunity for growth.***

Our highly skilled instructors are certified through the Professional Association of Therapeutic Horsemanship ("PATH Intl."). To maintain our PATH Intl. certification, we are required to possess current CPR and First Aid certifications and take seminars and workshops annually that provide 20 hours of continuing education credit. We all exceed this annual requirement. Furthermore, our demonstrated excellence in providing quality equine-assisted activities has earned therapeutic horsemanship's highest rating, distinguishing Celtic Charms as a **PATH Intl. Premier Accredited Center**.

For those who need help in meeting the cost of their lessons financial assistance may be available through the Pink Sock Scholarship Fund. All inquiries should be directed to the Program Director and will be treated confidentially.

We would welcome the opportunity to give you a tour of our facility and to introduce you and your family to our staff and to meet our animals. Please feel free to call us at tel: 732-987-5333 if you have any questions or to schedule a tour.

Sincerely,

*Christine Landuyt*

Christine Landuyt  
Program Director

\* children as young as three may ride, but only after careful evaluation and limitations to their riding until they reach the age of four.

*Enclosures: directions, policies, application, etc.*



2017



2016

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www.celticcharms.org

info@celticcharms.org

Tel: 732.987.5333

Fax: 732.987.5331

671 Fort Plains Road

Howell, NJ 07731-1140

Celtic Charms Inc. is a charitable non-profit organization exempt under Section 501(c)(3).

# Celtic Charms Therapeutic Horsemanship

## Directions



### From US 9 North - Freehold

Take US 9 South towards Lakewood. Turn right onto West Farms Road, West and drive .3 miles. Turn left onto Fort Plains Road. 671 Fort Plains Road is .5 miles on the left. Please drive through the gates and around to the barn. Parking is in front of the barn.

### From US 9 South - Lakewood

Take US 9 North towards Freehold. 1.4 miles from I-195, take the jug handle to West Farms Road West. Continue for .3 miles then take a left turn onto Fort Plains Road. 671 Fort Plains Road is .5 miles on the left. Please drive through the gates and around to the barn. Parking is in front of the barn.

### From I-195

Take the US-9 N exit, EXIT 28B, towards Freehold. Follow directions above for US 9 South.

### From the Garden State Parkway

Take the GSP South to EXIT 98. Merge onto Rt-34 North. After ¼ mile, merge onto I-195 West towards Trenton and continue for 6.7 miles. Follow directions above for US 9 South.

# Celtic Charms Therapeutic Horsemanship

## Application Process & Participation Policies

**Application Forms:** Celtic Charms provides all the required forms. Forms must be completed, dated and signed by all appropriate parties prior to participation. Please note, a physician must sign the Medical History form. Once the forms have been returned to us, prospective participants will be contacted for a pre-riding assessment conducted by staff.

The information you provide on the enclosed forms and the assessment will assist us with:

1. determining the appropriateness of the program for the participant
2. scheduling
3. establishing goals for the student

**Scheduling:** Sessions are open ended with goals and objectives reviewed every eight weeks. As it is important to provide a well-rounded experience, *individual lessons are 45 minutes (group lessons are 55 minutes) and include time for unmounted activities such as leading, grooming, tacking and theoretical horsemanship.* Lessons are scheduled for the same day and time each week. Participants are notified of enrollment as lesson times become available. Program openings are determined based on the needs of the individual and the availability of resources.

**Cost:** Individual lessons are \$50 for 45 minutes.  
Group lessons of up to 3 students are \$40 each for 55 minutes.

The student's initial lessons with Celtic Charms are made up of individual lessons. Placement of students in subsequent group lessons is dependent on their instructor's recommendation and group availability.

**Payment:** *Lessons are payable in advance.* Monthly prepayment will be due by the first lesson day of each calendar month for that month's scheduled lessons.

**Scholarship Application:** Through fundraising, Celtic Charms is able to offer a limited amount of scholarships in the form of adjusted fees to those who demonstrate need. Participants may apply by contacting the office.

**Attendance:** We understand that absences from lessons are sometimes unavoidable. Experience has taught us that riders who consistently attend their lessons show greater improvement in the areas of physical stamina, balance, posture and coordination. If you are unable to attend a regularly scheduled lesson, notification must be made by calling the office at tel: 732 987 5333 as soon as the absence is anticipated so that we may provide sufficient notice to staff and volunteers.

**Timeliness:** Lessons that start late result in a loss of valuable riding time. Horses and volunteers will be kept available for 15 minutes beyond the start time of the lesson. We are unable to extend the lesson beyond the regularly scheduled end time.

**Attire:** We will provide **riding helmets**, which are **mandatory** when riding. Should you have your own helmet, it will need to be ASTM, SEI-approved. Participants should dress weather appropriate and always wear long, non-slip, pants (no nylon pants please) even during the summer. Jackets and gloves are required for cold weather, as the indoor arena is not heated. Sturdy-soled boots or shoes with a small heel are required (we have a small selection of paddock boots for use by participants).

# Celtic Charms Therapeutic Horsemanship Facility Policy

1. Safety is our highest priority. Please **observe** our **policies and posted signs**. Only authorized personnel are permitted on mounting blocks and ramps.
2. **Confidentiality** is very important. Any information regarding staff, students, volunteers, visitors and critters is strictly confidential and **not to be disseminated**.
3. **Photography/video is not permitted** without prior permission from staff.
4. All riders must be dressed appropriately for safe riding. An ASTM- and SEI-approved riding helmet, properly fitted and secured, is mandatory when riding. Long pants and riding boots are required with shirts/jackets tucked in or zippered. Long hair must be tied back and dangling jewelry left at home. **No clogs or sandals are to be worn by anyone around the horses.**
5. Either a parent or instructor must accompany minor or dependent students **at all times**.
6. **Parents, legal guardians or caregivers** must **remain on the premises** during lessons if the participant is minor or a dependent adult. **No student drop offs are permitted.**
7. A parent or other responsible adult must accompany, **and supervise**, minors and dependent adults at all times.
8. **Eating and drinking** while riding is **not permitted** – this includes chewing gum!
9. Please **refrain** from **offering food** to students without permission as they may have a medical condition such as **food allergies**, diabetes, etc.
10. Any **conflicts** should be **handled immediately** between the parties involved and staff. Please contact the Program Director if concerns are not being addressed or resolved.
11. The **speed limit** on Celtic Charms property is **5 mph**. Please park within the designated area only and ensure car alarms are off.
12. **Smoking, alcohol or illegal substances are not permitted anywhere on the property.**
13. For the safety of all, please make sure your **cell phones** are left in the car or **turned off**. Unexpected noises may startle the horses and cause them to panic.
14. **No pets** are permitted anywhere on the premises. Please leave them at home where they will be safe and comfortable
15. Behave **calmly** around **horses**. Soft voices only and no running.
16. Please **do not feed the horses or animals** as hand feeding encourages biting. It is also important for the horse's health that we monitor what they eat. Horse treats are to be placed in designated treat buckets only and distributed by staff when appropriate.
17. Remember to **tidy up** after **yourself**. This helps to keep the premises safe, neat and clean.

# Celtic Charms Therapeutic Horsemanship Participant's Application & Health History

*(To be completed by Student/Parent/Legal Guardian)*

## General Information

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ NJ \_\_\_\_\_  
# Street Town Zip

Phone: (H) \_\_\_\_\_ (C): \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Parent/Legal Guardian/Caregiver: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

2. Parent \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

## Health History

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Y	N	Comments
Allergies			
Behavioral			
Bone/Joint			
Breathing			
Circulation			
Communication			
Digestion			
Elimination			
Emotional/Mental Health			
Hearing			
Heart			
Muscular			
Pain			
Sensation			
Thinking/Cognition			
Vision			

**Celtic Charms Therapeutic Horsemanship**  
**Participant's Application & Health History**  
*(To be completed by Student/Parent/Legal Guardian)*

Page 2

**Medications** (include prescription, over-the-counter; name, dose and frequency) \_\_\_\_\_

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**Allergies to over-the-counter drugs** (aspirin, Benadryl etc) \_\_\_\_\_

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**Physical Function** (e.g. mobility skills such as transfers, walking, wheelchair use)

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**Psychosocial Function:** (e.g. work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fear/concerns etc.)

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**Goals:** (i.e. why are you applying for participation? What would you like to accomplish?)

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

Participant or Parent/Legal Guardian/Primary  
Caregiver if participant under 18 years of age



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

Dear Health Care Provider:

Your patient, \_\_\_\_\_  
(participant's name)

is interested in participating in supervised horseback riding and equine activities. In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement. Please note 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
- Coxarthrosis
- Cranial Defects
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

**Neurologic**

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II Malformation/  
Tethered Cord/Hydromyelia

**Other**

- Age - under 4 years
- Indwelling Catheters/Medical Equipment
- Medications - i.e. Photosensitivity
- Poor Endurance
- Skin Breakdown

**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, MS)
- Fire Settings
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in horseback riding and equine-assisted activities, please feel free to contact me.

Sincerely,

*Christine Landuyt*

Christine Landuyt  
Program Director

Encl.

# Celtic Charms Therapeutic Horsemanship

## Participant's Medical History & Physician's Statement

*(To be completed by Physician)*

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies to 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: \_\_\_\_\_

Neurologic Symptoms of Atlantoaxial Instability:  Present /  Absent

**Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.**

	Y	N	Comments
Allergies			
Auditory			
Balance			
Cardiac			
Circulatory			
Cognitive			
Emotional/Psychological			
Immunity			
Integumentary/Skin			
Learning disability			
Muscular			
Neurologic			
Orthopedic			
Pain			
Pulmonary			
Speech			
Tactile sensation			
Visual			
Other			

Given the above diagnosis and medical information, this person is **not** medically precluded from participation in horseback riding and equine-assisted activities and/or therapies. I understand that the PATH Intl. center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. center for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_



# Celtic Charms Therapeutic Horsemanship

## Liability Release Form

Name: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

**UNDER NEW JERSEY LAW, AN EQUINE EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT PL,C287c. 5:15-1 TO 5:151-12.**

I understand that under the New Jersey Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in, and legal responsibility for, injury, loss, or damage to person or property resulting from equine activities.

This release shall give notice to the participant, parent or legal guardian of the risks of engaging in equine-assisted activities including, but not limited to:

1. the propensity of equines to behave in dangerous ways that may result in injury to the participant,
2. the inability to predict an equine's reaction to sounds, movements, objects, persons, or animals,
3. the hazards of surface or subsurface conditions,
4. the hazards relating to the use of the premises and relating to any animals, facilities or equipment owned or leased by Celtic Charms Therapeutic Horsemanship, and
5. equine-assisted activities conducted offsite.

**PLEASE NOTE: It is the policy of Celtic Charms Inc. that 9-1-1 is called in the event of an emergency.**

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against Celtic Charms Equestrian Centers LLC, Celtic Charms Inc. D.B.A. Celtic Charms Therapeutic Horsemanship, either of its members, board of trustees, officers, staff, instructors, therapists, aides, volunteers for any and all injuries and/or losses that I/my son/my daughter/my ward may sustain while participating in activities at Celtic Charms Therapeutic Horsemanship.

This release shall remain valid until expressly revoked in writing by a participant, or, if a minor, the parent or guardian. **I have read and understand the provided information and agree with the terms in their entirety.**

### In the event of an emergency please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C): \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C): \_\_\_\_\_

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

Participant or Parent/Legal Guardian/Primary  
Caregiver if participant under 18 years of age

# Celtic Charms Therapeutic Horsemanship Confidentiality Statement

Name: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Individuals have a right to privacy that gives them control over the dissemination of their medical, financial, personal and other sensitive information. Celtic Charms Inc. D.B.A. Celtic Charms Therapeutic Horsemanship ("Celtic Charms") will preserve the right of confidentiality for all individuals at its center.

Trustees, full- and part-time staff, independent contractors, temporary employees, volunteers, participants, parents, guardians and families, or any business providing services to Celtic Charms are bound to keep confidential all medical, social, referral, personal and financial information, obtained either accidentally or on purpose whether in person or electronically, regarding any individual and his/her family at Celtic Charms without the specific written consent of that individual or his/her parents or guardian.

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

Participant or Parent/Legal Guardian/Primary  
Caregiver if participant under 18 years of age

## Photo Release

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by **Celtic Charms, Inc. D.B.A. Celtic Charms Therapeutic Horsemanship** of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

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

Participant or Parent/Legal Guardian/Primary  
Caregiver if participant under 18 years of age

# Celtic Charms Therapeutic Horsemanship

## Statement of Participant Eligibility or Discharge

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Celtic Charms Inc. D.B.A. Celtic Charms Therapeutic Horsemanship ("Celtic Charms") offers equine-assisted activities to individuals with disabilities. Owing to the nature of horseback riding and other equine-related activities, there are individuals for whom Celtic Charms' programs may be deemed unsafe or inappropriate. As a PATH Intl. center, Celtic Charms fully ascribes to the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl. as well as Professional Standards. Our professional staff provides initial and on-going evaluations for all prospective and active participants.

Eligibility for participation in our programs is also based upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available, including but not limited to: a PATH Intl. certified riding instructor, horse, volunteers and class availability which meets an individual's needs. Financial consideration is not taken into account in determining the eligibility for participation.

Following are some examples of non-acceptance into or dismissal from the program:

- The participant's medical, physical, cognitive or emotional condition makes horseback riding inappropriate or the participant's condition is exacerbated by riding.
- Any change in the participant's medical, physical, cognitive or emotional condition that makes horseback riding inappropriate or the participant's condition is exacerbated by riding,
- When the participant's ability to maintain head, neck and back control when sitting on the horse presents a safety concern.
- Uncontrolled or inappropriate behavior that constitutes a safety risk to the participant, staff, volunteers and horses.
- When the participant's weight exceeds that which can be safely managed by staff, volunteers and/or horses.

**Celtic Charms reserves the right to decide if it is unable to serve an applicant owing to unavailable resources and/or safety concerns including PATH INTL. guidelines relating to precautions and/or contraindications for participation.**

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

Participant or Parent/Legal Guardian/Primary  
Caregiver if participant under 18 years of age

Signature: \_\_\_\_\_

*Staff witness*

## Celtic Charms Therapeutic Horsemanship Scheduling

Lessons are scheduled for the same day and time each week. Whilst every effort is made to accommodate a student's preferred day and time for lessons, the scheduling of lessons is determined by the availability of our instructors and horses.

Please indicate your lesson day/time preference below giving us three choices should your initial choice be unavailable.

Day	Tuesday	Wednesday	Thursday	Friday	Saturday*
Start time					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					/
3:00					/
4:00					/
5:00					/
6:00					/

Comments:

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