

Power Ponies™

A HORSE WARRIORS™ Program

P.O. Box 602 • Jackson Hole • Wyoming • 83001

PHONE: (307) 733-7464 • CELL: (307) 690-6124

www.horsewarriors.com Email: horsewarriors@wyoming.com



Curriculum

Purpose: To provide structured, educational and encouraging equine facilitated empowerment for children ages 6-11, to teach and model safe, healthy development of personal boundaries, clear communication, creative self-expression, exploration of feelings, and positive interactions between young clients and their parents.

Staff: Horse Warriors staff; experienced Horse Warriors students paired up with a Power Pony “buddy;” adult experienced “horse person” on each ‘team;’ licensed counselor/family therapist, certified riding instructor

Class Outline: Students meet for 1-week sessions that include 3-hour lessons, Monday-Friday from 9:00 AM – Noon at the arena. They learn groundwork (safe interaction/appropriate boundaries) with horses, keep a journal of information about their horses, lessons, feelings, observations, and will be encouraged/instructed to work in them through art and writing segments. They learn how to ride, how to be in control of their horses, and work towards complete riding independence. Games are an essential part of the lessons.

Mentoring is a key component of all Horse Warriors™ programs. Experienced, older HW students are paired with a Power Ponies™ student, and assist with their instruction. HW students are familiar with their horses, their personalities and behaviors and are excellent resources for encouraging the new friendships that develop between the horses and younger riders. Mentoring is a required part of their (HW) program.

After students are comfortable with their horses and their riding, parents are invited to join the lessons and go through the same learning processes as the students. Students are facilitated (by instructor/counselor) to demonstrate and instruct parents in horse communication, with the intention that by showing parents how they and their child can be clear, genuine and supportive with the horse, that level of communication effectiveness can translate into their own interactions.

Horse Warriors™ requires all participants to wear approved riding safety helmets at all times around horses. This includes parents. HW will provide all safety equipment and supplies. All riders are required to have smooth soled riding boots. Cowboy boots, English riding boots, or “Horse Shoes” brand boots are all appropriate, **but absolutely NO sneakers, sandals, running shoes or hiking boots.**

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POWER PONIESTM APPLICATION FORM



Name of Student: _____

Mailing Address: _____

Phones: Mother's Work: _____ Father's Work: _____

Age: _____ Date of Birth: _____ Grade Level: _____ Gender: M ____ F ____

Name of Participating Parent: _____

Age: _____ Occupation: _____

Email: _____

We would like to hear from both of you about why you are interested in the program. Please be as thorough as possible in your answers. If you need extra paper, feel free to continue on a separate page.

1) What has been your experience with horses up to this point? (You don't need to have had ANY experience to have fun and be part of this program.)

STUDENT: _____

PARENT: _____

2) How much time do you like to spend outside during each day?

STUDENT: _____

PARENT: _____

3) How do you feel about working with horses and getting really dirty? What about occasionally having to ride in the rain?

STUDENT: _____

PARENT: _____

4) What are your favorite activities?

STUDENT: _____

PARENT: _____

5) What activities do you do together as a family?

6) When an activity is hard for you, how do you respond? (parents may have to help younger children with this answer)

STUDENT: _____

PARENT: _____

7) Do you like to share? What kind of activities are hard to share? Which ones are easy to share?

STUDENT: _____

PARENT: _____

8) Have you ever taken a class together before? If so, please describe the class and the experience you had learning together.

STUDENT: _____

PARENT: _____

9) PARENTS only: What do you imagine your response will be in the process of learning from your child about his/her horse and how to interact with it?

Have you ever taken a parenting class? Yes_____ No_____
If so, which one?

All lessons are 3 hours, and include: riding instruction, groundwork and journal (art & writing)/discussion time.

Parent/child lessons are scheduled Monday - Friday and will take place during the child's regularly scheduled lesson time. Parents will participate with their children Monday, Wednesday and Friday. Parents will also ride and will need to wear appropriate riding apparel. **Riding weight limit is 185 lbs.** If parents are over the weight limit, they can participate in ground activities with their children and horses.

Horse Warriors™ requires all participants to wear approved riding safety helmets at ALL times around horses. This includes parents. HW will provide all safety equipment and supplies.

All riders are required to have smooth soled riding boots. Cowboy boots, English riding boots, or "Horse Shoes" brand boots are all appropriate, but absolutely NO sneakers, sandals, running shoes or hiking boots for parents or children. NO EXCEPTIONS.

I, the participating parent, have read all of the above, as well as the enclosed description of the program and the fee schedule and understand both the costs and expectations of the program. I understand that payment is due at the beginning of the program and that my child and I will only be able to participate after payment is received.

Name

Date

*Please make checks payable to Horse Warriors™
or pay online via PayPal at the Horse Warriors™ website:*

<http://www.horsewarriors.com/donations.html>

Pay via Venmo: @horsewarriors

Return all completed pages to:

*Horse Warriors™
P.O. Box 602
Jackson, WY 83001*

or

*Horse Warriors™
P.O. Box 1331
Thayne, WY 83127*



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EQUIPMENT LIST

Power Ponies™ and Mighty Mustangs™

These are the items you will need to bring every day. It is very important that you wear sunscreen as the arena reflects a lot of sun.

- **Journal kit** (we provide those to every student the first day – students **MUST** bring them each week or they will not be permitted to ride)
- **Plastic or metal water bottle, full**, (1 qt. minimum) OR a Camelback-type water pack
- **Non-flapping raingear** (no ponchos) – we ride in the rain unless there is lightning
- **Leather shoes or boots** with SMOOTH soles and substantial heels, like cowboy boots or paddock boots (no lug soles or running shoes) – we have some extra boots we can lend if this is a hardship
- **Sunscreen**
- **Bug repellent**
- **Long pants** - we recommend comfortably fitting jeans. Pants should be roomy enough that you aren't constricted and uncomfortable. **Pants must fit at your waist, no low riders or belly jeans. NO EXCEPTIONS.** Believe it or not, the horses aren't the fashion police - be comfortable so you can relax!
- **Layered clothing** appropriate to our changing weather

Please **DO NOT** bring the following:

- **Cell phones during program time: THEY WILL BE TAKEN AWAY.**
Parents need to leave all cell phones in their cars during sessions.
- Soda of any kind
- Please arrange to have a babysitter for any siblings who are not part of the lesson



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WAIVER, CONSENT AND LIABILITY RELEASE

This document contains important information about your rights. Please read it carefully. If you do not understand it, we encourage you to consult with an attorney regarding its meaning. If you do not understand it, do not sign it.

In agreeing to voluntarily participate in **Horse Warriors/CIREQUUS™** activities, and in signing this document, you are acknowledging that there are dangers or conditions that are characteristic of, intrinsic to, and an integral part of horseback riding and any other equine activity.

I acknowledge and understand that when I take part in horseback riding or other equine activity as part of my participation in **Horse Warriors/CIREQUUS™**, I assume the inherent risks in that activity, whether those risks are known or unknown. I acknowledge and understand that I am legally responsible for any and all damage, injury or death to myself or other persons or property that result from the inherent risks of the activity. I also understand that **Horse Warriors/CIREQUUS™** is not required to eliminate, alter or control the inherent risks of horseback riding or other equine activities.

Participant

Printed Name

Date

Parent (if participant is a minor)

HORSE WARRIORS™

Box 602 • Jackson • WY • 83001 (307) 733-7464; 883-7464 CELL: (307) 690-6124

Authorization for Emergency Medical Treatment Form

☐ Participant ☐ Staff ☐ Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 HORSE WARRIORS™ 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.

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) above is unable to be reached

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- ☐ Parent or legal guardian will remain on site at all times during equine assisted activities.
- ☐ In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian

Participant's Application & Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Phone: _____ E-mail: _____ Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different from above): _____

Phone: _____

Referral Source: _____

Phone: _____

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

MEDICATIONS (include prescription, over-the-counter; name, dose and frequency) _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

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

Signature: _____ Date: _____

PHOTO RELEASE

- I ☐ DO
☐ DO NOT

consent to and authorize the use and reproduction by HORSE WARRIORS™ of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Client, Parent or Legal Guardian