Summer Camp Registration 2019

Participant Name _____ **Date** _____

Address _____

City/State _____ **Zip** _____

Email _____

Home Phone _____ **Cell Phone** _____

County _____ **Participant Occupation/School and level** _____

DOB _____ **Height** _____ **Weight**_____* **Gender** M F

*225 lb. Weight limit variable dependent upon ambulatory status, ROM and discretion of instructor

T-shirt Size: YOUTH S M L OR ADULT S M L XL 2X

Parent Name: _____ **Cell:** _____ **(W):** _____
Parent Name: _____ **Cell:** _____ **(W):** _____
Emergency Contact Name: _____ **Cell:** _____ **(W):** _____

Allergies: _____

Food Allergies and/or Dislikes: _____
We WILL be providing a mid-morning snack so this is VERY important

Permission to give the following (Circle all that apply):

☐ **Tylenol** ☐ **Motrin** ☐ **Neosporin** ☐ **Sunscreen** ☐ **Bug Spray**

Restrictions: _____

Doctor Name: _____ **Phone:** _____
Insurance Name: _____ **Member #:** _____ **Group#:** _____

Riding Experience: (How long ago? English or Western? Lessons? Camp? Trail Rides?)

_____
General description of child's temperament: _____
_____
Friends in camp: _____
Goals for camp: _____
Extended care needed: _____
Any other info that may be helpful: (use back if necessary): _____
_____

RIDER HEALTH HISTORY

Since our primary focus is therapeutic riding, the following information is necessary for us to provide your participant with the safest and most beneficial experience while at ATS. All forms are kept confidential.

Diagnosis/Disability_____
Date of Onset_____

Current therapies_____

Current Medications _____

Precautions/Restrictions

_____

_____

Special assistance required (ATS may not be able to provide these, but it helps us plan)

YES NO

_____ _____ Sign Interpretation
_____ _____ Service dog assistance
_____ _____ Wheelchair assist/transfer
_____ _____ Visual assistance/aids
_____ _____ Emotional/mental helper

Has the student had prior experience with therapeutic riding? YES NO

If so, when and where? _____

Does the student…	**Yes**	**No**	**Comments**
Have a history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have communication difficulties?			
Walk independently?			
Have limited range of motion?			
Have decreased strength/ endurance?			
Have poor balance (sitting/standing)?			
Have problems with gross motor skills?			
Have problems with fine motor skills?			
Have poor balance (sitting/standing)?			
Have heart/circulation problems?			
Have digestion/elimination problems?			
Have bone/joint problems?			
Have allergies or breathing problems?			
Have emotional/behavioral problems?			
Have a fear of animals/horses?			
Have altered sensation? (specify)			

RIDER HEALTH HISTORY

Tetanus Shot Yes No **Date** _____
Seizure Type _____ **Controlled** _____ **Date of Last Seizure** _____
Seizure Warning Signs_____

PERSONS WITH DOWN SYNDROME
Neurological symptoms of Atlantoaxial Instability: Present_____ **Absent**_____
*Will need an additional form

_____ _____
Adult Participant Signature **Date**

_____ _____
Signature of Parent/Guardian **Date**

PHOTO RELEASE

☐ **I DO**

☐ **I DO NOT**

consent to and authorize the use and reproduction by ATS of any and all photographs and any audio-visual materials taken of _____me/my son/my daughter/my ward for promotional material, educational activities, exhibitions and digital displays or for any other use for the benefit of the program. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of ATS to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting ATS and its work. ATS will strive to keep individuals' identities secure while using photos in newspapers, informational materials, website, Facebook, and other media materials.

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian/Caregiver _____ **Date** _____
I represent to ATS that I am the parent/guardian/caregiver of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Photo Release. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

STATEMENT OF UNDERSTANDING, AUTHORIZATION RELEASE AND INDEMNITY

_____ (Participant's Name) would like to participate at Autumn Trails Stable. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ 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 any potential claims for damages against Autumn Trails Stable. In return for the opportunity to participate in the ATS program, I hereby forever release, acquit and discharge ATS and its officers, directors, trustees, agents, employees, representatives, volunteers, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with ATS. I also understand and agree that ATS assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a unenforceable, all other provisions shall remain in full force and effect.

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

OHIO STATEMENT OF INHERENT RISKS

Inherent risk of an "equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;

B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;

C. Hazards, including, but not limited to, surface or subsurface conditions;

D. Collision with another equine, another animal, a person, or an object;

E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Adult Participant Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

WOULD YOU LIKE MORE INFORMATION ABOUT WHAT WE OFFER?

☐ **Please add my email to the ATS Newsletter**

☐ **I am interested in learning about the following:**

☐ Therapeutic Riding lessons ☐ Volunteering

☐ Odyssey: Equine Services for Veterans & First Responders

How do you prefer to be contacted?

☐ Phone _____ Circle one: Call or Text

☐ Email _____

For more information about Autumn Trails Stable, please visit us at www.autumntrailsstable.com or via our Facebook page, Autumn Trails Stable Therapeutic Riding Program.

AUTUMN TRAILS STABLE
"A different kind of horse experience"
Therapeutic Riding • Private Lessons

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