

## *CHAMP at Good Hope Farm* *2020 Summer Camp Registration Form*

The CHAMP Summer Horse Camp offers both fun and education! Through hands-on experience and riding lessons, campers will learn about horse care and improve their riding skills. They will have fun with horse-related arts and crafts to keep as a memento of camp. We welcome horse enthusiasts of all riding abilities, including those with special needs and/or requiring adaptive assistance.

### **DIRECTIONS TO CHAMP AT GOOD HOPE FARM**

From North or South take I-89 to Exit 17 (9.4 miles north of Burlington), exit West (to Champlain Islands), merge on to U.S. 2 West for 7.1 miles. Turn left onto Landon Road at 0.7 miles, turn left onto East Shore Road (unpaved) for 0.5 miles to CHAMP at Good Hope Farm on your left.

### **CONTACT INFORMATION**

Telephone:	(802) 378-5055	Address:	57 East Shore Road
Email:	<a href="mailto:info@vtchamp.org">info@vtchamp.org</a>		South Hero, VT 05486

### **PLEASE BE SURE TO COMPLETE ALL SIX PAGES OF THIS REGISTRATION FORM**

### **CAMP DATES**

Please select the camp dates below:

Camp	Date	Selection	Full-Day Camp		Selection	Half-Day Camp	
			Hours	Cost		Hours	Cost
Camp #1	July 13 – 16	<input type="checkbox"/>	08:30 a.m. – 4:00 p.m.	\$350	<input type="checkbox"/>	08:30 a.m. – 12:00 p.m.	\$200
Camp #2	July 20 – 23	<input type="checkbox"/>	08:30 a.m. – 4:00 p.m.	\$350	<input type="checkbox"/>	08:30 a.m. – 12:00 p.m.	\$200
Camp #3	July 27 – 30	<input type="checkbox"/>	08:30 a.m. – 4:00 p.m.	\$350	<input type="checkbox"/>	08:30 a.m. – 12:00 p.m.	\$200
Camp #4	Aug 3 – 6	<input type="checkbox"/>	08:30 a.m. – 4:00 p.m.	\$350	<input type="checkbox"/>	08:30 a.m. – 12:00 p.m.	\$200

### **PAYMENT**

Your registration form must be accompanied by a \$50 deposit or full payment. Checks may be made payable to CHAMP.

<input type="checkbox"/>	Payment in full is enclosed
<input type="checkbox"/>	A non-refundable deposit of \$50.00 is enclosed. I understand that full payment must be made on or before the first day of camp.

## RIDER'S REGISTRATION AND RELEASE FORM

Rider: _____	Parent/Guardian: _____
Date of Birth: _____	Address: _____
Age: _____	City/State/Zip: _____
Address: _____	Home Phone: _____
City/State/Zip: _____	Cell Phone: _____
Cell Phone: _____	Work Phone: _____
Email: _____	Email: _____

### Liability Release

Rider's Name: \_\_\_\_\_ would like to participate in summer Horse Camp (s).

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 risks 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 CHAMP at Good Hope Farm, its board of directors, instructors, therapists, volunteers and/or employees; and PATH International; for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Equine activities. I also understand that under Vermont Law, an Equine activity sponsor is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. 1039.

Signature of Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Signature of Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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CHAMP may request you to be part of a promotional press release. For legal reasons we require that you understand and agree to the releases below by filling them out and signing both.

Participant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PHOTO RELEASE**

- ☐ I Do  
☐ I Do Not

consent to and authorize the use and reproduction by CHAMP of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

**INFORMATION FOR PRINT RELEASE**

- ☐ I Do  
☐ I Do Not

consent to and authorize the use and reproduction of any and all interviews done by members of the press for the purposes of promoting the Champlain Adaptive Mounted Program - CHAMP. I will not hold any CHAMP instructor or volunteer or the authors or publishers of any article liable for statements they may make about me and my participation in this program based on the information provided in interviews. I further understand that I am participating solely for the promotion and fundraising to benefit the CHAMP programs and that there will be no compensation made to me by CHAMP or the publishing organizations.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

## **CAMPER BACKGROUND INFORMATION**

Please tell us more about your camper so that we can provide the best experience for everyone!

### **Camper's Riding / Horse experience**

☐ New to horses and riding

☐ Beginner Level

☐ Intermediate Level

**Does the camper have allergies, dietary limitations or other general health issues?** ☐ YES ☐ NO

If yes, please describe below.

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**Will the camper need to take medication during camp hours?** ☐ YES ☐ NO

PLEASE NOTE: Camp staff is not permitted to give prescription medicine to campers.

If yes, please describe what medications are required and who will administer the medication.

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**Does the camper have physical limitations?** ☐ YES ☐ NO

If yes, please describe below.

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PLEASE NOTE: Depending on the nature of the limitations, CHAMP staff may discuss with you the option of regular CHAMP lessons rather than camp. In this way, we can be sure your camper receives the assistance he/ she may need to have a safe and happy riding experience.

**Does the camper have communication challenges?** ☐ YES ☐ NO

If yes, please describe the challenge and how best to communicate with your child.

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**Does the camper require an aide at school for more than academics?** ☐ YES ☐ NO

PLEASE NOTE: If yes, you must provide an assistant to attend camp with them.

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**Does the camper have seizures or epilepsy? \_\_\_\_ YES \_\_\_\_ NO**

If yes, please describe below the type, frequency and characteristics of the seizures below. Please also describe any medications or treatments we should be aware of.

**Does the camper have attitude or behavioral challenges? \_\_\_\_ YES \_\_\_\_ NO**

If yes, please indicate the nature of the challenge below

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**Does the camper show different behaviors in a new setting or around new people? \_\_\_\_ YES \_\_\_\_ NO**

If so, consider having someone attend with your child the first few days. Sometimes, an otherwise independent child may feel more at ease when accompanied by a familiar face.

If the camper becomes overwhelmed at camp, are there some helpful hints you can provide to help them? (e.g., quiet space, music, talking, taking a quiet walk).

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### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Rider: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### **Emergency Contacts**

Emergency Contact #1

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

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Emergency Contact #2:

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

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

### **Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the Riding Camp sessions, or while on the property, I authorize Champ at Good Hope Farm (Champ) to:

- Secure and retain medical treatment and transportation, if needed,
- 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 or emergency medical personnel.

This provision will only be invoked if the Emergency Contact persons above are unable to be reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_