



High Hopes 2020 Summer Camp Program
Application Form – Registration Deadline is June 1, 2020 (May 30th for Financial Aid Applications)
You will receive confirmation of financial aid by June 15, 2020

Name: _____ Gender: _____ Date of Birth: ___/___/_____ Age: _____

Height: _____ Weight: _____ Allergies: _____

Disability/Diagnosis/Pertinent Information: _____

Has the rider participated in our therapeutic riding program or summer camp program before?

___ Yes ___ No When? _____

Where did you hear about our camp? (please check box)

[] Friend [] Facebook [] Print Ad [] Poster [] Flyer [] LymeLine [] High Hopes Email

[] Neighbors [] EList [] Camp Booklet [] HH Website [] Instagram [] Other _____

Please indicate your session choices below by numbering the sessions from 1-4 (1 being your first session choice)

Table with 4 columns: Session Number, Dates, Days/Time, and Price. Rows include Session 1 (July 6-9), Session 2 (July 13-16), Session 3 (July 20-23), Session 4 (July 27-30), and Session 5 (Aug 3-6), all priced at \$400.

Campers T-Shirt Size:

___ Childs Small ___ Childs Medium
___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large

Please return with payment to:

High Hopes Therapeutic Riding, Inc. c/o Marie Cahill, 36 Town Woods Road, Old Lyme, CT 06371

HIGH HOPES THERAPEUTIC RIDING, INC.
SUMMER CAMP - PARTICIPANT INFORMATION FORM *Required for participation*

Name _____ DOB _____ AGE AT START OF CAMP _____

Disability or diagnosis (if appropriate): _____

Other medical considerations (i.e., allergies, health precautions, medications, etc.): _____

Medications that will be needed during camp hours: _____

Primary Contact Name (for scheduling & mailings): _____ Relationship: _____

Mailing Address: Street: _____

City: _____ County: _____ State: _____ Zip: _____

Home Ph: _____ Cell: Ph: _____ E-Mail: _____

Billing As Above or Name _____ Street: _____

City: _____ County: _____ State: _____ Zip: _____

Additional Emergency Contact Information (list primary emergency contact on Registration & Release):

Emergency Contact 2: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ (ext) _____ Cell Ph: _____

Posture: _____

Balance: _____

Movement/Coordination: _____

General Attitude & Behavior: _____

Communication Methods (Verbal, Sign, PEC): _____

Cognitive Abilities (age level, multi-step directions): _____


What are your goals (i.e., riding/driving skills, behavioral changes, physical improvements, paying attention)?

Please be specific: _____

Describe any previous horse experience: NEVER RIDDEN BEGINNER INTERMEDIATE ADVANCED

Areas of interest & activities enjoyed: _____

I have read and agree to the attached Summer Camp Participation Policies

 Signature: _____ Date: _____
Participant/Parent/Legal Guardian

HIGH HOPES THERAPEUTIC RIDING, INC.

REGISTRATION & RELEASE (COMMON VERSION) PLEASE COMPLETE ENTIRE FORM

- Volunteer Participant Veteran's Program Summer Camp Horse Sense Immersion
Visitor One Day Vol/Group Training & Edu. Field Trip or Birthday Party Other

Name: Home #: Cell #: DOB:

Address: Town: State: Zip:

County: Email:

Gender: Height: ft in Weight: lbs (Height & weight used in horse & volunteer assignments.)

- Ethnicity: White Hispanic, Latino, or Spanish Black or African American Asian American Indian or Alaska Native
Middle Eastern or North African Native Hawaiian or Other Pacific Islander Other race or ethnicity Prefer not to answer

In case of emergency, contact: (Parent if minor) Phone:

Please indicate any medical conditions or medications we should be aware of in the event of an emergency:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to secure and retain medical treatment and transport, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment.

Date: Consent Signature: If applicant is under 18 years of age, parent/guardian signature is required.

*If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.

PHOTO VIDEO & PUBLICITY RELEASE: By engaging in activities at High Hopes Therapeutic Riding, Inc. I understand that I/my child/my ward may be photographed, filmed, or videotaped and I hereby give High Hopes Therapeutic Riding, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge High Hopes Therapeutic Riding, Inc. from and against any and all claims or actions arising out of, or resulting from any use of such image. High Hopes Therapeutic Riding, Inc. shall not be obligated to use, and may elect not to use, any image.

Consent Do Not Consent Date: Signature: If applicant is under 18 years of age, parent/guardian signature is required.

CONFIDENTIALITY POLICY: At High Hopes, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc. as well as the non-public business records of High Hopes. In particular, medical information about clients and information about their disabilities or special needs must be protected as confidential information. I shall never disclose confidential information to anyone other than High Hopes staff. I must seek staff permission before taking any pictures or videos. I have read and understand the High Hopes Confidentiality Policy and agree to abide by same.

Date: Signature: If applicant is under 18 years of age, parent/guardian signature is required.

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself 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 High Hopes Therapeutic Riding Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating in activities at High Hopes from whatever cause, including but not limited to the negligence of these related parties. The undersigned acknowledges that he/she has read this registration form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: Signature:

HIGH HOPES THERAPEUTIC RIDING, INC.

POTASSIUM IODIDE (KI) FACT SHEET AND PERMISSION FORM

The State of Connecticut is making Potassium Iodide tablets (KI) available to child care facilities and youth camps within the 10-mile emergency planning zone around Millstone Power Station in Waterford, CT. KI is a form of iodine. It helps to protect the thyroid gland when there is a chance that you might be exposed to a harmful amount of radioactive iodine. In the rare event of a nuclear emergency, your child care provider will be directed when to administer KI through the Emergency Alert System (EAS). Children in child care and youth camps are of the age most likely to suffer the effects of radioactive iodine. Your childcare program or youth camp must obtain your written consent in order to administer KI pills to your child/children. Please remember that the administration of KI to your child under these emergency conditions is voluntary.

Contraindications:

- **Your child should not take Potassium Iodide if he/she is allergic to iodine.**
- **Your child should not take Potassium Iodide if he/she has chronic hives.**
- **Although a single tablet of KI should be tolerated by most people, some (particularly adults), with a number of rare diseases and conditions should discuss this issue with their physicians. These conditions include:**
 - o Hypocomplementemic vasculitis, possibly as a component of lupus or chronic hives,
 - o Autoimmune thyroid disease, such as Graves disease.
- **Potential side Effects: Please consult with your pediatrician if your child experiences any of these side effects:**
 - o Minor upset stomach
 - o Rash

POTASSIUM IODIDE (KI) CHILD MEDICATION AUTHORIZATION FORM

_____ Participant _____ Volunteer

Name: _____ Date of Birth: _____
Street _____ City: _____
State: _____ Zip: _____

Please indicate your authorization or refusal by marking the appropriate line below:

_____ **YES**, I want my above named child to be administered KI by High Hopes when: The Governor declares a nuclear emergency, AND individuals in specified area, that includes this child care facility/youth camp, are advised by the Emergency Alert System (AES) to take the Potassium Iodide (KI) tablets AND I understand that the ingestion of Potassium Iodide (KI) under these circumstances is voluntary.

_____ **NO**, I do NOT want my above named child to be given Potassium Iodide (KI) by High Hopes in the event of a nuclear emergency. I have been advised in writing by the facility about the contraindications and the potential side effects of taking Potassium Iodide. I understand that it is my responsibility to notify High Hopes in writing if I desire to change my authorization as indicated above.

(Parent/Guardian Signature)

(Date)

HIGH HOPES THERAPEUTIC RIDING, INC.



Date: _____

Dear Physician:

Your patient, _____ (participant's name) is interested in participating in supervised equestrian activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability – include neurological symptoms
Coxarthrosis
Cranial Deficits
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 Coed/Hydromyelia

Other

Age – usually 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 (e.g., 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 therapeutic equine activities, please feel free to contact the center at the address/phone indicated below.

Sincerely,

Marie Cahill

Marie Cahill

Lesson Manager/Camp Director

HIGH HOPES THERAPEUTIC RIDING, INC.
PHYSICIAN'S STATEMENT FOR PARTICIPATION ** REQUIRED FOR SUMMER CAMP **

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled? Y N Date of last seizure: _____
 Shunt Present? Y N Date of last revision: _____
 Special Precautions, Diets/Needs/Allergies: _____
 Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N
 Braces/Assistive Devices: _____

This participant is up-to-date on all the following routine childhood immunizations:

Immunization	Y	N	Date:	Immunization	Y	N	Date:
Measles				Hepatitis B			
Rubella				Mumps			
Tetanus				Chicken Pox			
Pertussis				Other:			
Polio							
Diphtheria							
Pneumococcal Conjugate							

Please indicate current or past difficulties in the following systems/areas, including surgeries:

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

IMPORTANT NOTE TO DOCTOR/MEDICAL FACILITY: If you prefer to provide the requested information on your own medical form, we will accept that only when the below release section is completed, signed and dated, and your form is stapled to this High Hopes form.

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a referral of the patient to a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, etc) in the implementations of an effective equestrian program.

_____ May participate in all activities. _____ May participate except for: _____

****FOR PERSONS WITH DOWN SYNDROME:**

Neurologic symptoms of Atlanto Axial Instability: Present Not Present

Name/Title: _____ MD DO Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

HIGH HOPES THERAPEUTIC RIDING, INC.
Summer Camp Participation Policies

We kindly ask campers, parents and caregivers to please take a few minutes to review the following policies and guidelines relating to participation and eligibility in the program and to contact us should you have any questions.

Attendance

If your child is unable to attend their scheduled week of camp or are sick for a day, notification must be made by calling High Hopes at (860) 434-1974 as soon as the absence is anticipated so we may provide sufficient notice to staff and volunteers. There are no make-up opportunities for missed sessions unless High Hopes cancels classes due to an unforeseen circumstance such as inclement weather. A determination will be made at least 2 hours prior to the cancellation and a make-up opportunity provided.

Payment

Camp sessions are prepaid and secure your camper's placement in your desired week of camp. The payment for a camp session must be made in full at least one month prior to camp. Cancellation policy: If a camper cancels their tuition minus a \$50 processing fee will be returned only if another camper fills the spot.

Financial Aid

Through fundraising, High Hopes is able to offer a limited number of financial aid awards, in the form of adjusted fees, to those who demonstrate need. Participants may apply by requesting a financial aid application from the program or business office.

Attire

Campers should dress in weather-appropriate clothing and always wear long pants (even during summer) made of non-slippery material, with sturdy-soled boots or shoes with a ¼" heel for riding. A change of clothes for non-riding activities is encouraged for hotter days. Pre-applied sunscreen and bug spray are recommended during the summer.

Riding Equipment & Safety Policies

All campers must wear an ASTM/SEI approved riding helmet when riding or working around horses while at High Hopes. High Hopes provides these helmets. High Hopes saddles are equipped with safety stirrups and hand holds. Food and beverages are not allowed in the barn area. Please observe the 5 mph speed limit when arriving and leaving.

Photography & Videography

High Hopes takes the privacy of our participants, their families, volunteers, visitors and staff seriously. At the same time we value the use of real images in the promotional and reporting activities which enable us to provide subsidized therapeutic activities.

Non-Discrimination Policy

High Hopes Inc. accepts participants and volunteers regardless of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability, sex, gender, gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, income, or any other characteristic.

The Connecticut Equine Liability Act is Section 52-577p of the Connecticut General Statutes. That Section provides:

Assumption of risk by person engaged in recreational equestrian activities. Each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agents or employees.

I agree to all of the above policies

If applicant is under 18 years of age, parent/guardian signature is required

HIGH HOPES THERAPEUTIC RIDING, INC.
Statement of Participant Eligibility or Dismissal

High Hopes Therapeutic Riding offers services to individuals with special needs. Eligibility for participation in High Hopes' programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, appropriate horse, volunteers and class time available which meets an individual's needs. Financial consideration is not taken into account in determining the eligibility for participation.

As a fully accredited PATH Intl. operating center, High Hopes ascribes to the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl. as well as PATH Intl. Professional Standards. Therefore, our professional staff provides initial and ongoing evaluations for all prospective and active participants.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom High Hopes' programs are deemed inappropriate during the evaluation process and they are not accepted for enrollment or are ineligible to continue in High Hopes' programs. This determination is made on the basis of physical, behavioral and other limitations including High Hopes' available resources.

Individuals accepted into High Hopes' programs are required to follow High Hopes' policies and procedures. High Hopes reserves the right to discontinue participation of an individual in its programs when it is deemed that discontinuance is in the best interests of High Hopes and/or the individual concerned.

High Hopes reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and or/safety concerns including PATH Intl. guidelines relating to precautions and contraindications for participation.

Riding Participation Criteria

- Physically able to sit symmetrically with torso upright and legs astride the horse during dynamic movement
- Physically able to maintain head and neck position independently in proper alignment with dynamic movement
- Weigh less than 120 pounds
- Able to sit independently without sidewalker support
- Does not exhibit physical or behavioral conditions that are contraindicated by PATH Intl. (see Medical History Form)
- Have current signed and dated paperwork – including Registration and Release Form, Medical History Form
- Benefit physically, emotionally, socially and/or cognitively from services at High Hopes Therapeutic Riding, Inc.
- Complete an intake assessment where trained staff evaluate eligibility as deemed necessary (\$50 assessment fee)
- Able to tolerate a riding safety helmet
- Ability to accommodate the movement of the horse without pain
- Adequate range of motion in hip(s) to sit astride
- Safety awareness around animals
- Ability to express pain or discomfort
- Behave in a manner that is safe for self, horses and others