

Ride for Joy All Abilities Summer Camp



RIDE FOR JOY CAMPER PAPERWORK

CAMP REGISTRATION INFORMATION:

- Camper paperwork is accepted by email, snail mail or fax and **must be returned by July 18, 2023.**

You may return applications in one of three ways:

- Scan and email to lpekovich@rideforjoy.org
 - Fax to 1 208 550-3208.
 - Mail to Ride for Joy 28379 El Paso Rd, Caldwell ID 83607.
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- Payment was due at time of signup in order to hold the camper's spot. Refunds will only be made if the camper's spot can be filled from the waitlist or in the case of a medical emergency documented by a physician.
 - Participants with special needs must have, at minimum, previously completed their New Student Application and Meet and Greet. **If the child has not had a meet and greet and/or ridden at Ride for Joy within the last calendar year, a Returning Student Application must be completed and returned with this form.** All forms are available at rideforjoy.org.

If you have any questions, please email lpekovich@rideforjoy.org or call 208-454-8894.

Ride for Joy is committed to maintaining strict confidentiality of all information pertaining to students, families, staff, volunteers, or other persons affiliated with Ride for Joy. Any information provided will be kept confidential and shared with Ride for Joy team members only on a need-to-know basis.

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CAMPER INFORMATION (please print)

Camper's Name: _____ Sex: M F DOB: _____

Age: _____ Developmental Age: _____ Height: _____ Weight: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian/Caregiver: _____

Address (if different from above): _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: _____

Email: _____

Emergency Contact Name(s) _____

Phone: () _____ Alternate #: () _____ Alternate #: () _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Has the camper ever ridden/had a meet and greet at RFJ?

YES NO

If Yes, when? _____

If No, how many times has the camper ridden elsewhere (if any)? _____

2. Does your camper have special needs? YES NO

3. Does your camper have mobility issues? YES NO

(Please specify and elaborate on back if needed) _____

4. Does your camper need one-on-one assistance with personal care or behavior management? YES NO

If yes, an attendant provided by the family must be present at camp. Please briefly specify where assistance is needed. If necessary, the Camp Director will call to discuss. _____

Name and phone number of attendant: _____

5. If you are registering with another camper(s) please list name(s):

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Name: _____ DOB: _____

Primary Care 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 premises of Ride for Joy, I authorize **Ride for Joy** 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: _____
(Parent/Guardian if participant is under 18)

APPLICATION REQUIRED SIGNATURES

RELEASE AND INDEMNITY AGREEMENT

I the undersigned, for myself and/or on the behalf of my child in consideration of participation of me and/or child in the programs of the Ride for Joy Therapeutic Riding Program now and at any time in the future, acknowledges and agrees to the following: The use, riding or handling of a horse involves a risk of physical injury to any individual undertaking such activities, and that any horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based on instinct or fright, which is also an inherent risk assumed by a horseback rider. Ride for Joy operates on a working horse farm, training and boarding facility and there are risks associated with being on the premises. Horses and equipment present potential risks of damage to persons and property. The undersigned expressly assumes such risks, and with full appreciation of the risks associated with the premises, does hereby agree to release, defend, indemnify and hold harmless the Ride for Joy Therapeutic Riding Program, Inc., its board of directors, officers, trustees, agents, instructors, employees, vendors, representatives, and volunteers, the owner of the horse, their successors, heirs, assigns, representatives, agents, servants, employees and insurers, together with all persons acting for, by or through them or any of them (hereinafter "releases") from all injuries, claims, or damages to person or property that are suffered by the undersigned, his/her agents, children, or other persons accompanying the undersigned, which may occur while on the premises, save and accept those injuries to persons and property caused by releases' gross negligence, which shall be defined as recklessness and extreme deviation from the normal standards of reasonable care and control. This release of all claims and indemnity shall be binding upon the heirs, representatives, executors, administrators, assigns, and successors of the undersigned, and no promise inducement or agreement not herein expressed has been made to the undersigned. The terms of this release and indemnity agreement are contractual in nature and are not mere recitals.

Signature: _____ **Date:** _____

Ride for Joy Therapeutic Riding Program
All Abilities Summer Camp Registration

Created: 4/2012

Revised: 5/2024

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(Parent/Guardian if participant is under 18)

PHOTO RELEASE

I (check one) **DO** **DO NOT** consent to and authorize the use and reproduction by Ride for Joy, without compensation, of any and all photographs and any other audio/visual materials taken of myself and/or my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
(Parent/Guardian if participant is under 18)

I acknowledge that I have received, read, understand and agree to the following provided in the New Student Application Packet:

- Ride for Joy Admission and Scheduling Policies
- Ride for Joy Rules
- Idaho Equine Activities Immunity Act
- Ride for Joy Policy for Discharge of a Participant

Signature: _____ **Date:** _____
(Parent/Guardian if participant is under 18)