

**Ivy Hill Therapeutic Equestrian Center**

**Mailing/ Program Location:** 1811 Mill Road, Perkasi, PA 18944

**Phone:** 215-822-2515

**Email:** executive.director@ivyhillequestrian.org

**SPRING CAMP 2024 REGISTRATION**



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

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

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

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Primary Phone Number:

\_\_\_\_\_

Secondary Phone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

**How did you hear about us?**

Current Rider

Word of Mouth

Friend of Current Rider

Other: \_\_\_\_\_

Newspaper Ad

**In Case of Emergency Please Contact:**

1- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

2- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**Physician office/Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Allergies or Medical Conditions you feel we should be aware of:**

\_\_\_\_\_

Medications\*\*

- I take emergency medications only (epi pen, inhaler, seizure meds)

| Medication | Dosage | When to administer (ex: seizure lasting 5 min, when stung) |
|------------|--------|--|
|            |        |  |
|            |        |  |
|            |        |  |

- I take daily medications between the hours of 10 and 1 pm.

Ivy Hill is unable to administer any non-emergency medications and a nurse will need to be hired. We ask that if possible, to have individuals take medications before or after camp. If you are not able to arrange this, please complete the below section:

| Medication | Time | Dosage | Administration Instructions |
|------------|------|--------|-----------------------------|
|            |      |        |                             |
|            |      |        |                             |

**I would like to register for the following session(s):**

Hours 10:00 am -1:00 pm

| Check Session | Dates      | Session Fee |
|---------------|------------|-------------|
|               | April 7th  | \$100       |
|               | April 14th | \$100       |

Total number of sessions

\_\_\_\_\_ x \$100= \$ \_\_\_\_\_

Total Due:

\$ \_\_\_\_\_

Balance due by April 1<sup>st</sup>

\$ \_\_\_\_\_

**Payment**

- ❖ Payment for camp must be received no later than April 1<sup>st</sup> for Spring camp
- ❖ Payment can be made by check or credit card
- ❖ There is a non-refundable deposit of \$40 per session
- ❖ Any balance due **MUST** be paid **on or before** April 1<sup>st</sup>
- ❖ Sessions are filled on a first come basis. If the week of your choice is full, you may ask to be put on the wait list.
- ❖ We are not offering before care or after care this year.

**Attendance and Cancellation Policy**

- ❖ **NON-EMERGENCY CANCELLATION**---We understand that things come up but there are no refunds and no make ups for summer camp.
- ❖ **LATE ARRIVALS**---If you will need to come in late or leave early please let camp staff know ahead of time so we can do our best to ensure you do not miss riding time.
- ❖ **Please plan arrival no earlier than 10 minutes before the start of camp. Doors will not open until 9:50**
- ❖ Please plan pickup no later than 10 minutes after the conclusion of camp. Any later pickup may be charged extra.
- ❖ **EMERGENCY CANCELLATIONS**---Camp will go on regardless of weather and activities will be adapted if needed. In extreme heat, we will ride the first hour of camp to help our riders and horses deal with the heat.

Please sign here that you have read and will comply with these policies:

\_\_\_\_\_  
Client (Parent or guardian of client) signature

\_\_\_\_\_  
Date



# Liability Forms

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone number: home: \_\_\_\_\_ cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **If under age of 18:**

Parents/Guardians: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

## **Allergies or Medical Conditions you feel we should be aware of:**

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## ***Release and Hold Harmless Agreement***

***"You assume the risk of equine activities pursuant to Pennsylvania Law."***

The program at **IVY HILL FOUNDATION**, provides equine assisted services for disabled children and adults. Volunteers and horses are carefully selected and trained and safety equipment is required for all clients/riders since horseback is a risk exercise. No client/rider will be accepted for riding services and no volunteer accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(S) of a minor, or if the student or volunteer is of legal age and sound mind, by the client/rider or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling.

I acknowledge the risks and potential for injury that may occur with the activities of horseback riding and working around horses, and I have discussed these risks with my child/and his/her/my physician. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. Therefore agree to be legally bound for myself(or for my son/daughter/ward) heirs, executors or administrators and do hereby agree to release, hold harmless and indemnify **IVY HILL FOUNDATION**, its Board of Directors, Instructors, Therapists, Aids, Volunteers, its Employees, Supervisors and Associates harmless of any claim for loss, injury or damages of every kind and nature whatsoever while at the **IVY HILL FOUNDATION**, facility located at 1811 Mill Road, Perkasio PA 18944 or while off the property in conjunction with a **IVY HILL FOUNDATION** event or show.

Date \_\_\_\_\_ Participants Name (Print) \_\_\_\_\_

Participant or Parent/Guardian Signature \_\_\_\_\_

Print Parent/Guardian Name (If Applicable) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

**TURN OVER**

**Photo and Media Release**

**I hereby (check one)**

consent

do not consent

to and authorize the use and reproduction by Ivy Hill Foundation, Inc. and Ivy Hill Equestrian of any and all photographs and any other audiovisual and printed materials of me (or my son/daughter/ward if participant is under 18 years of age) for the promotional and educational activities or other uses for the benefit of the programs at Ivy Hill.

**Print name** of Participant \_\_\_\_\_

**Signature** of Participant: \_\_\_\_\_

Is participant under 18 years of age? \_\_\_\_\_

If yes, Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

**Barn and Safety Rules**

- ❖ Your safety and well-being is our most important concern. All forms will need to be updated on an annual basis.
- ❖ For safety reasons all children and/or guests who come with you, **MUST STAY WITH YOU AT ALL TIMES** and are not permitted in the barn without express permission of Ivy Hill staff.
- ❖ Participants should arrive at the barn 5 minutes prior to the start of his/her session to allow the maximum use of the scheduled session time. Riders are not to be left unattended in the barn or on the property before the instructor starts the session or after the session. Ivy Hill staff cannot be responsible for supervising participants before or after the session time.
- ❖ Closed-toed footwear is required in the barn.
- ❖ Please do not hand-feed the horses - it can encourage biting. If you want to feed a treat, please ask permission from a staff person first, and place the treat in the horse's feed bucket.
- ❖ No running or yelling in the barn.
- ❖ No dogs allowed near or in the riding rings unless a therapy dog.
- ❖ Please wait for safety information and/or permission from staff members before petting/touching horses.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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