

Equestrian Connection Winter Camp 2011

26th thru 30th December, 2011
10:00am-2:30pm

Register before 1st December
\$90 per day or \$400 for the week

Registration after 1st December \$95 per day \$430 full
week

\$40 per (per day) /\$150(full week) non-refundable deposit is required with your registration

We will be riding Monday, Tuesday, Wednesday and
Friday, weather permitting a winter wonderland
trail walk, art therapy and lots of fun winter
activity's. We will end our fun packed week with a
holiday pizza party

Snack and lunch are provided

Staff to camper ratio 1:3 (we do offer a limited 1:1 ratio if your camper
requires)

Space is limited!!! Min 4/ Max 20 per day



Winter Camp 2011

Participant Information

Participant's Name _____ Birth Date _____ Age _____

Address _____
Address City State Zip

Home Number _____

Diagnosis _____

Medication administration needed during program(s)? yes no

Participant has dietary restrictions? Yes no

Participant requires a 1:1 yes no
1:1 For Behavior Medical other _____

Has participant participated in our special programs before? yes no

Is the participant a current rider with us? Yes no

I Do Do not grant photo permission for this participants picture to be used in EC publicity or brochures

Contact information

Parent/guardian _____

Work Number _____ Cell Number _____

E-mail address _____

Address if different from camper _____

Emergency contact if parent is unable to be contacted

Contact 1 _____ Contact 2 _____

Relationship _____ Relationship _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Number _____ Cell Number _____

Attendance

Cost on or before 1st December 2011 \$90per day/\$400full week (deposit \$30 per day/\$150 full week)
On or after 2nd December 2011 \$95 perday/\$30 Full week (deposit \$30 per day/\$150 full week)
(Non-refundable deposit is required with your registration/ full payment is due the 1st day of camp)

monday	Tuesday	Wednesday	thursday	friday	total days

Payment Cash Credit Card Check # _____ \$ _____

I am paying full amount of \$ _____ for _____ days

I am paying \$ _____ deposit for _____ days

Cardholder name _____

Account Number _____

Expiration Date: _____ / _____ / _____ Zip code _____

I would Like to make a donation of \$ _____

Authorized Signature _____

Date _____ / _____ / _____

Mailing Address:
872 South Milwaukee #273
Libertyville, IL, 60048
Address:
600 Bradley Rd, Lake Forest, IL60045
Tel: 847-615-8696
Fax: 847-615-8656
Email: david@equestrianconnection.org
Web:
WWW.equestrianconnection.org

Policies for Camps, After School Special Programs

Fill out one Registration and Intake for each camper. Return these forms with your deposit.

Registrations will be processed on a first come, first served basis however, Equestrian Connection, NFP may implement a fair usage policy and cancel or postpone a participant signed up for multiple sessions to allow other families to access the service. This will be at the Director's discretion.

POLICIES:

Medicals: Medical forms and medication distribution forms must be completely filled out and signed by a physician for a participant to attend.

Medical Supplies: Equestrian Connection does not keep medical supplies onsite. Participants must be sent with sufficient Medical supplies to last the program (including diapers, wipes etc).

Dietary requirements: Equestrian Connection will cater to its best ability dietary restriction but does not make any guarantee it cater for them. Equestrian Connection asks that if the participant is currently on any medical, religious or behavior related diet that food should be sent from home or the facility where the camper resides.

Medication administration: In the event that a Registered nurse or Local practice nurse is not present for the program the director of special programs will administer prescribed medication to campers at the times and quantities stated on the participants medical form. The director will seek approval from the family / guardian before administering any PRN ('as needed') medication at the time such medication is required.

Registration receipt: In the event that a registration is faxed to the office it is the responsibility of the person (s) responsible for payment to ensure that it was received by the office and is legible. The original should also be mailed to the office. Equestrian Connection does not assume any responsibility for registrations submitted via fax.

Cancellations: Deposits are non refundable. Payments beyond the deposit are not refundable unless due to medical reasons and a note from a physician is provided.

Transfers: Deposits are transferable between program sessions but not between participants.

Session Extensions: Registration for additional sessions is based on space availability. Payment must be made in full at the time of registration.

Participation: In the event that Equestrian Connection determines that a participant is not suitable for programs, Equestrian Connection reserves the right to refuse admission into the program and / or dismiss that participant from the offered program.

Intake Form: Each participant will be required to have an updated intake form at the office. All new participants are required to have an intake interview at Equestrian Connection prior to formal acceptance into programs.

Parent/Guardian Signature _____ Date _____

Participants Name _____ D.O.B _____

PARENT/GUARDIAN CONSENT

I request that the participant named on this registration be admitted to the Equestrian Connection special Programs.

2. I understand that as the parent/guardian submitting this registration on behalf of the named participant that I, alone, am responsible for payment for the fees in accordance with the Equestrian connection payment schedule.

3. I give permission for the named participant to go on trips outside the camp facility.

4. I give permission for the named participant to be included in photos and/or videos for publicity purposes.

5. I understand that the Equestrian Connection shall not be responsible for loss of personal property, medication or personal injury sustained by the participant, and I hereby agree to indemnify and hold harmless Equestrian Connection, NFP from such losses or injuries.

6. In the event I cannot be reached in an emergency involving the named participant, I hereby give permission to the appropriate medical personnel, selected by the Director, to provide medical treatment deemed necessary by such medical personnel, including, but not limited to x-rays, tests, injections, blood transfusions, hospitalization, anesthesia, and surgery.

7. I understand that a medical form and a medication distribution form must be filled out, signed by a physician, and returned before the first day of program.

8. I agree not to send the named participant to camp if he/she has been ill or exposed to a contagious illness/ disease within three weeks of the date he/she is to report to the program, and I will notify Equestrian Connection regarding the condition immediately.

9. I hereby verify that all of the information listed on this registration form is true and correct.

10. I understand and hold harmless Equestrian Connection and all of its staff when administering both prescribed and PRN ('as needed') medication to the camper named on this registration. In the event that I cannot be contacted by phone I authorize the Director of Special Programs to administer PRN medication to the camper named on this registration.

11. I agree that for the duration of the program someone will be available in person in the event of an emergency or if participant is required to leave the program as deemed necessary by the director or medical personnel for any reason.

12. I have read and understand all the policies as outlined on this registration.

Parent/Guardian Signature _____ Date _____

Participants Name _____ D.O.B _____