



2020 Summer Camp Application—Camp Resilience

Dear Camper and Parent:

Camp Resilience provides children of military families with an unforgettable experience with a four-day horse camp. Camp Resilience gives these children hope, patience, and courage all through connecting with our amazing equine partners. This camp will allow them to just be kids again! Through therapeutic interventions and equine-based activities, certified PATH Intl. Instructors and Equine Specialists in Mental Health and Learning teach children how to cope with their changed world due to military service, deployment, relocation, injury or loss of a family member as a result of their service in our country's military.

Camp Resilience offers a week of summer fun for military kids with parents who are active duty military or who have been, are currently, or will be deployed. Children who are connected through the military often have unique needs and share similar experiences that include frequent moves, prolonged separations, and deployments of family members. Research and studies related to military children are often focused on the deficits rather than the strengths. According to the American Academy of Pediatrics, studies indicate increased resilience among children who are military connected. This camp will also focus on the strengths that military children possess that will in turn improve their coping skills. Each day will center around a theme that highlights the strengths of military children and will be intertwined into the equine riding and ground based activities.

The goals of our camp are:

- To provide a fun and educational outlet for children in military families, from all service branches through the use of equine based activities
- To highlight and promote the strengths of military children (resilience, perseverance, closeness, support, communication, and adaptability)
- To help them to learn how to cope with the challenges of having a family member who is deployed or has returned from overseas
- To help them to learn how to cope with the challenges of having a family member who was injured or passed away
- To provide the opportunity to gather and learn in a safe place, vent their fears and frustrations and to meet other children who are experiencing similar challenges
- To allow campers opportunities to learn, grow, and celebrate the military experience
- For each camper to develop additional coping skills and take a ways that can follow them back home, to school, and their community
- To hold a horse show at the end of the week to share with family and friends all they have learned and to be able to introduce everyone to their equine partner



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Camp Details:

Dates: Monday, August 24, 2020 to Thursday, August 27, 2020

Time: 9 am to 1 pm each day

Age: 7 to 13 years of age

Registration Deadline: August 10, 2020

Cost: \$300.00 for the week. Payments must accompany applications in order to secure a spot. Dream Catchers accepts cash, check, and all major credit cards.

Please plan to arrive early the first day of camp and come to the classroom in the Office Building to meet our staff, counselors and other campers. Parents will have a brief five-minute meeting with our staff the first morning of the first day of camp.

- **Dress Code:** Please dress for riding, working outside and in the barn. Riding or long pants are preferred as well as closed toe shoes or tennis shoes. No heavy soled shoes are allowed for the vaulting activities (thin sole shoes “keds like” are preferred). Riding helmets will be provided.
- **Food:** Snacks and drinks are provided. Please bring your own lunch.
- **Electronics:** Please plan to leave your electronics in your bags. You will not be permitted to use them during camp activities/hours.
- **Weight Limit:** Maximum weight is 250 pounds (*assuming Dream Catchers has a horse available to meet this guideline*)

Please complete all of the enclosed forms (even if you have attended camp before).

Please contact Beth Yurkovac at 757-566-1775, ext. 300 or email byurkovac@dreamcatchers.org if you have any additional questions. We look forward to seeing you at summer camp!

Please fill out camp application and return to Dream Catchers by:

August 10, 2020

Applications can be:

- Emailed to Beth Yurkovac at byurkovac@dreamcatchers.org
- Faxed to 757-566-1772, Attention Beth Yurkovac
- Mailed to PO BOX 1261, Williamsburg, VA 23187, Attention Beth Yurkovac

Dream Catchers / PO BOX 1261 / Williamsburg, VA 23187 / Phone: 757-566-1775 / Fax: 757-566-1772



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CAMPER INFORMATION

Camper Name: _____ Date: _____

Height: _____ Weight: _____ Age: _____ Date of Birth: _____

T-Shirt Size: _____ (Please specify youth or adult)

How did you hear about our summer camps? _____

Does the camper have an applicable diagnosis (Medical, Psychosocial, Physical, Cognitive): YES NO

If Yes, please explain: _____

Please note that additional forms may be required depending on the information provided above. This would be to ensure the safety of your child. Please contact Beth Yurkovac, Operations Manager with any questions (757-566-1775, ext. 300)

Parent/Legal Guardian/Caregiver: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____

Please list any dietary restrictions we need to know about: _____



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Please list any allergies we need to know about: _____

Please list any medical conditions we need to know about: _____

Please list current/past experience with horses? _____

Please share some specific things that your child is struggling with: _____



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Please share how your family meets the criteria for Camp Resilience: _____

Has your child suffered a loss of a loved one due to their military service? YES NO

If yes, please help us by answering the following questions.

Who passed away? _____

When did they pass away? _____

How old was the camper at the time of loss? _____

How did your loved one pass away? _____

What were the circumstances surrounding the loss of your loved one? (Natural causes, trauma, etc): _____



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CONFIDENTIALITY POLICY

Maintaining the confidentiality of our participants' medical and sensitive information is of utmost importance to the staff at Dream Catchers. Participants and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. Dream Catchers staff and volunteers will preserve this right of confidentiality for all individuals in its program. DC staff, volunteers, and workshop participants will keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family. All participants, their families, volunteers, employees, and guests have a right to confidentiality. Equine Facilitated Psychotherapy and Speech services are medical services and federal confidentiality regulations apply for participants in these services. Anyone who works, volunteers for, participates in, or provides services to Dream Catchers is bound by this policy. This includes, but is not limited to, full and part time staff, independent contractors, temporary employees, volunteers, and guests. In effect, this policy applies to anyone connected to Dream Catchers who could obtain medical/sensitive information accidentally or purposely. Confidentiality includes photographic/video imaging. I affirm that I understand this policy in its entirety and I agree to comply.

Signature: _____

Parent or Legal Guardian

Date: _____

MEDIA/ VIDEOGRAPHY / IMAGING RELEASE

I DO

I DO NOT

consent to and authorize the use and reproduction by *Dream Catchers* of any and all photographic, any other audio/visual materials taken of me and/or my child or the participant for whom I am the legal guardian of, and any artwork produced by me and/or my child or the participant for whom I am the legal guardian of or other family members for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____

Parent or Legal Guardian

Date: _____



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____

Phone #'s: (H): _____ (C): _____ (W): _____

In the event of an emergency, contact:

Name: _____ Phone: _____

Relationship: _____

Physician's Name: _____ Physician Phone: _____

Medical Facility: _____ Facility Phone: _____

Health Insurance Company: _____ Policy #: _____

In an effort to provide the best care possible please indicate below:

I am allergic to the following medications: _____

I have the following ongoing medical conditions (diabetes, seizures, etc): _____

Participant/Volunteer/Guest/Staff Signature (Parent / Guardian if under 18) Date

CHECK ONE OF THE OPTIONS BELOW TO INDICATE CONSENT OR NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT

DO consent for emergency medical treatment in the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with Dream Catchers.

I authorize Dream Catchers and/or its representatives to:

1. Obtain medical treatment and/or transportation if needed:
2. Release records upon request to the authorized agency or its representative involved in the medical emergency treatment.

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

DO NOT give my consent for emergency medical treatment in the case of illness or injury while on the premises of or in connection with Dream Catchers. In the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with Dream Catchers I wish the following procedure to take place (**LIST PROCEDURE ON LINE BELOW**):

***Note: Dream Catchers is unable to guarantee that emergency medical treatment will be withheld**

Dream Catchers / PO BOX 1261 / Williamsburg, VA 23187 / Phone: 757-566-1775 / Fax: 757-566-1772



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Release, Waiver & Indemnity Agreement

I, the undersigned or parent or legal guardian of the undersigned (either as a “Participant, Volunteer, or Staff”), desiring to utilize the premises known as the Cori Sikich Therapeutic Riding Center and the adjoining properties known as 10128 Fire Tower Road and 10102 Fire Tower Road, and any adjoining property owned by Daniel Potter, Karen K. Potter, Neal E. Knemeyer, or NDK Investments, LLC, and Jennifer and Joshua Thibeault, and their heirs, for their properties located at 10046,10058,10070 Fire Tower Road, Toano, VA 23168 collectively known as “the Premises”) and the facilities either owned or controlled by Dream Catchers at the Cori Sikich Therapeutic Riding Center (“DCTR”), and to participate in programs offered by DCTR (the Programs), do hereby affirm that as a Participant, Volunteer, or Staff is voluntarily entering upon the Premises to participate in the Programs, and I, as the undersigned or parent or legal guardian of the undersigned, do hereby willingly enter into this Release, Waiver and Indemnity Agreement.

I recognize that, under Virginia law, an equine activity sponsor or professional is not liable for an injury to or the death of a Participant, Volunteer, or Staff in equine activities resulting exclusively from the inherent risks of equine activities. I fully understand that the activity of mounting, riding, boarding, feeding, or even being near a horse, involves numerous dangers and risks of injury to the Participant, Volunteer, or Staff and I completely release the owner of the Premises, and DCTR and its officers, directors, volunteers, employees, or its agents from any and all liability for any and all injuries from the Participant’s, Volunteer’s, or Staff’s engagement in the Programs offered by DCTR.

I expressly agree that this Release, Waiver, and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, Section 3.1-796.130, *et seq.* of the Code of Virginia (the “Act”), and the owners of the Premises, DCTR and its officers, directors, volunteers, employees, and agents are covered as equine activity sponsors and/or equine professionals by the provisions of the Act. This Release, Waiver, and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver, and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

I am also aware and consent to Participant’s, Volunteer’s, or Staff’s inclusion in a study performed by DCTR that, in the interest of improving the quality and effectiveness of the programs offered, will gather data on the program participants. Such data will include, but not limited to, the age, gender, dates of participation, and level of satisfactions of the program participants. Program participants may be selected for the study at random, and DCTR affirms that all program participants not selected for the study will be treated in a manner substantially identical to those program participants. Data will be held strictly confidential and not published in any way or as part of any publication.

I hereby give my permission to participate in the Programs offered by DCTR as a Participant, Volunteer, or Staff, and in consideration, agree individually and as applicable, on behalf of my child or ward, to the terms of the above agreement and release of liability.

Printed Name of Camper

Date

Signature of Parent or Guardian

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Payment Information

Payment is due in full in order to secure a place in camp.

Please contact Beth Yurkovac, Operations Manager with any questions or special payment requests (757-566-1775, ext. 300)

Applicant Name: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email #1: _____ Email #2: _____

Please make a payment selection:

I/We choose to pay in the following way:

- By cash
 By check
 By Credit Card (Please complete the information below)

VISA MC AMEX DISCOVER Card Number: _____

Name on Card: _____

Expiration: _____ Security Code: _____ Billing Zip Code: _____

I/we hereby authorize Dream Catchers to charge \$300.00 to my card for Camp Resilience. This agreement is valid ONLY for the 2020 Camp Resilience.

Authorized Signature: _____ Date: _____