



2020 Summer Camp Application—Inclusion Camp

Dear Camper and Parent:

Looking for an extraordinary camp experience for your child this summer? Look no further than Dream Catchers' Inclusion Summer Camps. Each day campers will receive both mounted riding and ground lessons in order to learn proper horsemanship while having tons of fun! The camp will help to build positive relationships with fellow campers, our equines, staff, and counselors.

The benefits of inclusion are numerous and helps children with and without special needs. When we include all children in our programs, they learn acceptance of other people, and that each person has unique abilities. Children learn from each other. Inclusion allows children with special needs an equal opportunity to participate in the same types of programs and activities as children without special needs. Some of the benefits of inclusion for children with (or without) disabilities are friendship skills, peer models, problem solving skills, positive self-image, increased understanding and acceptance of diversity and respect for others.

Camp Details:

- Campers must be able to follow verbal directions, have an interest in learning about horses and horse care, and be toilet trained
- Dates:

| Dates | Registration Deadline | Ages |
|--------------------|-----------------------|---------|
| 7/13/20 to 7/16/20 | 6/29/20 | 5 to 8 |
| 7/20/20 to 7/23/20 | 7/6/20 | 9 to 13 |
| 7/27/20 to 7/30/20 | 7/13/20 | 5 to 8 |
| 8/3/20 to 8/6/20 | 7/20/20 | 9 to 13 |
| 8/17/20 to 8/20/20 | 8/3/20 | 9 to 13 |

- Time: 9:00 am to 1:00 pm each day
- Cost: \$300.00
- Campers must be able to follow verbal directions, have an interest in learning about horses and horse care, and be toilet trained
- Age considerations may be granted upon a case by case basis



2020 Summer Camp Application—Inclusion Camp

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. Dream Catchers will provide approved riding helmets.
- **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 indicate which camp you are registering for:

| Check to indicate the camp you are registering for | Dates | Registration Deadline | Ages |
|--|--------------------|-----------------------|---------|
| | 7/13/20 to 7/16/20 | 6/29/20 | 5 to 8 |
| | 7/20/20 to 7/23/20 | 7/6/20 | 9 to 13 |
| | 7/27/20 to 7/30/20 | 7/13/20 | 5 to 8 |
| | 8/3/20 to 8/6/20 | 7/20/20 | 9 to 13 |
| | 8/17/20 to 8/20/20 | 8/3/20 | 9 to 13 |

Completed 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



2020 Summer Camp Application—Inclusion Camp

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: _____



2020 Summer Camp Application—Inclusion Camp

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 goals that you would like your child to accomplish during this camp: _____



2020 Summer Camp Application—Inclusion Camp

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: _____



2020 Summer Camp Application—Inclusion Camp

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



2020 Summer Camp Application—Inclusion Camp

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

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



2020 Summer Camp Application—Inclusion Camp

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 Inclusion Summer Camp. This agreement is valid ONLY for the 2020 Inclusion Summer Camp.

Authorized Signature: _____ Date: _____