



## 2020 Holiday Camp Application

Dear Camper and Parent:

Looking for an extraordinary camp experience for your child this holiday season? Look no further than Dream Catchers' Holiday Camp. 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 help 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
- Time: 9:00 am to 4:00 pm each day
- Age: 9 to 13 (**Age considerations may be granted upon a case by case basis**)
- Dates: December 21, 2020 – December 22, 2020 and December 28, 2020 to December 30, 2020
- Registration Deadline: December 18, 2020
- Cost: \$350.00
  - Register by December 15, 2020 and receive a discounted rate of \$325.00!

***Please plan to arrive early (8:45 am) 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.
- **Riding Helmets:** We will provide helmets if your child does not have their own.
- **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.



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- **Weight Limit:** Maximum weight is 250 pounds (*assuming Dream Catchers has a horse available to meet this guideline*)

### **COVID-19 Safety Protocols:**

Dream Catchers has continued to monitor the COVID-19 updates from our local, state, and federal agencies. It is our continued responsibility to ensure the safety of all our Dream Catchers' Family members. We are following all of the Governor's guidelines and taking a conservative approach to ensure minimal risk to everyone coming onsite.

The Centers for Disease Control (CDC) recommends the following procedures to prevent the spread of COVID-19:

- Avoid close contact with people who are sick.
  - Avoid touching your eyes, nose and mouth.
  - Stay home when you are sick.
  - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
  - Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
  - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- We have implemented strict cleaning protocols, including cleaning lesson equipment.
  - Dream Catchers' staff are conducting daily self-health checks.
  - Dream Catchers mandates that you must report any signs of illness or exposure to the Executive Director or Operations Manager. This may mean additional communication with the local health department and public health authorities.
  - Dream Catchers will follow all face covering requirements for Virginia.
  - Upon arrival, everyone will be expected to wash their hands at a hand washing station following CDC hand washing guidelines.
  - No other guests will be permitted on the property. Some exceptions may be granted by the Operations Manager.



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- Your child may wear riding gloves during camp, but please refrain from having him/her wear disposable gloves while at the Center.
- We will require anyone on the property to follow social distancing.
- Please contact Beth Yurkovac at 757-794-3262 or email [byurkovac@dreamcatchers.org](mailto:byurkovac@dreamcatchers.org) if you have any additional questions. We look forward to seeing you at holiday camp!

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

Completed applications can be:

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



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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 (757-794-3262)***

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? \_\_\_\_\_

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Please list any medical conditions we need to know about? \_\_\_\_\_

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Please list current/past experience with horses? \_\_\_\_\_

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Please share some specific goals that you would like your child to accomplish during this camp: \_\_\_\_\_

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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: \_\_\_\_\_



## 2020 Holiday Camp Application

### **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 Holiday Camp Application

### 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.

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Printed Name of Camper

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Date

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Signature of Parent or Guardian

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





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**COVID-19 Assumption of Risk and Waiver of Liability**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person during close contact. Participating in or observing activities at Dream Catchers at the Cori Sikich Therapeutic Riding Center (the “Center”) could increase your risk of contracting COVID-19, and **Dream Catchers cannot guarantee that you will not become infected with COVID-19.**

**Acknowledgment of Risk**

I, the undersigned, for myself and, if applicable, as parent/guardian on behalf of the minor named below, hereby acknowledge and agree that in consideration for the undersigned participating in or observing activities at the Center: (1) the undersigned is assuming the risks related to COVID-19 inherent to gathering with others and using common facilities and hereby waives the undersigned’s rights to claim liability of Dream Catchers or others resulting from the assumption of such risks; and (2) Dream Catchers is not responsible for sickness or for loss of any kind as a result of COVID-19. I further understand that certain activities at the Center will require additional safety precautions and equipment due to COVID-19, and that, due to physical safety concerns and sudden emergent conditions, certain activities may not permit social distancing of 6 feet per person at all times.

Dream Catchers has taken certain steps to implement recommended guidance and protocols issued by the Centers for Disease Control and Prevention and the Virginia Department of Health for slowing the transmission of COVID-19. The undersigned acknowledges receipt of Dream Catchers’ current policies and requirements for participation in or observation of activities at the Center in response to such guidance and protocols (“Dream Catchers’ COVID-19 policies and requirements”). The undersigned acknowledges and agrees that Dream Catchers may revise its policies and requirements at any time based on updated recommended guidance and protocols issues by the public health agencies. **The undersigned agrees to comply at all times with Dream Catchers’ COVID-19 policies and requirements.**

By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while at the Center and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.** I understand that the risk of becoming exposed or infected by COVID-19 at the Center may result from the actions, omissions, or negligence of myself or of others, including Dream Catchers. I hereby forever release, waive, discharge, and hold harmless, and agree not to sue or assert any claim against, Dream Catchers (including its directors, staff, employees, volunteers, and agents) for any loss or damages arising from such exposure or infection. I understand that by signing this document, all liability of Dream Catchers (including its directors, staff, employees, volunteers, and agents) to myself for any such loss or damages will be forever extinguished.

I, the undersigned, have read, understand and accept the terms of this Assumption of Risk and Waiver of Liability form. I further acknowledge that no oral representations have been made to me as an inducement to sign this form.

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Printed Name of Participant, Volunteer, Guest, or Staff

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Date

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Signature of Participant, Volunteer, Guest, or Staff

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Signature of Parent or Guardian of Participant, Staff, Guest, or Volunteer if under the age of 18



## 2020 Holiday Camp Application

### 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 (757-794-3262)**

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)

Amount:

- \$325.00 if registering by December 15, 2020
- \$350.00 if registering after December 15, 2020

VISA  MC  AMEX  DISCOVER Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

*I/we hereby authorize Dream Catchers to charge my card for the Holiday Camp. This agreement is valid ONLY for the 2020 Holiday Camp.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_