



332 Stable Lane Wentzville, MO 63385
O 636.332.4940 F 636.332.4941 thstl.org

CAMP PARTICIPANT INFORMATION FORM

Participant Name: _____ DOB: _____ Age: _____ HT: _____ WT: _____

Grade Level: _____ School Name: _____

Physician Name: _____ Physician Phone: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Please list any medical conditions or diagnoses of the Camp Participant:

*Those with medical diagnoses will need to have the Physician Authorization form completed as well

Does the participant have any allergies? Yes No

If yes please List (including food allergies): _____

Does the participant have any experience with horses, or has he/she received any riding lessons?

For full-day camp participants a snack will be provided. Please list any specific dietary needs or restrictions that the participant has (i.e., Vegetarian, Gluten-Free, etc), as well as any foods the participant will not eat (A snack list will be provided prior to camp):

What would you like the camp participant to accomplish during his/her camp experience? _____



Is the participant you are registering is at an age-appropriate level in all of the following areas?

- | | |
|---|--------------|
| 🦷 Section A. Balance (i.e., jumping, sitting, standing, walking, etc), | __ Yes __ No |
| 🦷 Section B. Communication skills (i.e, talking, expressing wants/needs) | __ Yes __ No |
| 🦷 Section C. Social skills (i.e., able to play turn taking games with peers, etc) | __ Yes __ No |
| 🦷 Section D. Gross motor skills (kicking/throwing/catching a ball, climbing, etc), | __ Yes __ No |
| 🦷 Section E. Fine motor skills (i.e., cutting, writing, etc), | __ Yes __ No |
| 🦷 Section F. Self-care skills (i.e., dressing, toileting, eating etc) | __ Yes __ No |

If you answered “No” to any of the above questions please fill out the corresponding sections below.

If you answered “YES” to all of the above questions, you can skip to page 5. A staff member may contact you if there are any other questions regarding the participant. This information will assist us in providing a safe and enjoyable camp experience for all those involved!



In order to provide an enjoyable experience for all our Camp Participants it is important for us to know detailed information about them. Please answer the following questions to the best of your ability about the camper’s current skill level.

SECTION A. BALANCE

Is the participant able to:

- 🦶 Sit upright without assistance? Yes No
- 🦶 Walk without assistance? Yes No
- 🦶 Go up/down stairs without assistance? Yes No
- 🦶 Run without assistance? Yes No
- 🦶 Perform Jumping Jacks? Yes No
- 🦶 Skip or Gallop? Yes No

If you answered “NO” to any of the above questions, please give an explanation of the amount of assist the participant will need (i.e, unable to perform task, requires full assistance, requires someone to hold his/her hand, etc). _____

SECTION B. COMMUNICATION/SOCIAL SKILLS

Does the Participant:

- 🦶 Use any adaptive equipment for communication? Yes No
- 🦶 Need assistance to communicate wants/needs? Yes No
- 🦶 Need assistance with structured or unstructured play? Yes No
- 🦶 Have behaviors if they win or lose a game? (i.e., “sore winner” or “sore loser”) Yes No

If you answered “YES” to any of the above questions, please give an explanation. If the participant uses any adaptive equipment or other means of communication besides verbal communication please indicate below (i.e., sign language, communication device, PECS, etc). Please indicate whether the participant needs assistance in any way to express needs/wants (i.e., I’m hungry, thirsty, need to use the restroom, etc)



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CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT

We, the parents* (guardian) of _____ hereby consent to and assume the risk of our child participating in the therapeutic horsemanship program sponsored by TREE House of Greater St. Louis, under the supervision of TREE House of Great St. Louis’s trained riding instructors and which is conducted at TREE House of Greater St. Louis and the ROCKING R RANCH.

We/I acknowledge our understanding that there are no assurances that our child/I will receive physical or psychological benefits from participation in said program and our understanding that the ordinary risks associated with horseback riding.

For and in consideration of the agreement of TREE House of Greater St. Louis and the ROCKING R RANCH to provide riding instructions to aforesaid child/self, we do hereby forever release, acquit, discharge and hold harmless TREE House of Greater St. Louis and the ROCKING R RANCH, their officers, directors, agents, employees, representatives and any therapists, instructors, volunteers and other people associated with said program and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of our aforesaid child/myself, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

Under Missouri Law an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised statutes of Missouri.

Dated: _____

Father (guardian)

Mother (guardian)

Self (If over 18 years of age)

*In the event that you have sole legal custody of or are the sole living parent of the above-named child, only one signature is required.

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby ___ DO grant or ___ DO NOT grant to TREE House of Greater St. Louis permission to take or have taken, still and moving photographs, videos, and films including television pictures of our child/self _____ and consents and authorizes TREE House of Greater St. Louis, its advertising agencies, news media and any other persons interested in TREE House of Greater St. Louis, and its work, to use and reproduce the photographs, videos, films, and pictures to circulate and publicize the same by all means including without limited the generality of the foregoing newspapers, television media, email newsletters, website, TREE House of Greater St. Louis social media channels (including, but not limited to, Facebook and YouTube), annual reports, brochures, pamphlets, fundraising materials, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises other than the intention of TREE House of Greater St. Louis to use or be used such photographs, videos, films, and pictures for the primary purpose of promoting and aiding TREE House of Greater St. Louis and its work.

Dated _____ **Signed** _____



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Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Company: _____ Policy#: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize _____
(Operating Center's Name)

To:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian