



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). \_\_\_\_\_

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**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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**SECTION C. COORDINATION SKILLS**

Is the participant able to:

-  Cut out basic shapes independently? \_\_ Yes \_\_ No
-  Write letters independently? \_\_ Yes \_\_ No
-  Kick a ball approximately 10 feet? \_\_ Yes \_\_ No
-  Catch a medium sized ball? \_\_ Yes \_\_ No
-  Throw a medium sized ball approximately 10 feet? \_\_ Yes \_\_ No

**If you answered “NO”** to any of the above questions, please give an explanation why and what assistance the participant may need to perform these activities. \_\_\_\_\_

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**SECTION D. SELF-CARE SKILLS**

Is the participant able to:

-  Go to the bathroom without assistance? \_\_ Yes \_\_ No
-  Independently manage clothing fasteners (i.e., buttons, zippers, shoelaces etc)? \_\_ Yes \_\_ No
-  Able to feed themselves independently? \_\_ Yes \_\_ No

**If you answered “NO”** to any of the above questions, please give an explanation why and what assistance the participant may need to perform these activities. \_\_\_\_\_

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**BEHAVIOR**

Please inform of us of any behaviors the participant may have (i.e., increased anxiety, aggressive behaviors towards others and/or animals, decreased attention or safety awareness, elopement, etc). Also, provide us with behavioral management strategies that will help make the camp more successful.

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**If there is anything else you feel would be beneficial for us to know about the participant to ensure they have an enjoyable camp experience, please include that information here:** \_\_\_\_\_

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332 Stable Lane    Wentzville, MO 63385    Phone: 636.332.4940    Fax: 636.332.4941

**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**