

# Ivey Ranch Park Association, Inc.

110 Rancho Del Oro Road - Oceanside, CA 92057 – (760) 722-IVEY – (760) 722-4839  
(760) 722-6598 Fax – [www.iveyranch.com](http://www.iveyranch.com) - [iveyranch@yahoo.com](mailto:iveyranch@yahoo.com)

Thank you for your interest in our summer horse camp. Camp will be held June 25 – August 3, 2018: 2, 1-week sessions from 9:00AM-12:00PM, Monday-Friday (weeks of 6/25/18, and 7/30/18) and 4, 1-week sessions, from 9:00 AM–5:00 PM, Monday–Friday (weeks of 7/2/18, 7/9/18, 7/16/18 and 7/23/18).

Enrollment is limited to 21 children a week and the children are divided into age and ability appropriate groups - typically: 7-10, 11-13, & 14-17. The curriculum consists of a rotation through horseback riding, ground training, vaulting, and humane education. There is a lunch break from 12-1PM (children must bring a bag lunch) and everyone participates in chores from 4-5PM. Please have your child bring snacks for breaks they will have throughout the day.

Please find attached the necessary forms to complete for your child's enrollment. Please complete a separate copy of each document for each child who is to attend.

Camp Fee (including deposit) varies based on the week selected and a (non-refundable) deposit of \$100 per week per child must be received with all of the paperwork to insure your child's reservation. **Balance is due by June 8<sup>th</sup>**. A late fee of \$10 will be applied after 6/8/18 however, your child's spot may be forfeited if there is another participant available to take the spot. There is a 10% "sibling" discount for the second, third, and fourth enrollee (simply deduct 10% for each child AFTER the first enrollee).

Enrollment is on a first come, first served basis - the criteria being paperwork and payment received by us with the request for the week(s) you wish to enroll. Your cancelled check is your receipt. A welcome e-mail will be sent the week prior to your child's attendance with pertinent drop off/ pick up and show information.

Please feel free to contact our office if you have any questions. Thank you again for your interest - we look forward to having your child join us this summer!

Sincerely,

Tonya Danielly  
Executive Director

----- cut here and return -----

Child's Name (please print) \_\_\_\_\_ Age \_\_\_\_\_

Reservation for			
Session 1 (June 25-29)	Fee \$200	_____	Deposit \$100
Session 2 (July 2- 6)	Fee \$280	_____	Deposit \$100 (No camp 7/4/18)
Session 3 (July 9-13)	Fee \$350	_____	Deposit \$100
Session 4 (July 16-20)	Fee \$350	_____	Deposit \$100
Session 5 (July 24-28)	Fee \$280	_____	Deposit \$100 (No camp 7/23/18)
Session 6 (July 30 - August 3)	Fee \$200	_____	Deposit \$100

I understand that deposits are non-refundable, but will be applied to the weekly fee.  
Total amount included \$\_\_\_\_\_.

## Participant's Application & Health History

### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### HEALTH HISTORY

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

**MEDICATIONS** (include prescription, over-the-counter; name, dose and frequency) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**PHYSICAL FUNCTION** (i.e. mobility skills such as transfers, walking, wheelchair use, driving/bus riding)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PSYCHO/SOCIAL FUNCTION** (i.e. work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOALS** (i.e. why are you applying for participation? What would you like to accomplish?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE READ, AND AGREE TO ABIDE BY, THE EQUESTRIAN PROGRAM POLICIES PROVIDED TO ME. ALL INFORMATION PROVIDED ON THESE FORMS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDE AND I FURTHER UNDERSTAND INCOMPLETE PAPERWORK VOIDS PARTICIPATION IN THIS PROGRAM.

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

Client, Parent or Legal Guardian

Date

PHOTO RELEASE

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by Ivey Ranch Park Association of any and all photographs, and any other audio/visual materials, taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

Client, Parent or Legal Guardian

Parent/Guardian or Self Signature \_\_\_\_\_ Date \_\_\_\_\_

## Demographic Information 2018

As a non-profit organization, Ivey Ranch relies on grants and community support to run the many programs we offer. **The following demographic information is collected for grant reporting purposes only and must be completed.** The volunteer opportunity selection is to assist us in recruiting individuals interested in offering support in order to keep program costs as low as possible. Please help us by providing the following information and letting us know if you are interested in helping the program in any of the ways listed.

Participant 's Name \_\_\_\_\_

HOW DID YOU HEAR ABOUT IVEY RANCH?	
RACE (please identify only one category)	
	Caucasian
	African American
	American Indian (including North, Central & South America and Alaskan Native)
	Asian
	Native Hawaiian or other Pacific Islander
	Other
ETHNICITY (please identify only one category)	
	Hispanic or Latino
	Not Hispanic or Latino
HOUSEHOLD INFORMATION	
	Family Size
	Female Headed Household (YES or NO)
	Disabled or Special Needs (YES or NO)
INCOME INFORMATION	
	Household Income at or below \$32,000
	Household Income between \$32,001 – \$36,400
	Household Income between \$36,401 - \$40,950
	Household Income between \$40,951 - \$45,450
	Household Income between \$45,451 - \$49,100
	Household Income between \$49,101 - \$52,750
	Household Income between \$52,751 - \$56,400
	Household Income above \$56,401

I would like more information on Volunteer Opportunities at Ivey Ranch in the following areas:

- Equestrian Program Assistance
- Care Program Assistance
- Public relations, event coordination, fund raising
- Facility - and grounds maintenance

**Authorization for Emergency Medical Treatment Form**

Participant       Staff       Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred 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: \_\_\_\_\_

**Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the process of participation, or while being on the property of the agency, I authorize Ivey Ranch Park Association 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.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" 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 participation or while being on the property of Ivey Ranch Park Association.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian

## WAIVER OF LIABILITY FOR PARTICIPANTS

I hereby waive any right or cause of action arising as a result of my own or my child's participation in the Ivey Ranch Park Association Equestrian Program from which any liability may or could accrue against Ivey Ranch Park Association, or the officers, staff, volunteers, and associates collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the Ivey Ranch Park Association Equestrian Program.

In consideration of the acceptance of myself or my child's participation in the program listed above, I hereby, for myself, my heirs, executors, administrators, and assignees, release, waive, and/or forever discharge any and all rights and claims for damages that may be suffered by me or my child as a result of preparation for, or participation in, the equestrian program. I recognize the risks associated with my/his/her participation in the program and specifically agree to indemnify and hold harmless Ivey Ranch Park Association; including any members, any employee, all program participating individuals associated with Ivey Ranch Park Association, any promoter, sponsor, or subcontractor whose facilities and/or services are being used for this program, from any and all injuries or damages arising from, or in any way contributed to, my or my child's participation in this program.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified (or the contact I have listed) as soon as possible in case of any emergency affecting me or my child. In the event I cannot be reached (or the contact I have listed) in an emergency, I hereby authorized the directions listed on the Emergency Medical Treatment Form to be followed.

I, the participant, parent, guardian, or legal custodian of the minor participant, do hereby assent to above waiver and release and agree to all terms as stated above.

Participant's Printed Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Signatories Printed name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Ivey Ranch Park Association Equestrian Program Policies**

### **Absentee/ Sick**

An absence can be excused/ credited if the office is contacted AT LEAST four (4) hours ahead of the scheduled riding time. You must call the business office at (760) 722-4839. You are allowed one (1) excused absence every other month (this includes sickness and vacations).

### **Continuing Riders**

If you plan on continuing riding the following month, payment must be received by the last lesson. Following Month Time, Day and Slot will only be held if payment is RECEIVED by the last lesson of the month a rider is currently participating in.

### **Family Compliance**

When you come for lessons with your child you are asked to "leave your child at the gate". You are welcome to sit at the benches outside of the fence, or in your car, or even at the benches by the Horse Office, but the idea is that the Instructor takes over and parents, family members and friends all are now JUST observers. Under no circumstance should you be handling, grooming, tacking, holding or leading horses or coaching your child from the sidelines (that includes repeating what you heard the Instructor say). The Instructor instructs – leave him/her as the authority in relation to the horses.

### **Interaction with Horses**

Do not pet or feed any of the horses. "Visiting", which consists of looking at only, is allowed only at the conclusion of your lesson time until the next class arrives or the Instructor leaves the area, whichever comes first.

### **Late Arrival**

If you are more than 10 minutes late to a class you will not be allowed to participate and there will be no credit issued.

### **Make-Ups/ Credits**

There are no "Make-Up" lessons. In the case of an excused absence the rider's account is credited the single lesson fee. This credit is applied to the following month's fees. If a rider does not continue, a refund will be issued at the end of the month (by check or posted to a credit card if that is how fees were originally paid).

### **Pick Up**

A child may be dropped off for a lesson but MUST be picked on time. Late pick-up is cause for immediate dismissal from the program without refund.

### **Rain/ Instructor's Absence**

If lessons are canceled due to rain there will be a message on the barn message machine that says "Lessons for (day and time) are canceled due to rain". Please call the barn phone if you are concerned about weather conditions at (760) 439-2340. If the message does not specifically say that lessons are canceled, than they are not. Full credit will be given in the instance of rain or an instructor's absence.

Finally, if there are circumstances that fall outside of these standard policies than please contact the office directly. INSTRUCTORS CAN NOT EXCUSE ABSENCES, only the office can, so please communicate with us so that attendance and books are kept accurately.