



CHAMP at Good Hope Farm 2022 Summer Camp Registration Form

The CHAMP Summer Horse Camp offers both fun and education! Through hands-on experience and riding lessons, campers will learn about horse care and improve their riding skills. They will have fun with horse-related arts and crafts to keep as a memento of camp. We welcome horse enthusiasts of all riding abilities, including those with special needs and/or requiring adaptive assistance.

DIRECTIONS TO CHAMP AT GOOD HOPE FARM

From North or South take I-89 to Exit 17 (9.4 miles north of Burlington), exit West (to Champlain Islands), merge on to U.S. 2 West for 7.1 miles. Turn left onto Landon Road at 0.7 miles, turn left onto East Shore Road for 0.5 miles to CHAMP at Good Hope Farm on your left.

CONTACT INFORMATION

| | | | |
|------------|--|----------|----------------------|
| Telephone: | (802) 372-4087 | Address: | 57 East Shore Road |
| Email: | info@vtchamp.org | | South Hero, VT 05486 |

PLEASE BE SURE TO COMPLETE ALL SIX PAGES OF THIS REGISTRATION FORM

CAMP DATES

Please select the camp dates below:

| Camp | Date | Selection | Full-Day Camp | | Selection | Half-Day Camp | |
|---------|--------------|--------------------------|------------------------|-------|--------------------------|-------------------------|-------|
| | | | Hours | Cost | | Hours | Cost |
| Camp #1 | July 11 – 14 | <input type="checkbox"/> | 08:30 a.m. – 4:00 p.m. | \$350 | <input type="checkbox"/> | 08:30 a.m. – 12:00 p.m. | \$225 |
| Camp #2 | July 18 – 21 | <input type="checkbox"/> | 08:30 a.m. – 4:00 p.m. | \$350 | <input type="checkbox"/> | 08:30 a.m. – 12:00 p.m. | \$225 |
| Camp #3 | July 25 – 28 | <input type="checkbox"/> | 08:30 a.m. – 4:00 p.m. | \$350 | <input type="checkbox"/> | 08:30 a.m. – 12:00 p.m. | \$225 |
| Camp #4 | Aug 1 – 4 | <input type="checkbox"/> | 08:30 a.m. – 4:00 p.m. | \$350 | <input type="checkbox"/> | 08:30 a.m. – 12:00 p.m. | \$225 |

PAYMENT

Your registration form must be accompanied by a \$50 deposit or full payment. Checks may be made payable to CHAMP.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Payment in full is enclosed. |
| <input type="checkbox"/> | A non-refundable deposit of \$50.00 is enclosed. I understand that full payment must be made on or before the first day of camp. Refunds will be provided only if cancellation notice is received 7 days prior to the start of camp. |



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RIDER'S REGISTRATION AND RELEASE FORM

| | |
|-----------------|------------------|
| Rider: | Parent/Guardian: |
| _____ | _____ |
| Date of Birth: | Address: |
| _____ | _____ |
| Age: | City/State/Zip: |
| _____ | _____ |
| Address: | Home Phone: |
| _____ | _____ |
| City/State/Zip: | Cell Phone: |
| _____ | _____ |
| Cell Phone: | Work Phone: |
| _____ | _____ |
| Email: | Email: |
| _____ | _____ |

Liability Release

Rider's Name: _____ would like to participate in summer Horse Camp (s).

I acknowledge the risks and potential for risks of horseback riding, however, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against CHAMP at Good Hope Farm, its board of directors, instructors, therapists, volunteers and/or employees; and PATH International; for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Equine activities. I also understand that under Vermont Law, an Equine activity sponsor is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. 1039.

Signature of Parent or Guardian: _____
Relationship: _____
Date: _____

Signature of Parent or Guardian: _____
Relationship: _____
Date: _____



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CHAMP may request you to be part of a promotional press release. For legal reasons we require that you understand and agree to the releases below by filling them out and signing both.

Participant: _____
Date of Birth: _____ Age: _____
Address: _____ City/State: _____
Zip: _____
Home Phone: _____ Work Phone: _____

PHOTO RELEASE

- I Do
- I Do Not

consent to and authorize the use and reproduction by CHAMP of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____
Print Name _____ Relationship _____

INFORMATION FOR PRINT RELEASE

- I Do
- I Do Not

consent to and authorize the use and reproduction of any and all interviews done by members of the press for the purposes of promoting the Champlain Adaptive Mounted Program - CHAMP. I will not hold any CHAMP instructor or volunteer or the authors or publishers of any article liable for statements they may make about me and my participation in this program based on the information provided in interviews. I further understand that I am participating solely for the promotion and fundraising to benefit the CHAMP programs and that there will be no compensation made to me by CHAMP or the publishing organizations.

Signature _____ Date _____
Print Name _____ Relationship _____

CAMPER BACKGROUND INFORMATION

Please tell us more about your camper so that we can provide the best experience for everyone!

Camper's Riding / Horse experience

- New to horses and riding
 Beginner Level
 Intermediate Level

Does the camper have allergies, dietary limitations or other general health issues? YES NO

If yes, please describe below.

Will the camper need to take medication during camp hours? YES NO

PLEASE NOTE: Camp staff is not permitted to give prescription medicine to campers.

If yes, please describe what medications are required and who will administer the medication.

Does the camper have physical limitations? YES NO

If yes, please describe below.

PLEASE NOTE: Depending on the nature of the limitations, CHAMP staff may discuss with you the option of regular CHAMP lessons rather than camp. In this way, we can be sure your camper receives the assistance he/ she may need to have a safe and happy riding experience.

Does the camper have communication challenges? YES NO

If yes, please describe the challenge and how best to communicate with your child.

Does the camper require an aide at school for more than academics? YES NO

PLEASE NOTE: If yes, you must provide an assistant to attend camp with them.



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Does the camper have seizures or epilepsy? ____ YES ____ NO

If yes, please describe below the type, frequency and characteristics of the seizures below. Please also describe any medications or treatments we should be aware of.

Does the camper have attitude or behavioral challenges? ____ YES ____ NO

If yes, please indicate the nature of the challenge below

Does the camper show different behaviors in a new setting or around new people? ____ YES ____ NO

If so, consider having someone attend with your child the first few days. Sometimes, an otherwise independent child may feel more at ease when accompanied by a familiar face.

If the camper becomes overwhelmed at camp, are there some helpful hints you can provide to help them? (e.g., quiet space, music, talking, taking a quiet walk).



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Rider: _____

Physician's Name: _____

Date of Birth: _____

Preferred Medical Facility:

Age: _____

Address: _____

Health Insurance Company:

City/State/Zip: _____

Cell Phone: _____

Policy Number: _____

Email: _____

Emergency Contacts

Emergency Contact #1

Emergency Contact #2:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone 1: _____

Phone 1: _____

Phone 2: _____

Phone 2: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the Riding Camp sessions, or while on the property, I authorize Champ at Good Hope Farm (Champ) to:

- Secure and retain medical treatment and transportation, if needed,
- 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 "life-saving" by the physician or emergency medical personnel.

This provision will only be invoked if the Emergency Contact persons above are unable to be reached.

Signature of Parent/Guardian: _____ Date: _____