

Camper's Application & Health History

General Information:

Participant's Name _____ Gender: M F

Date of Birth _____ Height _____ Weight _____ (NOTE: Weight limit of 180 lbs)

Participant's Address: _____ City: _____ State: __ Zip: _____

Parent/Legal Guardian Name: _____

Address (if different from above): _____ City: _____ State: __ Zip: _____

Phone: _____ Text: Yes No Email: _____

Caregiver(s) Name and phone _____

Referral Source: _____ Phone: _____

How did you hear about this program? _____

Does participant have any prior experience with horses? If so, please give a brief description.

Summer Camp Description:

Our summer camps are designed to give participants a fun ranch experience, tailored to their age and ability. Activities can include learning about all things horse: grooming, safe handling, anatomy, and how horses communicate. We build obstacle courses, have scavenger hunts, do crafts and have sing-alongs. There are lots of opportunities for horse interaction, and riding is generally done with a horse leader and may occur at the discretion of staff. Please note that Camp is not focused on riding lessons or riding skills, but based around fun and recreation with a ranch and horsey theme!

We have an indoor arena in case of inclement weather. Please dress for the weather, have sunscreen available, and bring a snack and a water bottle.

Electronic devices must be left at home (unless needed for health monitoring).

Parents and caregivers are welcome to drop their camper off with us or wait in our designated waiting areas; in the barn, near the fire pit by the parking area, or in their car. Please leave pets at home.

Camp is four consecutive days, Mon-Thur from 9:30AM-1:30PM.

Drop off is at 9:15AM and pick up is at 1:30PM.

Please return completed intake forms and Physicians Statement to Two Bear TRC's office at 1700 KM Ranch Road, Whitefish MT, or email them to Anna Seagull at aseagull@twobeartrc.org **one week prior to camp.**

Health History:

Please comment on current or past special needs in the following areas:

Vision _____

Hearing _____

Sensation/Sensory _____

Communication _____

Heart _____

Breathing _____

Digestion _____

Elimination _____

Circulation _____

Emotional/Mental Health _____

Behavioral _____

Pain _____

Bone/Joint _____

Muscular _____

Thinking/Cognition _____

Allergies _____

Other _____

MEDICATIONS (include prescription and over-the-counter, name, dose, and frequency)

Describe your abilities/difficulties in the following areas. Include assistance required or equipment needed. PHYSICAL FUNCTION (mobility skills such as transfers, walking, wheelchair use)

Will the participant require one-on-one attention throughout the camp in order to be safe, and/or included? YES NO

PSYCHOSOCIAL FUNCTION (work, school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears, concerns, etc.)

WHO IS ALLOWED TO DROP OFF YOUR CHILD?

Name: _____ Phone Number: _____

WHO IS ALLOWED TO PICK UP YOUR CHILD?

Name: _____ Phone Number: _____

Signature: _____ Date: _____
Client, Parent, or Legal Guardian

PHOTO RELEASE

I **DO** **DO NOT** (please circle answer) consent to and authorize the use and reproduction by Two Bear Therapeutic Riding Center 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