

## **CAP CLUB SUMMER CHAMPION'S**

### **INFORMED CONSENT AND ACKNOWLEDGEMENT**

I hereby give my approval for my child's participation in any or all activities prepared by CAP Club Summer Champion's (CCSC) Champion Oaks Ranch (COR) and Equine Element (EE) during the selected camp. In exchange for the acceptance of said child's candidacy by CCSC, COR and EE, I assume all risk and hazards incidental to, the conduct of the activities, and release, absolve and hold harmless CCSC, COR and EE and all its respective officers, agents, and representatives from any or all liability for injuries to said camper arising out of traveling to, participating in, or returning from selected camp sessions. In case of injury to said camper, I hereby waive all claims against CCSC, COR and EE including all volunteers and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all camp activities.

### **MEDICAL RELEASE AND AUTHORIZATION**

As a parent or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor camper, in the event of a medical emergency, which the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named camper. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to CCSC, COR and EE to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor camper, in my absence.

### **PLEASE PROVIDE COPY OF CAMPERS' INSURANCE CARD**

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_

[Type here]

## **PHOTO RELEASE FOR CAP CLUB SUMMER CHAMPIONS**

\_\_\_\_ *I consent to and authorize*

The use and reproduction by CAP CLUB SUMMER CHAMPIONS of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, media releases or for any other use for the benefit of the program.

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E Mail: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Participant (For participants 13 years and older)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian (For participants under 18)*

\_\_\_\_\_  
*Date*

[Type here]

## STATISTICAL DATA

**Client Initials** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARTICIPANT'S CITY, STATE, & ZIP CODE:** \_\_\_\_\_

**ETHNICITY:**

White/Caucasian \_\_\_\_\_  
Black/African American \_\_\_\_\_  
Asian \_\_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_  
Native Hawaiian/Other Pacific Islander \_\_\_\_\_  
American Indian/Alaskan Native & White \_\_\_\_\_  
Asian & White \_\_\_\_\_  
Black/African American & White \_\_\_\_\_  
American Indian/Alaskan Native & Black/  
African American \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Other Multi-Racial \_\_\_\_\_

**AGE RANGE:**

0-7 \_\_\_\_\_  
8-12 \_\_\_\_\_  
13-17 \_\_\_\_\_  
18-25 \_\_\_\_\_  
26-40 \_\_\_\_\_  
41-64 \_\_\_\_\_  
65+ \_\_\_\_\_

**SEX:**

M or F  
M or F  
M or F  
M or F  
M or F  
M or F  
M or F

**HOUSEHOLD INCOME STATUS:**

\_\_\_\_\_ \$0 - \$20,000 \_\_\_\_\_  
\_\_\_\_\_ \$21,000 - \$35,000 \_\_\_\_\_  
\_\_\_\_\_ \$36,000 - \$56,000 \_\_\_\_\_  
\_\_\_\_\_ \$57,000 - \$77,000 \_\_\_\_\_  
\_\_\_\_\_ \$78,000 + \_\_\_\_\_

**SINGLE PARENT:**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**FEMALE HEAD OF HOUSEHOLD:**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**TOTAL NUMBER OF PEOPLE IN HOUSEHOLD:** \_\_\_\_\_

**ARE YOU A VETERAN?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**ARE YOU ACTIVE MILITARY?** \_\_\_\_\_ YES \_\_\_\_\_ NO

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**TO BE COMPLETED BY Equine Element Staff**

**SERVICE PROVIDED:**

EAT Individual	_____	EAT Group	_____
EALS Individual	_____	EALS Group	_____
Demo/Training	_____		
Therapeutic Riding	_____		

# EQUINE ELEMENT

## EQUINE ASSISTED THERAPY ASSESSMENT

**Date:** \_\_\_\_\_ **Participant's Age:** \_\_\_\_\_ **Participant's Sex:** **Male** **Female**

### ASSESSMENT

Rate how you feel your/your child's participation in Equine Assisted Therapy has helped you/your child gain:

#### **Improved Critical Thinking Skills**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Some	Much	Very Much

#### **Improved Self Control**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Some	Much	Very Much

#### **Improved Accepting Responsibility**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Some	Much	Very Much

#### **Increased Self Esteem and Self Worth**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Some	Much	Very Much

#### **Increased Ability to accept Consequences for Actions**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Slight	Some	Much	Very Much

Please note any other areas of improvement that you've noticed and/or any comments you wish to share:

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