



## Participant Registration & Release

Name:	Date of Birth:	Age:	Pronouns (optional):
Weight:	Height:	(For Riding Horses)	
Street Address:		City:	
State:		Zip Code:	
Primary Caretaker:		Phone:	
Relationship to participant:		Email:	
Address/Phone if different from above:			
School/Institution attending:			
Were you referred by a school counselor? <input type="radio"/> Yes <input type="radio"/> No Name:			
How did you hear about ANT?			

Day Camp Week Preferred: _____ Please see website for dates
T-Shirt Size: ____ Youth ____ Adult

### Liability Release:

\_\_\_\_\_ (Participant's name) would like to participate in the Animals as Natural Therapy programs. I acknowledge the risks and potential for risks of horse and farm activities. However, I feel that the possible benefits to my child are greater than the risk 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 Animals as Natural Therapy, Inc., its Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in Animals as Natural Therapy programming. I understand that these programs may include therapeutic counseling.

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

*Participant, Parent or Guardian*

### Photo Release (OPTIONAL):

I hereby consent to and authorize the use and reproduction by Animals as Natural Therapy and their contracted services/funders of any and all photographs and any other audiovisual materials taken of me/my child for promotional printed materials, educational activities or for any other use for the benefit of the program.

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

*Participant, Parent or Guardian*



## **Participant Response ~ Tell us about yourself!**

Q: Why do you want to attend this camp? What are you excited for or hope to learn?

**Thank you for sharing!**



## Participant's Authorization for Emergency Medical Treatment

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 Animals as Natural Therapy to secure and retain medical treatment and transportation if needed.

Full Name:	DOB:
Primary Caretaker:	Relationship: Phone:
Emergency Contact:	Phone:
Emergency Contact:	Phone:
Name of physician:	Phone:
Health Insurance Co:	Policy #:
Preferred Medical Facility:	

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, and medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Print Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Consent Signature: \_\_\_\_\_

### 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 of emergency treatment/aid is required, I wish the following procedures to take place:**

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Print Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

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



## Participant Information & Medical History

What goals do you have for your child's time at ANT? *required*	
Any known allergies:	Date of last tetanus:
What is your child's reaction to bee stings?	
Any medications the youth will be taking during program(s) or to be aware of in an emergency?	
Any health reasons to limit child's activities?	
Anything else we should know?	

### GENERAL QUESTIONS:

Complete information is needed to insure instructor awareness and sensitivity to your child's behavior and needs, and will not be used to screen out participants. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Any recent injury, illness, or infectious disease? | <input type="checkbox"/> Orthodontic appliance or headgear being used?      |
| <input type="checkbox"/> Chronic recurring illness/condition?               | <input type="checkbox"/> Any skin problems (e.g., allergies, rash, hives)?  |
| <input type="checkbox"/> Frequent headaches?                                | <input type="checkbox"/> Diabetic?  |
| <input type="checkbox"/> Ever had head injury?                              | <input type="checkbox"/> Asthmatic?   |
| <input type="checkbox"/> Wear glasses, contacts, or protective eyewear?     | <input type="checkbox"/> ADD/ADHD diagnosed?                                |
| <input type="checkbox"/> Use mobility device(s) or hearing aids?            | <input type="checkbox"/> Short or long-term memory impairment?              |
| <input type="checkbox"/> Ever passed out during or after exercise?          | <input type="checkbox"/> Tendencies toward emotional/violent outbursts?     |
| <input type="checkbox"/> History of seizures?                               | <input type="checkbox"/> History of inflicting harm to self/others/animals? |
| <input type="checkbox"/> Chest pain during or after exercise?               | <input type="checkbox"/> Tendencies toward emotional/physical isolation?    |
| <input type="checkbox"/> High blood pressure?                               |   |
| <input type="checkbox"/> Back problems?                                     |   |
| <input type="checkbox"/> Joint problems (e.g., knees, ankles)?              |   |



## Participant Demographics

### Participant Resides in:

- Town or Rural Non-farm (pop. 10,000 or less)
- Town or City (pop. 10,000-50,000)
- Suburb (pop. 50,000 or more)
- City (pop. 50,000 or more)
- Reservation
- Farm
- Other

### Racial/Ethnic Group:

- Caucasian
- African American
- Native American
- Hispanic/Latino
- Asian/Pacific Islander
- Other: \_\_\_\_\_

### Participant lives with:

- 1 Biological Parent
- Both Biological Parents
- Blended Family
- Alternates between 2 parents
- Other Relative
- Foster Family
- Adoptive Family
- Other: \_\_\_\_\_

### School Grade

- K             7th
- 1st            8th
- 2nd            9th
- 3rd            10th
- 4th            11th
- 5th            12th
- 6th            Not attending

### Check if 'Yes':

- Has the participant ever resided with anyone other than his/her birth family?
- Is the participant struggling academically?
- Is the participant struggling behaviorally or emotionally in school?
- Is the participant struggling behaviorally or emotionally in social situations?
- Is the participant struggling behaviorally or emotionally at home?
- Has the participant or a close family member ever been incarcerated?
- Has the participant witnessed or experienced domestic violence?
- Has the participant or close family member had problems with drugs or alcohol?
- Is a close family member active in the military or a veteran?
- Does the participant identify as LGBTQ+?

**To the best of my knowledge, the above is up to date and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Rain or Shine Policy

Animals as Natural Therapy programs operate rain or shine. In the case of inclement weather or natural disaster, ANT staff will contact you at least 2 hours prior to your committed program start time to cancel.

**I have read this policy and understand that I am committed to showing up for camp unless ANT has cancelled.**

Name of responsible party: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

*Must be Parent or Guardian if participant is under 18 years old*



## Covid-19 Acknowledgement of Risk and Acceptance of Services

I, \_\_\_\_\_ (name), am aware of the risks of myself/my child/my ward contracting Covid-19 while receiving face to face services from Animals as Natural Therapy (ANT) at this time of the pandemic.

I am aware that face to face services increase my risk of contracting and passing on Covid-19 or Coronavirus and agree to hold harmless ANT, its employees, and all other individuals I/my child/my ward may come in contact with during this interaction and receiving of services.

I/my child/my ward agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by ANT. This may include, but is not limited to, waiting in vehicle until asked to enter the building/barnyard; washing hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to cancel my session/program should I/my child/my ward have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. I will notify ANT staff if I or my child/my ward comes down with any of these symptoms in the 2 weeks following our session/program. In addition, I will follow the recommendations of ANT staff once I have notified them of these risks in regards to my future services during this pandemic.

Animals as Natural Therapy will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between participants/volunteers and on a daily basis as recommended by the CDC and our contracted Veterinarian for the safety of participants, employees, volunteers and animals.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Animals as Natural Therapy.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Name (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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



## Participant Financial Agreement

### Scholarships

This camp is generously underwritten by Kaylee's Kamp Foundation and a full scholarship is awarded to each qualifying participant in an effort to reduce financial barriers to inclusive programs.

**I acknowledge that I/my child/my ward are receiving a full scholarship of \$575.00 and commit to full and consistent attendance of camp. I understand that failure to show up to the first day of camp may result in forfeiture of scholarship and saved space.**

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

### Cancellations

We understand that life happens regardless of best laid plans. However, summer camps are put into action based on enrollment expectations. Please contact us as soon as possible if your plans change so we can offer your space to a participant on the waitlist.

### **I have read this policy and agree:**

Name of participant: \_\_\_\_\_

Name of responsible party: \_\_\_\_\_

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for choosing Animals as Natural Therapy for a great week of day camp!***

P.O. Box 31595, Bellingham, WA 98228 / [www.animalsasnaturaltherapy.org](http://www.animalsasnaturaltherapy.org) / 360-671-3509