ANIMALS AS NATURAL THERAPY

Day Camp 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? ◯ Yes ◯ 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

Media 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

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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:

_____

_____

_____

_____

Print Name: _____ Relationship to Participant: _____

Non-Consent Signature: _____ Date: _____

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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. Please check all that apply.

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

Participant Demographics

We are required by many grantors to track this information, and those funds allow us to offer our programs at lower cost. Thank you for completing this form!

Participant Resides in:

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

Participant lives with:

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

Racial/Ethnic Group:

- o Caucasian
- o African American
- o Native American
- o Hispanic/Latino
- o Asian/Pacific Islander
- o Other: _____

School Grade

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

Check if 'Yes':

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

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

_____ _____

Signature Date

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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

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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: _____

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Participant Financial Agreement

A $25 non-refundable application fee is due with your completed registration paperwork. This fee will be applied towards the total price of the camp.

Prices for ANT's Day Camps are as follows:

- $575 Full-day camp
- $345 3-day Returners camp
- $325 1/2 day camp

Payment for all Day Camps must be made in full by June 1 to ensure your registration. Late or missing payments may result in forfeit of camp space.

Cancellations and Refunds

We understand that life happens regardless of best laid plans. However, summer camps are put into action based on enrollment expectations. Refund amounts are based on how far in advance your cancellation is made. *Specific refund requests may be made due to family or medical emergency.*

- 50% refund (excluding $25 application fee) before June 15, 2023
- No refunds after June 15, 2023

Your non-refunded camp payment will be applied towards a scholarship for a youth in need.

Limited scholarships are available based on a sliding fee scale. To apply, please contact our program coordinator at program@animalsasnaturaltherapy.org. Financial Assistance Forms must be submitted by May 1, 2023. Proof of income is required.

I have read this policy and understand that I am responsible for full payment of this account.

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 / 360-671-3509