

ELIGIBILITY STATEMENT POLICY:

The Achievement Centers for Children's Horsemanship Program serves individuals age 4 and over, with and without disabilities. To learn more about our **new clients**, a telephone intake interview will be conducted and a riding assessment will be scheduled to determine skill level and/or the suitability of the program. The ACC has established maximum weight and physical ability guidelines for Therapeutic Riding to ensure the safety of the client, the safety of volunteer side walkers, and the well-being of the horses. All participants will be evaluated in accordance with these guidelines.

PAYMENT and CANCELLATION POLICY: - Payment in full is due prior to the session start date or in 2 payments (1/2 due at the beginning of the session with the remainder due by mid-session). All accounts must be up to date prior to attending the next session. All third-party payers or outside funding sources must have authorizations in place prior to attendance. Cancellations must be made **in writing two weeks prior to the start of the session for reimbursement**. Once the session has started, there are no credits/refunds for cancelled or missed classes (including for illness), with the exception for medical emergencies that require surgery and/or hospitalization. Signed/dated documentation from a licensed physician must be provided for all medical emergency excuses. Credits/refunds will be issued for all classes missed only after the documentation is received by the Achievement Centers staff.

Please complete if applicable:

County Board Funding

Does client receive support from a County Board of Developmental Disabilities: YES NO County _____
If client has a County Board of Developmental Disabilities Support Administrator, please provide:

SA Name: _____ Phone #: _____ E-mail _____

Will sessions be funded through the County Board listed above: YES NO

IO, Level 1, or SELF Waivers

If camp costs will be funded through Waivers, please check one of the following:

- YES, camp costs will be funded through **IO Waivers**
- YES, camp costs will be funded through **Level 1 Waivers**
- YES, camp costs will be funded through **SELF Waivers**

A copy of the ISP must be received prior to attendance. If the Achievement Centers for Children is not identified in the plan, an ISP Addendum listing the Achievement Centers for Children as the Service Provider and the services being provided must be received prior to attendance.

Does the client have a Behavior Plan? YES NO A copy of the Behavior plan must be received prior to attendance.

IEP (Individualized Education Plan)

Please provide the most current copy. Updated copies may be forwarded at any time.

Please check the appropriate box:

- Has a current IEP
- Does not have an IEP

Foster Care - If client is in foster care, please complete. County that holds custody: _____

Case worker name: _____ Phone #: _____

Achievement Centers for Children Services

Check here if interested in receiving services and/or information about Outpatient Rehabilitation Services offered through the Achievement Centers for Children. Circle all that apply:

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Mental Health

Please sign below signifying that you have read and are in agreement with the information listed in the application. If the application is not signed, it will not be processed.

Parent/Guardian/Client Signature

Date

Return application packet to:

Camp Cheerful
Attn: Cory Ramsey
15000 Cheerful Lane
Strongsville, OH 44136

Please direct any questions regarding the application process to (440) 238-6200 ext.225



Equine Activity Release, Waiver, and Assumption of Risk Agreement

This Equine Activity Release, Waiver, and Assumption of Risk Agreement is given under the Ohio Equine Activity Liability Act (the "Act"). The undersigned hereby releases and discharges Achievement Centers for Children, and any of its employees, agents, heirs, successors and assigns, including any "equine professional" as defined by the Act (collectively, "Achievement Centers"), from any and all claims, damages, expenses, or lawsuits, of whatever nature, that arise from or relate in any manner to the participation in equine activities that occur at any property owned or operated by Achievement Centers within the State of Ohio (the "Property") by the minor or mentally disabled adult participant named below.

The undersigned further agrees and acknowledges that this Equine Release, Waiver, and Assumption of Risk Agreement ("Release") is applicable regardless of whether any claimed damage, expense, or injury results from the negligence of the Achievement Centers, or from some other cause. The undersigned hereby warrants and represents that he or she is in fact the legal parent or guardian of the minor or mentally disabled adult participant named below, with full rights of custody and control, has the authority to sign this Release on behalf of such minor or mentally disabled adult participant, and consents to that minor or mentally disabled adult's participation in equine activities at the Property. The undersigned further acknowledges that this Release is given on behalf of and is binding upon said minor or mentally disabled adult participant, his or her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Release shall also be as fully binding on the undersigned as if it were entered into solely on his or her own behalf.

The undersigned hereby acknowledges that he or she has full and complete notice and understanding of all the risks inherent in equine activities which may cause, contribute to, or result in the death or personal injury of the minor or mentally disabled adult participant or damage to the participant's property (the "Risks"), including: (a) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; (e) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant. The undersigned further acknowledges that he or she is in the best position to understand and evaluate any added risk caused by any disability, illness, or condition of the minor or mentally disabled adult participant.

Although the undersigned is aware of the nature and extent of the Risks, he or she expressly accepts and assumes all risks of property damage, bodily injury, and/or death that may occur as a result of the participation in equine activities at the Property by the minor or mentally disabled adult participant named below. This Release is given in specific consideration of the permission granted by the Achievement Centers to the minor participant to participate in equine activities at the Property.

The undersigned agrees to indemnify and save the Achievement Centers harmless from any and all judgments, damages, or expenses associated with any claims, demands, or lawsuits made against the Achievement Centers, by or on behalf of any person, that arise as a result of the participation in equine activities at the Property by the minor or mentally disabled adult participant named below.

The undersigned states that he or she knowingly and voluntarily executed this Release and asserts that he or she understands all the terms used herein and the consequences thereof. The undersigned further acknowledges that this Release is binding upon the heirs, administrators, executors, successors and assigns of the undersigned and the minor or mentally disabled adult participant named below. This Release shall remain valid until revoked in writing by the undersigned.

Signed this ___ day of _____, 20__.

Name of participant, please print

Signature of participant

Parent/Guardian signature (if participant is a minor or an adult with a developmental disability)

Date of birth/social security number (if participant is a minor or an adult with a developmental disability)



THE ACHIEVEMENT CENTERS FOR CHILDREN
 Emergency Transportation Authorization
Part I (Authorization) OR Part II (Refusal) must be completed

AUTHORIZATION

Name _____ D.O.B. / / Soc. Sec. # _____
 Address _____
 Mother (if minor) _____ Father (if minor) _____
 Address _____

Contact # _____ Contact # _____
 Language spoken at home: _____ Insurance provider/ member ID# _____

In the event of reasonable attempts to contact me at my contact phone number have been unsuccessful, I hereby give consent for 1) the administration of any treatment deemed necessary by

my preferred doctor, Dr. _____ phone # _____
 my preferred dentist, Dr. _____ phone # _____

or, in the event that the designated practitioner is not available, by another physician or dentist; and,
 2) the transportation of myself/my child/my client to _____ Hospital, or to any hospital reasonably accessible.

In the event of an accident, injury or sudden illness, I give consent to and authorize The Achievement Centers for Children to summon a physician to perform medical treatment, transport to or request hospital admission or treatment billable to my insurance provider/member ID# as indicated previously and/or at my expense as may be necessary and for qualified personnel to perform necessary medical procedures.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the individual's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are noted on the Health History/ Physical Form.

Persons to be contacted in the event of an emergency if a parent/guardian cannot be reached (list two people):

Name	Name
Contact #	Contact #
Contact #	Contact #
Rel. to Client	Rel. to Client

ACCEPTANCE

Signed: _____ Rel. To Client _____ Date / / _____

REFUSAL

I do not give consent for emergency medical treatment. In the event of illness or injury requiring emergency medical treatment, I understand that The Achievement Centers for Children must nevertheless act in the interests of health and safety and may need to call emergency personnel. I request that such personnel take no action until I or my legal designee can be contacted directly. I further understand that this form will be transported with me/my child/my client.

Signed: _____ Rel. to Client _____ Date / / _____



THE ACHIEVEMENT CENTERS FOR CHILDREN
CAMP CHEERFUL

THE THERAPEUTIC HORSEMANSHIP PROGRAM
ATTENDANCE POLICY

Consistent attendance and on-time arrival is important for the participant to maximize the benefit of the services. Instructors have daily lesson plans and volunteers have the horses ready for your participation.

Cancellations

If you cannot attend your scheduled lesson, it is your responsibility to call and cancel as soon as you are aware that the rider will be absent or **at least 2 hours prior** to your scheduled ride time, in order to be eligible for a make-up.

- **Only one make-up lesson per session** will be permitted.
- There will be **no refunds for missed lessons** without a medical excuse.

To cancel a lesson, please call (440) 238-6200 ext. 255. This is a voice-mail only extension and is checked periodically during the day. Please leave the following information:

- Name of participant canceling the lesson
- The day and time of the lesson that you are canceling
- The reason you are canceling
- A phone number where you can be reached

On-Time Arrival

Please arrive to your lesson 5 to 10 minutes prior to your scheduled time. Riders arriving late can be a distraction to the other riders and affect the planned activity for the class. **Anyone arriving 15 or more minutes late to their scheduled class time WILL NOT BE ALLOWED TO PARTICIPATE and will be charged for that lesson.**

Medical Absences

Refunds for missed lessons will be granted with a medical excuse. Riders returning from missed lessons due to medical reasons such as sprains, surgeries, etc. must obtain a Therapeutic Horsemanship Medical Release Form signed by a physician in order to return to riding. To obtain this form please contact Cory Ramsey at 440-238-6200 x225.

CLIENT AGREEMENT

I understand and agree to follow the above policies/procedures. I also understand that there are no refunds for unexcused absences and there are no guarantees that my missed lesson will be rescheduled.

Print Client Name

Client/Parent/Guardian Signature

Date



Achievement Centers For Children (ACC)
Recreation Department Authorization Release

Office Use Only
Initials _____

Client Name: _____ (please print)

I, _____ understand that by giving a 'yes' permission
(Client, Parent, Guardian - please print)
below that I authorize the ACC the use of the my/my child's picture, voice, or
demographic information in print or non-print materials.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

[] YES, I give permission to use in print and non-print materials including but not
limited to: Brochures, Newsletters, Annual Report, Program Flyers, Miscellaneous
publications, Public Service Announcements, Films, Audio tapes, Video tapes,
Advertisements, Commercials, Websites, Webcasts, Streaming, Broadcasts (Radio and
Television, including cable and satellite transmissions), agency social media sites (ie:
Facebook page, Flickr, YouTube, etc.)

I release ACC, its personnel and any other persons making or handling the records from
any liability.

I understand this release is good for the life of the print material and/or non-print
material.

I understand that I have the right to revoke/withdraw this consent at any time in
writing with my signature and giving it to the Development Department. My
revocation/withdrawal will be effective except to the extent that ACC has taken action in
reliance on my authorization.

[] NO, I do NOT give permission for the ACC to use my/my child's picture, voice, or
demographic information in print or non-print materials.

Client/Parent/Guardian Signature

Date



Statistical Form

PLEASE NOTE: The following information is **CONFIDENTIAL**. It is used for statistical reporting needed for potential funding sources.

Number of adults 18 & over living at home _____

Number of dependents 18 & under living at home _____

Total number of persons living in home _____

Total annual income (client + parent/guardian) \$ _____

Do you anticipate using an outside funding source(s)? Please check [✓] all that apply:

- ARC County Board of DD CMR Easter Seals ESY(extended school year)
- IDEA MCCD PEP Achievement Centers Award (for Day Camp, Champ Camp or Resident Camp only)
- Different NEEDZ Foundation
- OTHER _____

Ethnic Background (optional): Please Circle One:

African American Caucasian Asian Other _____
 Hispanic Biracial/Multiracial Native American

How did you hear about the Achievement Centers for Children? Please Circle One:

Physician Social Service Agency Government Agency Media/Newspaper
 Friend/Relative Community Event Web School System
 Returner Other _____

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Date

PRINT Client Name

Date

Client Signature (if own legal guardian)

Date

Parent/Guardian Signature