



**THE ACHIEVEMENT CENTERS FOR CHILDREN
CAMP CHEERFUL
2020 HORSEMANSHIP PROGRAM
Typical Rider**

Office Use Only
Initials _____
Date _____

NEW RIDER RETURNING RIDER

Name of Client _____

Address _____
 Street Apt. City State Zip

County _____ Home Phone () _____ Cell Phone () _____

Date of Birth ___/___/___ Height _____ Weight _____ Sex: M F

Is rider his/her own legal guardian? ___ Yes ___ No Email address _____

<i>Please circle</i> Parent / Guardian / Caregiver / Group Home	<i>Please circle</i> Parent / Guardian / Caregiver / Group Home
Name _____	Name _____
Address _____	Address _____
_____	_____
City State Zip	City State Zip
Home Phone () _____	Home Phone () _____
Employer _____	Employer _____
Email Address _____	Email Address _____
Work Phone () _____	Work Phone () _____
Cell Phone () _____	Cell Phone () _____

A \$35.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION
OR IT WILL NOT BE PROCESSED. Session fees may be split into 2 payments, see reverse for payment plan.

10 WEEK SESSIONS	√ TO REGISTER	FEES	2020 SESSION DATES	NO CLASSES
1		\$350	January 6 – March 14 (10 week session)	Monday 1/20/20–MLK Day–No classes Monday 2/17/20–President’s Day–No classes
2		\$350	March 16 – May 23 (10 week session)	
3		\$350	May 25 – August 1 (10 week session)	Monday 5/25/20–Memorial Day–No classes Saturday 7/4/20–Independence Day–No classes
4		\$350	August 3 – October 10 (10 week session)	Monday 9/7/20–Labor Day–No classes Event-Timberland Expo – TBA No classes Event-Cheers Fundraiser - TBA-No classes
5		\$350	October 12 – December 19 (10 week session)	Thursday & Friday 11/26/20 & 11/27/20 Thanksgiving- No classes

ELIGIBILITY STATEMENT POLICY: - The Achievement Centers for Children's Horsemanship Program serves individuals ages 4 and over, with and without disabilities. The ACC has established maximum weight and physical ability guidelines for riding to promote the safety of the client, the safety of the volunteers and the well-being of the horses. Additional medical information may be required to proceed. Please list any current or past medical conditions, including surgeries within the past 2 years.

PAYMENT and CANCELLATION POLICY: - Payment in full is due per the schedule below. In order to continue with services all accounts must remain current and be up paid in full prior to attending the next session. 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. Signed/dated documentation from a licensed physician must be provided for all medical emergency excuses. **Accounts that are past due will have services suspended until payment is current.**

Pay in full \$350.00 or follow payment plan below

SESSION DATES	FEES - \$350 PAY IN FULL or
January 6 – March 14 (10 week session)	\$175 DUE BY 12/30/19 \$175 DUE BY 2/4/20
March 16 – May 23 (10 week session)	\$175 DUE BY 3/9/20 \$175 DUE BY 4/14/20
May 25 – August 1 (10 week session)	\$175 DUE BY 5/18/20 \$175 DUE BY 6/23/20
August 3 – October 10 (10 week session)	\$175 DUE BY 7/27/20 \$175 DUE BY 9/1/20
October 12 – December 19 (10 week session)	\$175 DUE BY 10/5/20 \$175 DUE BY 11/10/20

RIDER HISTORY:

Have you take riding lessons before? _____ If yes when and where? _____

What style of riding have your done? English _____ Western _____ Other: _____

	YES	NO
Do you know how to crosstie & groom your horse?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to saddle and bridle your horse?	<input type="checkbox"/>	<input type="checkbox"/>
Can you post the trot?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know your posting diagonals?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have experience trail riding?	<input type="checkbox"/>	<input type="checkbox"/>

What are your riding goals?

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



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 / / _____



Achievement Centers for Children Authorization for Photography and Related Information

(includes all electronic media – photography, videography, and voice recordings)

Printed Client Name: _____

PLEASE CHECK THE APPROPRIATE BOX BELOW:

YES, I give authorization to the Achievement Centers for Children (ACC) to use my/my child's name, likeness, voice, photograph, demographic, and diagnosis and related information in any print media, online use, advertising and publicity media, including audio recordings, television, radio, and video, social media and websites, without limitations or reservations. All such materials shall be the exclusive property of the Achievement Centers for Children now and in the future.

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

I understand that I have the right to revoke/withdraw this authorization at any time in writing with my signature and giving it to the Development Department of the Achievement Centers for Children. 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 authorization to use my/my child's name, likeness, voice, photograph, demographic information, diagnosis and related information in print or non-print materials.

Date: _____

Printed Client/Parent/Guardian's Name

Signature

Relationship to Client (mother, father, guardian, etc.)

Home Phone _____

Cell Phone _____

Email Address _____



THE ACHIEVEMENT CENTERS FOR CHILDREN
CAMP CHEERFUL

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



EQUINE ACTIVITY RELEASE, WAIVER, AND ASSUMPTION OF RISK AGREEMENT

This Equine Activity Release, Waiver, and Assumption of Risk Agreement ("Equine Activity Agreement") is given under the Ohio Equine Activity Liability Act, Ohio Revised Code Section 2305.321 (the "Act"). The undersigned, on his or her own behalf, and on behalf of any minor or mentally disabled adult named below, and on behalf of their respective heirs, assigns, successors, executors, administrators, and legal representatives, does hereby release, acquit and discharge Achievement Centers for Children, and its officers, directors, employees, representatives, volunteers, servants, staff, agents, heirs, successors and assigns, including any "equine professional" as defined by the Act ("Achievement Centers"), from and against any and all claims, claims for relief, actions, causes of action, liabilities, injuries, damages, demands, rights, losses, costs, interest, expenses, including attorney fees, of any kind, description or nature whatsoever, whether arising out of contract, tort, statute or otherwise, in law or in equity, that arise from or relate in any manner to the participation in or presence at equine activities by Achievement Centers within the State of Ohio by the undersigned and by any minor or mentally disabled adult participant named below ("Loss"). The undersigned agrees and acknowledges that this Equine Activity Agreement is applicable regardless of whether any Loss, injury or death results from the negligence of the Achievement Centers, or from any other cause and hereby warrants and represents that he or she is in fact the legal parent or guardian of any minor or mentally disabled adult participant named below, with full rights of custody and control, has the authority to sign this Equine Activity Agreement on behalf of any such minor or mentally disabled adult participant, and consents to any such minor's or mentally disabled adult's presence and participation in equine activities at the Property.

The undersigned acknowledges that this Equine Activity Agreement is given on behalf of and is binding upon the undersigned, and also on behalf of and is binding upon any such minor or mentally disabled adult participant named below and their respective heirs, executors, administrators, personal representatives, successors and assigns; and the undersigned agrees that this Equine Activity Agreement is 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, known and unknown, inherent in equine activities, and that these risks cannot be eliminated, altered or controlled regardless of the care used, the skill or experience possessed, or the precautions taken (in each case if any), by anyone; that these risks may cause, contribute to, or result in the death, physical injury, psychological injury, emotional/mental injury, or disability of the undersigned and of any minor or mentally disabled adult participant named below or damage to the participant's property or financial loss otherwise (the "Risks"), including, but not limited to: (a) the propensity of an equine to behave in ways, including dangerous, unpredictable and potentially uncontrollable 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, weather, environment, surroundings, sudden or other movement, familiar or unfamiliar objects, persons, or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions including, for example, obstructed or uneven surfaces or conditions that could cause the participant or equine to trip or fall; (d) a collision or contact with another equine, another animal, a person, or an object; (e) misuse or failure of tack, gear and equipment; (f) the potential of an equine activity participant or other person(s) to act in a negligent manner or otherwise that may contribute to injury, death or loss to the person or property of the participant or to other persons, including, but not limited to, failing to maintain control over an equine; (g) exposure to mold, allergens, bacteria, toxins, viruses, disease; and (h) exposure to uncontrollable elements, such as, for example, heat, humidity, cold, wind, and rain.

The undersigned acknowledges that he or she is in the best position to understand and evaluate any added risk caused by any disability, limitation, illness, or condition of the undersigned or of any minor or mentally disabled adult participant named below. Although the undersigned is aware of the nature and extent of the Risks, he or she expressly accepts and assumes all risks of bodily injury, psychological injury, emotional/mental injury, disability, and/or death, and any property damage or other physical or financial loss that may occur as a result of the participation in equine activities by the undersigned or by any minor or mentally disabled adult participant named below. This Equine Activity Agreement is given on specific consideration of the permission granted by the Achievement Centers to the undersigned, and to any minor or mentally disabled adult participant named below, to participate in equine activities. 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 may arise as a result of the presence at or participation in equine activities by the undersigned, and by any minor or mentally disabled adult participant named below. The undersigned, on his or her own behalf, and on behalf of any minor or mentally disabled adult named below, authorize and consent to any first aid or emergency medical care which may be administered as deemed necessary or appropriate, due to injury or sickness caused by or incurred in the course of any equine activity. To the extent possible, this Equine Activity Agreement shall be construed in such manner as will render each provision fully enforceable; but if any provision of this Equine Activity Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Equine Activity Agreement shall continue in full force and effect. The undersigned states that he or she knowingly and voluntarily executed this Equine Activity Agreement and asserts that he or she understands all the terms used herein and the consequences thereof and acknowledges that this Equine Activity Agreement is binding upon the heirs, administrators, executors, representatives, successors and assigns of the undersigned and of any minor or adult with a developmental disability named below. This Equine Activity Agreement shall remain valid until released in writing by the undersigned.

Signed this _____ day of _____, 20_____.

Name of participant _____

Date of birth _____

Signature of participant _____

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

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