

# WINGS OF EAGLES RANCH

4800 Faith Trails ♦ Concord, NC 28025 ♦ (704) 784-3147

## Summer Camper 2024

For office use only:

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

Amount: \_\_\_\_\_

Check # \_\_\_\_\_

Outside funding source: \_\_\_\_\_

Camper's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Parent/Guardian: Mom's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please print legibly.**

Camper DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female Returning Camper: ☐ Yes ☐ No New: Site visit date \_\_\_\_\_

### General Release:

I agree to allow my child to participate in all the activities at Wings of Eagles Ranch Summer Camp.

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

**Please number your preferences #1-3 in the left column. Final payments are due April 1, 2024.**

	<b>Horse Lovers Camp</b> 8am – 5pm Advanced horsemanship; must be 9+ years old.	May 29 <sup>th</sup> – June 1 <sup>st</sup> Wednesday - Saturday	\$425.00 (\$100 Deposit)
	<b>Adventure I Camp</b> 8am – 3pm For the special needs who are more physically & emotionally involved. Staffed with OTA students.	June 10 <sup>th</sup> – 14 <sup>th</sup>	\$375.00 (\$75.00 Deposit)
	<b>Adventure II Camp</b> 8am – 3pm For the special needs who are more independent and their typically developing peers.	June 24 <sup>th</sup> – 28 <sup>th</sup>	\$375.00 (\$75.00 Deposit)
	<b>Adventure III Camp</b> 8am – 3pm For the special needs who are more physically & emotionally involved. Staffed with OTA students.	July 8 <sup>th</sup> – 12 <sup>th</sup>	\$375.00 (\$75.00 Deposit)
	<b>Adventure IV Camp</b> 8am – 3pm For the special needs who are more independent and their typically developing peers.	July 22 <sup>nd</sup> – 26 <sup>th</sup>	\$375.00 (\$75.00 Deposit)

**Deposits are non-refundable.**

### Camp T-Shirt Order:

**Youth T-Shirts** \_\_\_\_ XS (2-4) \_\_\_\_ S (6-8) \_\_\_\_ M (10-12)

**Adult T-Shirts** \_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ XL \_\_\_\_ XXL \_\_\_\_ XXXL

**Other than the primary caregiver(s) listed above, who has permission to pick up the child?**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_


## **Health Information**

<b>Name:</b>		<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>	
<b>DOB:</b>	<b>Age:</b>	<b>Weight:</b>	<b>Height:</b>
Medical Diagnosis:			
Does your child have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, how frequently:	Seizure Medications:
Does your child have any of the following: <input type="checkbox"/> Feeding Tube <input type="checkbox"/> Shunt <input type="checkbox"/> Rods <input type="checkbox"/> Trach			
List medications to be administered at camp:			
List any allergies, including food:			
If your camper has an allergic reaction at camp, can we give your child Benadryl Liquid? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## **Abilities Information**

Does camper use adaptive equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If using a wheelchair, what kind? <input type="checkbox"/> Manual <input type="checkbox"/> Power	
If so, please explain:		Is camper able to walk distances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the camper ride horses? If so, what stable?		Instructor's Name?	
How does the camper communicate? <input type="checkbox"/> AAC device <input type="checkbox"/> PECS <input type="checkbox"/> gestures <input type="checkbox"/> ASL <input type="checkbox"/> visual schedule Please describe:			
Does the camper have a vision impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No      Please Explain:			
Does the camper wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your camper receive any of the following therapy services? <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> ABA <input type="checkbox"/> Other:_____			
<b>Toileting</b>	<input type="checkbox"/> Can care for self	<input type="checkbox"/> Must be reminded to go	<input type="checkbox"/> Sometimes wets clothing
<input type="checkbox"/> Needs help getting on/off toilet		<input type="checkbox"/> Wears diapers	<input type="checkbox"/> Would be willing/able to use Port-A-John
<input type="checkbox"/> Girl's menstrual periods have begun			
<b>Social Behavior</b>	Does your camper transition well from one activity to the next? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What can we do to help calm the camper?			
Does camper have any behavioral problems? <input type="checkbox"/> hits self/others <input type="checkbox"/> bites self/others <input type="checkbox"/> pulls hair <input type="checkbox"/> scratches <input type="checkbox"/> restless <input type="checkbox"/> separation difficulties <input type="checkbox"/> easily frustrated <input type="checkbox"/> destructive/aggressive <input type="checkbox"/> inappropriate <input type="checkbox"/> self-injurious			
Does the camper wander? <input type="checkbox"/> Yes <input type="checkbox"/> No      Please explain:			

# WINGS OF EAGLES RANCH

## Authorization for Emergency Medical Treatment

### In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

### Consent Plan

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 Wings of Eagles Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent, or Legal Guardian

### **For grant purposes only (We appreciate your help with this information)**

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Black or African American ☐ Multi-racial ☐ Asian ☐ White or Caucasian

☐ Native American ☐ Other: \_\_\_\_\_

Place of Employment: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

County: ☐ Cabarrus ☐ Rowan ☐ Stanly ☐ Mecklenburg ☐ Union ☐ Iredell ☐ Other: \_\_\_\_\_

### **I Agree to allow my child to participate in all the activities at the Wings of Eagles Ranch Summer Camp**

\_\_\_\_\_  
Parents/Guardian Signature

\_\_\_\_\_  
Date

# WINGS OF EAGLES RANCH

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## RELEASE AND INDEMNIFICATION AGREEMENT

STATE OF NORTH CAROLINA §  
§  
COUNTY OF CABARRUS §

KNOW ALL MEN BY THESE PRESENTS:

THAT for and in consideration of the undersigned being permitted on and at the WINGS OF EAGLES RANCH a North Carolina non-profit corporation, (hereinafter the "Ranch") situated in Cabarrus County, North Carolina, for the purpose of engaging in equine activities as that term is defined in NC ST § 99E-1(1) and NC ST § 99E-1(3), the undersigned agrees that he/she shall engage in equine activities at his/her own risk and accepts the inherent risks of equine activities or other activities thereon including, but not limited to, running, biking, zip line, climbing, skeet shooting, water related activities at the pond, swimming pool, high and low rope activities, overnight stays or other activity thereon, the undersigned agrees that he shall enter onto the Ranch property at his/her own risk and accepts such Ranch property in its present condition and CHRISTINE CRONIN, Wings of Eagles Ranch, their spouses, agents, employees, heirs, executors, administrators, the Board of Directors, volunteers, successors and assigns, jointly and severally (herein collectively "Releasees") shall not be liable to the undersigned or to the spouses, heirs, agents, employees, servants, guests, invitees or assigns of the undersigned for damages or personal injuries which may arise out of the undersigned venturing upon the Ranch property for the purpose of activities thereon including, but not limited to, equine activities, running, biking, zip line, climbing, skeet shooting, water related activities at the pond, swimming pool, high and low rope activities, overnight stays or other activity thereon, or in using or exercising any rights, privileges and benefits extended by Releasees to the undersigned on or about the Ranch or Ranch property (whether such damages or personal injuries are caused by natural or un-natural conditions existing on the Ranch property and whether such damages or personal injuries, including disease, Covid-19, which are caused by man, beast, fowl, insects, reptiles and other animals, including but not limited to wild pigs, bobcats, horses, deer, dogs, cats, skunks, squirrels, ticks, fleas, snakes, and Acts of God i.e. weather and tree falls or other animals or insects) and **the undersigned represents that he has inspected the Ranch and Ranch property and accepts entry thereon in its present condition and agrees to RELEASE, ACQUIT, HOLD HARMLESS and FOREVER DISCHARGE Releasees, their spouses, agents, servants and employees and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including claims and damages arising in whole or in part from the negligence of Releasees whether that negligence is the sole or contributory cause of the resultant injury, death or damage, at common law, statutory or otherwise, which the undersigned has or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to the use and occupancy of the Ranch for the purpose of any and all activities, and the undersigned further agrees to INDEMNIFY AND HOLD RELEASEES HARMLESS FROM AND AGAINST ANY AND ALL SUITS, ACTIONS, LOSSES, DAMAGES, CLAIMS, OR LIABILITY OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING ALL EXPENSES OF LITIGATIONS, COURT COSTS, AND ATTORNEY'S FEES FOR INJURY OR DEATH TO ANY PERSON OR INJURY TO ANY PROPERTY, RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ARISING OUT OF OR OCCASIONED BY, DIRECTLY OR INDIRECTLY, THE UNDERSIGNED VENTURING UPON THE RANCH FOR THE PURPOSE OF ANY AND ALL ACTIVITIES THEREON, INCLUDING CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF RELEASEES. IT IS THE EXPRESS INTENT OF THE PARTIES TO THIS AGREEMENT THAT THE INDEMNITY PROVIDED FOR HEREIN IS AN INDEMNITY EXTENDED BY THE UNDERSIGNED TO INDEMNIFY AND PROTECT RELEASEES FROM THE CONSEQUENCES OF RELEASEES "OWN NEGLIGENCE" WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTORY CAUSE OF THE RESULTANT INJURY, DEATH, OR DAMAGE.**

The undersigned further agrees to defend, at his own expense, and on behalf of Releasees, and in the name of Releasees, any claim or litigation brought in connection with any such injury, death, or damage, except that Releasees shall be entitled to select their respective counsel, however, the cost for such defense shall be paid for solely by the undersigned.

This Release and Indemnification Agreement and all contents herein, are expressly made binding upon and shall inure to the detriment of the heirs, legal representatives, administrators, executors, appointees, legatees, devisees, trustees, successors and assigns of each of the undersigned hereto, and their children, wards, or issue.

### **WARNING**

**UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.**

### **Please fill out in its entirety**

**I understand and will abide by any and all Ranch Rules.**

**Photo Release:** ☐ DO ☐ DO NOT

Consent to and authorize the use and reproduction by Wings of Eagles Ranch of all photographs and any other audio/visual materials taken for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Executed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Rider/Camper/Volunteer/Guest Name: \_\_\_\_\_

✓ Signed: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
(If under 18, Parent or Legal Guardian)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT**

(To be filled out by Rider's Physician)

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Date of Onset:** \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: ☐ Y ☐ N Date of Last Seizure: \_\_\_\_\_

☐ **Shunt Present:** ☐ Y ☐ N Date of last revision: \_\_\_\_\_

☐ **Special Precautions/Needs:** \_\_\_\_\_

☐ Mobility: Independent Ambulation: ☐ Y ☐ N Assisted Ambulation: ☐ Y ☐ N Wheelchair: ☐ Y ☐ N

Braces/Assistive Devices: \_\_\_\_\_

Tetanus Shot: • Yes • No

**For Those with Down syndrome: Atlantoaxial Instability (AAI)** X-rays, date: \_\_\_\_\_ Result: ☐ + or ☐ -

Please indicate current or past difficulties in the following systems/areas, including surgeries:

Areas	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, etc.) in the implementation of an effective equestrian program.

**Name/Title (MD, DO, NP, Other):** \_\_\_\_\_

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

**License/UPIN Number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_