



Dear Parent/Guardian/Agency Worker:

Thank you for your interest in the Ebony Horsewomen Inc. Summer Day Camp (EHI Summer Camp).

EHI Summer Camp is a program of the Ebony Horsewomen Inc., which for over 34 years has served youth in the Greater Hartford area and beyond. The EHI campus includes 2 fully-equipped horse stables, administrative offices, library, outdoor riding rings, an indoor riding arena, meeting and lunch facilities and various farm animals. We are conveniently situated adjacent to beautiful Keney Park.

The EHI Summer Camp provides a wonderful opportunity for youth ages 5-18 to have fun in a safe and nurturing environment while learning about agriculture, science and of course, horseback riding. Each year we add new activities to our summer camp program to ensure that both our first-time and returning campers remain engaged and interested.

The EHI Summer Camp is an eight week program beginning on June 18, 2018 and ending on August 10, 2018. Summer Camp is held Monday - Friday, 8:30 am - 4:00 pm, rain or shine. Extended care can be prearranged upon request. When you arrive at EHI Summer Camp, our experienced and friendly counselors will greet you and your child and prepare them for the activities of the day. EHI provides daily breakfast and lunch however bag lunches can be brought from home if you choose.

For your convenience, we have enclosed the necessary enrollment forms. Please complete them fully and mail or hand-deliver them along with applicable fees to: The Ebony Horsewomen Inc., 337 Vine Street, Hartford, CT 06112. As we generally reach maximum enrollment each year, **we encourage you to register as early as possible.**

We understand that selecting a summer camp experience can be challenging. To help in this process, we invite you to visit our campus or call our Administrative Office. We are happy to provide you with a tour and answer any questions you may have. We are confident that you will be impressed with our facility, knowledgeable staff and the diversity of our youth. And most importantly, we are confident that your child will have FUN at EHI Summer Day Camp!!

We look forward to partnering with you to ensure your child's growth and learning during their off time from school. Let's make it a great summer!!

Happy Trails,

Patricia E. Kelly
CEO/Founder

EHI SUMMER DAY CAMP REGISTRATION FORM

FEES:

- 1) One-time Registration Fee – non-refundable \$25.00 (must be paid by **all** applicants for registration).
- 2) Camp Fee - \$350.00 per week

Checks or money orders should be made payable to Ebony Horsewomen, Incorporated.

SESSIONS:

Please circle the sessions the child will be attending:

Session 1: Jun 18-22

Session 2: Jun 25-29

Session 3: Jul 2-6

Session 4: Jul 9-13

Session 5: Jul 16-20

Session 6: Jul 23-27

Session 7: Jul 30-Aug 3

Session 8: Aug 6-10

MINOR CHILD INFORMATION:

Name: _____ Age: _____ DOB: _____

School: _____ Grade: _____

PARENT/GUARDIAN/AGENCY WORKER INFORMATION:

Parent (s)/Guardian(s)/Agency Worker Name: _____

Parent (s)/Guardian(s)/Agency Worker Address: _____

Home Telephone Number: _____ Work: _____

Cell: _____ E-mail address: _____

Place of Employment Parent(s)/Guardian(s)/Agency Worker: _____

Emergency Contact: _____ Relationship: _____

Emergency Telephone Number: _____

RIDING INFORMATION:

Are you bringing your own helmet? _____ If no \$10 rental fee will apply for helmet rental per week.

Previously attended the Ebony Horsewomen Summer Camp? _____ If so, when? _____

Any riding experience? _____ How Long? _____ What Style? _____ What Facility? _____

Any physical disability that we should know about? If yes, please note information on a separate sheet.

**EHI SUMMER DAY CAMP
MEDICAL RELEASE FORM**

(Page 1 of 2)

It is important that all parents fill out the form below **completely** and carefully. If your child requires medical attention, this information will be needed. (Please print clearly)

Parent/Guardian/Agency Worker Information:

Parent (s)/Guardian(s)/Agency Worker Name: _____

Parent (s)/Guardian(s)/Agency Worker Address: _____

Home Telephone Number: _____ Work: _____

Cell: _____ E-mail address: _____

Place of Employment Parent(s)/Guardian(s)/Agency Worker: _____

IN THE EVENT THAT A PARENT/GUARDIAN/AGENCY WORKER IS NOT AVAILABLE OR IN AN EMERGENCY, CONTACT:

Name: _____ Relationship: _____

Home Telephone Number: _____ Work: _____ Cell: _____

MINOR CHILD INFORMATION:

Name: _____ Birth date: _____

School: _____

Please note all medical problems or allergies and current medications below:

****Are any meds taken during camp hours? Yes _____ No _____**

Date of last Tetanus shot: _____

Name of Doctor: _____ Telephone: _____

Name of Dentist: _____ Telephone: _____

Medical Insurance Carrier: _____

Policy Identification Number of Insurance: _____

In the event that I am not reachable for consultation, if the EHI Summer Camp Director or her designee determines that it is advisable to seek medical treatment for the aforementioned child, I give permission to an authorized representative or personnel of Ebony Horsewomen Inc. to secure medical and/or surgical treatment for my child and I will hold the Ebony Horsewomen Inc., its officers, directors, agents and employees harmless from any liability, damages, costs, and expenses arising therefrom.

Legal Custodial Parent/Guardian/Agency Worker Signature:

_____ **Date:** _____

**EHI SUMMER DAY CAMP
MEDICAL RELEASE FORM**

(Page 2 of 2)

Parent/Guardian/Agency Worker authorization is required for dispensing of first aid treatments during the Ebony Horsewomen Inc. Summer Day Camp without a doctor's order.

The first aid kit has the following medications and treatments available for dispensing to students by the Ebony Horsewomen Inc. staff on an as needed basis. In order for the camper(s) to receive these, written permission from the Parent (s)/Guardian(s)/Agency Worker is required.

___ Bacitracin (Generic: bacitracin zinc) for minor cuts and scrapes Initials _____

Check all those that the camper will bring with them to camp.

Camper's Name(s): _____

- ___ Sunscreen
- ___ Mosquito Repellant
- ___ Inhaler (Requires Self Administration form signed by Doctor)
- ___ Epi Pen (Requires Self Administration form signed by Doctor)
- ___ Prescription Medication (Requires Self Administration form signed by Doctor)

Information the Ebony Horsewomen Inc. should be aware of prior to medication administration:

Medication Allergies: _____

***Campers will have to administer their own medication and sunscreen. Bring medication in the original containers with camper's name and physicians name clearly marked. Camp personnel can supervise the camper administer their own medication **ONLY** (no assistance can be given).

I hereby request and give permission to the EHI Summer Camp Director or Ebony Horsewomen approved personnel to provide the above topical medication to the aforementioned child. I further acknowledge by signing this form that the Ebony Horsewomen Inc. or its personnel are under no obligation to render assistance in the administering of medication and do hereby release all designated employees, personnel or volunteers from liability for damages or injury resulting from either performing or not performing the assistance required.

Legal Custodial Parent/Guardian/Agency Worker Signature:

_____ Date: _____

**EHI SUMMER DAY CAMP
PICK-UP RELEASE/AUTHORIZATION FORM**

(Page 1 of 2)

Note:

- Parents/guardians/agency workers listed on the first page of the Registration Form DO NOT need to be listed below.
- Failure to update your records may result in a delay in the release of your camper to you.
- If you need to have anyone other than a parent/guardian/agency worker pick-up the aforementioned child, a completed and signed Pick-up/Release Authorization Form must be submitted to the Ebony Horsewomen PRIOR TO the camper's departure from camp.
- Sorry, but for everyone's safety WE CANNOT accept phone messages or notes provided by the pick-up person at the pick-up point. For your child's protection we cannot make any exceptions to this policy.
- Please, only one camper per form. Please complete additional forms for additional campers.

Authorized Person(s) for Pick Up:

As legal, custodial parent/guardian/agency worker of (camper's full name) _____, I (parent/guardian name/agency worker), _____, give the following individuals my permission to pick-up the aforementioned child:

AUTHORIZED PICK-UP PERSON

EMERGENCY CONTACT?

1. _____
Full Name

YES NO

Relationship / Telephone Number

2. _____
Full Name

YES NO

Relationship / Telephone Number

3. _____
Full Name

YES NO

Relationship / Telephone Number

4. _____
Full Name

YES NO

Relationship / Telephone Number

**EHI SUMMER DAY CAMP
PICK-UP RELEASE/AUTHORIZATION FORM**

(Page 2 of 2)

I understand that neither the Ebony Horsewomen Inc. (EHI) nor any of its representatives can be held responsible for the aforementioned child (page 1 of the Pick-up Release/Authorization Form) once they are under the supervision of the individual listed above. For the safety of the camper, EHI personnel or representatives may ask the individual listed above to verify their identity by showing an official picture ID (Driver's license, ID card, current passport, etc.) prior to releasing the camper.

Legal Custodial Parent/Guardian/Agency Worker Signature:

_____ Date: _____

Un-Authorized Person for Pick Up

Please notify the Ebony Horsewomen Inc. **in writing** if there is someone who **should not** be allowed to pick-up you child. If a family member is not permitted to pick-up you camper, a copy of the court order must be forwarded to EHI's attention.

The following are legally restricted from picking up the aforementioned child. A copy of a court order is enclosed:

Name: _____

Relationship: _____

Legal Custodial Parent/Guardian/Agency Worker Signature:

_____ Date: _____

Walking Home

If the aforementioned child is authorized to walk home from EHI Summer Camp, please indicate by circling below:

Yes / No

Legal Custodial Parent/Guardian/Agency Worker Signature:

_____ Date: _____

EHI SUMMER DAY CAMP PHOTO RELEASE FORM

As a part of my participation in Ebony Horsewomen Incorporated (EHI) activities including EHI Summer Day Camp, I hereby grant EHI the unrestricted right and permission to use and re-use my own/my child's image or likeness, in any and all publications, including photograph, television broadcast, video recording, internet sites, audio-recording or any other form of electronic or print communication (Promotional Materials), for its own purposes without payment or any other consideration to me, in perpetuity. I understand and agree that any material produced using my likeness is the property of EHI.

Promotional Materials

I understand and agree that the Promotional Materials will become the property of the Ebony Horsewomen Incorporated and will not be returned. I hereby irrevocably authorize EHI to edit, alter, copy, exhibit, publish or distribute my own/my child's image or likeness for purposes of publicizing or promoting the programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's image or likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Promotional Materials.

I hereby hold harmless and forever discharge the Ebony Horsewomen Incorporated from any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am, or the minor child for whom I have provided consent is, taking part.

I am 18 years of age or older and am competent to contract in my own name, and/or I am signing this Photo Release on behalf of the child named herein, and do hereby give my consent without reservation to the foregoing on behalf of this person. I have read this Release before signing below and I fully understand the contents, meaning, and impact of this Release.

Printed Name of Minor Child

Address

City

State

Zip code

Legal Custodial Parent/Guardian/Agency Worker Signature:

Date: _____

**EHI SUMMER DAY CAMP
RELEASE AND WAIVER OF LIABILITY**

(Page 1 of 2)

- I. I hereby grant permission for, _____, to attend the Ebony Horsewomen Incorporated Summer Day Camp (“EHI Summer Camp”) and activities which include field trips, horseback riding lessons, working around horses, nature walks and all related activities.
- II. **Acknowledgment and Acceptance of Risk.** I recognize that participation in this program is voluntary and that there are certain inherent risks that participants, and their parents/guardians/agency workers on their behalf, voluntarily assume. I agree that neither The City of Hartford, Diversified Equus Corp, the Ebony Horsewomen Incorporated, it’s Board, directors, officers, agents, employees, personnel, volunteers and all other persons, firms, corporations, funders and educational institutions, who it might be claimed to be liable from any and all claims, demands, actions, causes of action or suits of any kind or nature as a result of neglect or fault, from circumstances known, unknown or should have known of all injuries both to person and property now or in the future from activities and any other activity sponsored , conducted or given by the Ebony Horsewomen Incorporated (collectively, the “Ebony Horsewomen Inc./EHI”) assume any responsibility for damages to or loss of the aforementioned child’s property, illness or injury, or death while he/she participates in EHI Summer Camp. By voluntarily participating in EHI Summer Camp, he/she and I freely assume any risk associated with or arising out of EHI Summer Camp.
- III. **Insurance.** I agree that it is my responsibility to ascertain whether I have adequate health and accident coverage for the aforementioned child and to procure any other insurance coverage as I may deem necessary.
- IV. **Waiver, Release, Indemnification and Hold Harmless.** I understand and agree that there are unavoidable risks in participation in EHI Summer Camp. In consideration of the Ebony Horsewomen Incorporated making EHI Summer Camp available to the aforementioned child, I do hereby forever and absolutely on behalf of the child and myself, waive and release any claims against EHI relating to the child’s participation in the EHI Summer Camp, including, but not limited to, claims for any injury, loss, damage or accident, delay or expense resulting from the use of any vehicle, any strikes, war, acts of terrorism, weather, sickness, quarantine, government restrictions or regulations. I also agree to defend, indemnify and hold harmless, EHI from and against any and all liability, claims, lawsuits, judgments, losses, damages, and expenses, including reasonable attorneys’ fees, arising out of any financial obligations or liabilities that my son may personally incur or any damage or injury to his person or property or the person or property of others that he may cause, while participating in the EHI Summer Camp. This release, indemnification and hold harmless are also applicable to the transportation of my child to and from EHI program and EHI Summer Camp activities.
- V. **In the Event of an Emergency.** EHI Summer Camp personnel or health care professionals participating in EHI Summer Camp have authorization to order medical or surgical treatment deemed necessary for the aforementioned child. In the event that I am not available for consultation, and in the event the EHI Summer Camp personnel or their designee determine that is advisable to seek medical attention for the aforementioned child, I give permission to an authorized representative of EHI to secure medical and/or surgical treatment for the child. I will hold the Ebony Horsewomen Inc. harmless from any liability, damages, costs, and expenses arising therefrom.

- VI. **Severability.** I agree that, should any provision or aspect of this Agreement be found to be unenforceable, that all remaining provisions of the Agreement will remain in full force and effect.
- VII. **Governing Law.** I agree that if there is any dispute concerning my participating in the program or the interpretations of this Agreement, any such disagreement shall be determined in accordance with the laws of the States of Connecticut.
- VIII. **Entire Agreement and Modification.** The terms and conditions of this Waiver and Release of Liability represent my complete understanding of the parties hereto with regard to the aforementioned child's participation in EHI Summer Camp and supersedes any previous or contemporaneous understandings I may have had with EHI on this subject, whether written or oral, and cannot be changed or amended in any way without the written concurrence of both the Ebony Horsewomen Incorporated and me.
- IX. **Assurances and Consent.** I HEREBY GRANT PERMISSION FOR THE AFOREMENTIONED CHILD TO ATTEND EHI SUMMER CAMP. I HAVE READ ALL OF THE ABOVE INFORMATION AND CONSENT TO ALL OF THE FOREGOING PROVISIONS

Legal Custodial Parent/Guardian/Agency Worker Signature:

Date: _____



EHI SUMMER DAY CAMP CLIMATE POLICY AND NO BULLYING POLICY

The Ebony Horsewomen Inc. (EHI) and all its subsidiaries are operating on a zero tolerance for bullying.

EHI is committed to creating and maintaining a physically, emotionally, and intellectually safe environment free from bullying, harassment and discrimination. In order to foster an atmosphere conducive to learning, EHI has developed the following Ebony Horsewomen Summer Camp Climate Plan, consistent with applicable laws.

Bullying behavior is strictly prohibited, and students who engage in such behavior are subject to disciplinary action, which may include suspension or expulsion from program. EHI's commitment to addressing bullying behavior involves a multi-faceted approach, which includes education and the promotion of a positive program climate in which bullying will not be tolerated by students or school staff.

- A.** EHI expressly prohibits any form of bullying behavior on program grounds, at a EHI-sponsored or EHI-related program activity, a function of EHI; whether on or off campus grounds, at a bus stop, on a program bus or other vehicle owned, leased or used by Ebony Horsewomen Inc. or through the use of an electronic device or an electronic mobile device.
- B.** EHI also prohibits any form of bullying behavior outside of the program setting if such bullying (i.e.) creates a hostile environment at EHI Summer Camp for the camper against whom such bullying was directed, (i.e.) infringes on the rights of the camper against whom such bullying was directed at camp, or (i.e.) substantially disrupts the education process or the orderly operation of the camp.
- C.** In addition to prohibiting student acts which constitute bullying, EHI also prohibits discrimination and/or retaliation against an individual who reports or assists in the investigation of an act of bullying. Campers who engage in bullying behavior are in violation of EHI's Summer Camp and program policy, and shall be subject suspension and expulsion, consistent with applicable laws and EHI policy.

The Ebony Horsewomen abides by City, Federal and State regulations mandating zero tolerance for bullying, sexual or other illegal harassment.

Legal Custodial Parent/Guardian/Agency Worker Signature: _____

Date: _____

EHI SUMMER DAY CAMP PROCEDURES

CHECK-IN:

- **Check in will take place between the hours of 8:00 a.m. and 9:00 a.m.**
- Breakfast begins promptly at 8:00 a.m. and class will begin at 8:30 a.m. daily.
- On the first day of camp be sure to bring any additional personal or medical information to check-in at the Main Office.
- ALL medication will be given to the Health Care person for locking up during camp.
- Campers **will have to administer their own medication and sunscreen.** Bring medications in the original containers with camper's name and physicians name clearly marked.

CHECK-OUT:

- **Check out will take place between the hours of 4:30 and 5:00 p.m. daily.**
- Each day please pick up the camper from their lead counselor in the Veterinary Science meeting room, where they will be awaiting your arrival.
- Bring all necessary identification with you when you or your authorized person (who must listed on the Pick-Up Release/Authorization Form) will be picking up your child.
- If you're going to be arriving early, please call the Main Office (860)-293-2914 at least one hour in advance so that we can ensure your child will be ready when you arrive.
- If the parent/guardian/agency worker picks up a camper after the hours of 5:00 p.m., **there will be a \$5.00 dollar charge for every 10 minutes after that time.**

Legal Custodial Parent/Guardian/Agency Worker Signature:

Date: _____

EHI SUMMER DAY CAMP THINGS TO BRING

THINGS TO BRING TO SUMMER SESSION:

Clothing. Riding boots (if any) or flat bottom shoes with a heel, a light jacket and baseball cap or visor. All campers who will be riding horses must wear long pants. (No shorts or sweat pants are allowed for riding). Please bring extra socks.

A great attitude. You are coming to a place full of learning and fun. Please bring your smile, curiosity and your great attitude with you.

PLEASE DO NOT BRING:

Valuables that can be lost or stolen. We will not be responsible. Radios, CD Players, Tape Players, iPods, Game Boys, Cell Phones (unless for emergencies), pagers, fireworks, skateboards, or pets. These items are considered disruptive to the camp experience and will be confiscated. Items will be returned at the end of the camp session or if a parent chooses to pick the item up during the camp day.

ITEMS NOT ALLOWED AT CAMP:

Any illegal items. Weapons of any kind (guns, knives, etc.) drugs, alcohol, tobacco and related products. If these items are brought, they will be confiscated and the camper will be SENT HOME.

Legal Custodial Parent/Guardian/Agency Worker Signature:

_____ Date: _____

Ebony Horsewomen, Inc.
Summer Equestrian Day Camp
PERMISSION SLIP

This permission slip gives your child access to all Ebony Horsewomen Summer Day Camp, activities and events from today, _____, through DATE August 10, 2018

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____ Age: _____
Address: _____ City: _____ Zip: _____
School: _____ (for summer programs enter upcoming school/grade) Grade: _____ Gender: _____
Parent/Legal Guardian Name: _____ Cell Phone: _____
Work Phone: _____ Home Phone: _____ E-mail: _____
Referred to the program by: _____

Survey Release

Please check here if your child does NOT have permission to fill out anonymous surveys:

DEMOGRAPHICS (please check one in each category)

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multi-Racial
- White

Family:

- 2 Birth/Adoptive Parents
- Step & Birth Parent
- Single Parent Female
- Single Parent Male
- Grandparent
- Relative/Guardian
- DCF
- Foster Parent
- On Own
- Joint Custody

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Note: We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes.

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

If your child requires pick-up, is there anyone **NOT** authorized to do so: _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Are there any specific medical conditions we should be aware of? _____

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I the undersigned, do hereby waive and hold the Ebony Horsewomen, Inc. its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand Ebony Horsewomen, Inc. does not provide accident or health insurance. In addition, I give permission for my child to participate in all programs and field trips at Ebony Horsewomen, Inc.

Parent/Legal Guardian Signature: _____

Date: _____



Ebony Horsewomen, Inc.

Help us in getting to know your child!

What is your child's name? _____

Preferred Name _____ D.O.B _____

What are some things you think are important to know about your child?

What are some things (people, dates, situations, push buttons, triggers, etc.) that can increase your child's chances for acting out?

If/when your child acts out, what does that look like? What behaviors do you see?

What are some things your child enjoys doing (hobbies, sports, music, interests, etc)

What typically helps calm your child down when upset, sad, dysregulated, frustrated, angry, or not feeling well?



Please see reverse

Does your child exhibit any of these behaviors/concerns?

Circle and describe applicable issues (indicate current or history of):

Inattention
Hyperactivity
Lack of concentration
Learning disabilities
Developmentally delayed
Mentally challenged
Boundary issues
Social skills problems
Problems with peers
Separation anxiety
Anxiety
Phobias
Aggressive
Assaultive
Manipulative
Unpredictable or dangerous behavior
Sensory impairment
Sensitivity, preferences
Tics or stereotypical behavior
Psychosomatic behavior
Suicidal ideations
History of runaway
Issues of parental support
Sexual abuse/acting out
History of physical abuse
Emotional abuse
Hallucinations
Delusions
Illusions
Dissociations
Substance abuse problems
Legal problems
School problems
History of animal abuse and/or fire setting
Seizure disorder
Possible medication side effects

YOUTH CAMP HEALTH EXAM/RECORD

FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years
From Date of Last Examination

Please Return Completed Form to the Camp

Camper

Staff

Name _____ Date of Birth _____ Phone _____

Guardian _____ Address _____

Emergency Contact _____ Telephone _____

Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO

If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Ebony Horsewomen, Inc. Equestrian Center
337 Vine Street, Hartford, CT 06112
(860) 293-2914 Office #
(860) 293-0039 Fax #
E-mail: info@ebonyhorsewomen.us