



DCF Credentialed: Therapeutic Staff Provider
and
Support Staff Provider

Ebony Horsewomen, Inc.
Equestrian Center
337 Vine Street, Hartford, CT 06112
Office#: (860) 293-2914
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**EBONY HORSEWOMEN, INC.
PROGRAM REGISTRATION FORM**

- Comprehensive Equine Education Class
- Saturday Saddle Club
- Junior Mounted Patrol
- Young Women’s Leadership Academy/ Dressage Team

Please **print** clearly. All information is kept confidential.

Student Name: _____ Age: _____ DOB: _____

School name: _____ Grade: _____ Gender: M / F

Guardian Name: _____ Relation: _____

Cell Phone #: _____ Work#: _____

E-mail: _____

Guardian Name: _____ Relation: _____

Cell Phone #: _____ Work#: _____

E-mail: _____

(Be sure to include e-mail address, all notifications concerning the program are sent through email.)

Address: _____

City: _____ State: _____ Zip: _____

Phone # (home) _____ - _____ - _____.

Emergency Contact name _____ Phone # _____

RIDING INFORMATION: Are you bringing your own helmet? _____

All students are required to have their own equipment. (boots, helmet, riding pants). Ask office for prices.

Have you ever previously attended any of Ebony Horsewomen’s Programs?

Yes No If yes, how many times? _____

Briefly, tell me you are riding experience, if any. (This information is necessary.)

Some insurance accepted, including Medicaid and Medicare; ask office staff for more information.

For all Department of Children and Families students, we need a payment approval before the student can begin the Therapeutic Program - \$40.00 per hour

MEDICAL RELEASE FORM FOR ALL STUDENTS

It is important that all parents fill out the form below **completely** and carefully. If your child is injured at the stables, the doctors will need this information. (Please print clearly.)

I (we) the parent(s) of _____ residing at (address) _____
_____ authorize the following person(s) to sign
consent for medical treatment for our minor child EHI Staff. Parent Signature _____

INFORMATION ON MINOR CHILD:

Name of Family Doctor: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Insurance Carrier _____ Policy# _____

Allergies: No Yes list: _____

Known Illnesses: _____

Date of last Tetanus shot: _____

Medicine and dosage now being taken:

This is a requirement for horse assignment purposes.

Weight: _____ Height: _____

(Any additional information you feel should be included please put on bottom of this form.)

Please include any concerns regarding learning disabilities, behavioral issues, special precautions and/or needs. Please be specific regarding medical diagnosis, psychological and behavioral impairments. This information will allow EHI Staff to better serve our participants.

I acknowledge that all of the information on this form is true to the best of my knowledge and complete.

Parents Signature: _____

EBONY HORSEWOMEN EQUESTRIAN CENTER
PICK-UP AUTHORIZATION

Dear Parent(s)

We are pleased to have your child(ren) with us for the EHI Programs.

To provide for the safety of your child(ren) please identify below the name(s) of the persons who you give permission to pick-up your child(ren) when camp is over each day.

Please be advised that we will not turn over any child to any person not already designated as an authorized person by you. This will be strictly enforced. Identifications will be checked of the persons that will be picking up your child(ren).

If your child is authorized to walk home from camp, please so indicate.

My children names:

1. _____
2. _____
3. _____
4. _____

I, _____ give the following person(s) the right to pick up my child from the Equestrian Camp.

Name (relation/ Social worker)	Phone #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

IF ANY PERSON(S) THAT IS NOT ON THE ABOVE LIST COMES TO THE EQUESTRIAN CENTER TO PICK UP YOUR CHILD, YOUR CHILD WILL NOT BE RELEASED WITHOUT PRIOR WRITTEN CONSENT.

Payment Agreement

There is an annual one-time charge of twenty-five dollars \$25.00 which is the rental fee for their bridle and saddle. The students are responsible for the cleaning and upkeep of their own tack.

Comprehensive Equine Education Class (Afterschool Program)

I _____ parent/ guardian of _____ agree to pay the weekly fee of seventy-five dollars (\$75) on or before the first day of the week my child attends the Afterschool Program.

Parent/ Guardian Signature: _____ Date: _____

For Office Use Only:

September _____	October _____	November _____	December _____
January _____	February _____	March _____	April _____
May _____	June _____		

Saturday Saddle Club

I _____ parent/ guardian of _____ agree to pay the fee of forty dollars (\$40) per Saturday on or before the Saturday my child attends the Saturday Saddle Club Program.

Parent/ Guardian Signature: _____ Date: _____

For Office Use Only:

September _____	October _____	November _____	December _____
January _____	February _____	March _____	April _____
May _____	June _____		

Young Women's Leadership Academy and Dressage Team

I _____ parent/ guardian of _____ agree to pay the monthly fee of one hundred dollars (\$100) per month (may be augmented by insurance) on or before the 10th of every month my daughter attends the Young Women's Leadership Academy and Dressage Team.

Parent/ Guardian Signature: _____ Date: _____

For Office Use Only:

September _____	October _____	November _____	December _____
January _____	February _____	March _____	April _____
May _____	June _____		

Junior Mounted Patrol (JMP)

I _____ parent/ guardian of _____ agree to pay the monthly dues of forty dollars (\$40) per month on or before the 10th of every month my son attends the Junior Mounted Patrol.

Parent/ Guardian Signature: _____ Date: _____

For Office Use Only:

September _____	October _____	November _____	December _____
January _____	February _____	March _____	April _____
May _____	June _____		



Student Authorization and Waiver for Release of Educational Records

I authorize (school name) _____, officials to release, or otherwise allow for the inspection, copying or other disclosure, including discussion of, any and all educational records, including academic transcript, to **Ebony Horsewomen Inc.**

This authorization does not permit disclosure of these records to any other persons without my written consent unless specifically allowed under the Family Educational Rights and Privacy Act. I understand that I, _____ parent of _____ may revoke this authorization at any time by a subsequent signed writing.

Further, I hereby release, (school name) _____, Ebony Horsewomen Inc. and The City Of Hartford, its employees, officers or agents, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family and associates because of compliance with this authorization and consent to release education information, or any attempt to comply with it.

A photocopy or facsimile of this authorization and release will be valid as an original hereof, even though the said photocopy or facsimile does not contain my original signature.

Student Name

Parent/ Guardian's Printed Name

Student Identification #

Parent/ Guardian Signature

Current Grade

Date

Copy must be provided to the Office of the School Administration and Parents.

Ebony Horsewomen, Inc.
YOUTH Photo and Liability Release Form

Name: _____

- Photo Release:** I hereby consent to and authorize
 I do not consent to, nor do I authorize

the use and reproduction of any and all photographs and other audiovisual materials taken of me by Ebony Horsewomen, Inc. for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. No compensation will be provided for use of consent.

Date: _____ Signature: _____

THE EBONY HORSEWOMEN, INC.
LIABILITY WAIVER

I _____ acknowledge that I am allowing my child _____ to participate in Ebony Horsewomen, Inc activities which include trips, horseback riding lessons, working around horses and all related activities. I understand all the risks thereof and specifically I understand that there is a risk in horse related activities and particularly in riding or working around horses. Also I the undersigned hereby releases and forever discharge from liability, The Ebony Horsewomen, Inc., The City of Hartford, Diversified Equus Corp, volunteers, the directors, officers, staff and members, its administrators, agents, assigns, employees and all other persons, firms, corporations, funders and educational institutions, who it might be claimed to be liable, none of whom admit any liability from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from any accident which might occur as a result of any horse back riding activities and any other activity sponsored , conducted or given by **The Ebony Horsewomen, Inc.**

I waive any claims of liability against the **Ebony Horsewomen, Inc.**, directors, officers and members and the City of Hartford, Diversified Equus Corp, Volunteers or any associated stable or company resulting in injury or harm from acts occurring as a result of neglect or fault, from circumstances known, unknown of should have known. of the stable.

I the undersigned hereby declares that the terms of this waiver have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, stipulated or otherwise, on account of the injuries and damages above mentioned, and for the express purposes of precluding forever any further or additional claims arising out of any possibility of accident of the undersigned. It is further agreed that the release expresses a full and complete settlement of liability, regardless of the adequacy of the aforesaid and that the acceptance of this release shall not operate as an admission of the liability on the part of anyone, nor as estoppels, waiver, or bar with respect to any claim the part or parties release may have against the undersigned.

Physical Contact: Horseback is a sport that requires teachers to be able to have appropriate physical contact for the purpose of making technical corrections. Consent is granted for such physical contact.

This release is binding on my heirs, executors, assigns and administrators. This is a voluntary release for any and all future injuries or accidents. The undersigned is aware of the risks of attending, traveling to and participating in activity sponsored, given or conducted by the **Ebony Horsewomen, Inc.** and all other events and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

*UNDER CONNECTICUT LAW, EQUINE ACTIVITY OWNER/OPERATORS ARE NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES THIS NOTICE IS POSTED ON THE STABLE

I attest that I am the legal guardian of the above named child and I have read and understand all of the above on this the _____ day of _____ 20_____

Parent/Guardian Signature: _____

Parent/ Guardian Printed Name: _____

Participant Signature: _____

Printed Name: _____

EBONY HORSEWOMEN ABIDES BY FEDERAL REGULATIONS MANDATING NO TOLERANCE FOR SEXUAL OR OTHER ILLEGAL HARASSMENT.

Ebony Horsewomen, Inc.
Year Long Programs
PERMISSION SLIP

This permission slip gives your child access to all Ebony Horsewomen programs, activities and events from today, _____, through DATE June, 2017

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 at Ebony Horsewomen, Inc.

Parent/Legal Guardian Signature: _____

Date: _____

CDBG PARTICIPANT INCOME & RESIDENCY VERIFICATION FORM

AGENCY NAME: EBONY HORSEWOMEN, INC.

PROGRAM NAME: EQUINE/ANIMAL ASSISTED & GROWTH & LEARNING

This program is funded in whole or in part with Community Development Block Grant (CDBG) program funds through the City of Hartford. Participants and/or their parents/legal guardians must verify Hartford residency and self-certify household income in order to be eligible to participate in funded programs. The requested information and documentation is required to comply with CDBG federal regulations ONLY and is not shared with any other party, or available to any other agency for any other purpose.

PARTICIPANT MUST PROVIDE DOCUMENTATION OF CURRENT HARTFORD ADDRESS.
PARTICIPANT MUST INDICATE ALL SOURCE(S) OF INCOME AND GROSS YEARLY INCOME FOR EACH FAMILY MEMBER RECEIVING INCOME.
PARTICIPANT AND PROGRAM MANAGER MUST SIGN AND DATE CERTIFICATION.
FAILURE TO PROVIDE THIS INFORMATION WILL MAKE THE PARTICIPANT INELIGIBLE FOR CDBG ASSISTANCE.

PARTICIPANT'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

1. Head of Household (name): _____

2. Number of persons currently living in household: 1 2 3 4 5 6 7 8 9

FULL NAME (Include participant)	ETHNICITY	EMPLOYED Y or N	INDICATE SOURCE OF INCOME (FT/PT JOB, SOCIAL SECURITY, PENSION)	GROSS YEARLY INCOME \$
A. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
B. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
D. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
E. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
F. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
G. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
H. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

CHECK AND ATTACH DOCUMENTS TO VERIFY HARTFORD RESIDENCY. DO NOT INCLUDE SOCIAL SECURITY NUMBERS.

(Check one) → Personal check with pre-printed address CT Driver's license or ID Card Rent receipt
 Utility Bill Governmental Assistance Form Other _____

CERTIFICATION:

I CERTIFY THAT THE ABOVE INFORMATION AND DOCUMENTATION ATTACHED IS ACCURATE AND COMPLETE:

Program Participant or Parent/Legal Guardian Signature **Date**

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND VERIFIED WITH ATTACHED DOCUMENTS AND MAINTAINED IN THE PROGRAM FILES:

Agency's Program Manager Signature **Date**

YOUTH CAMP HEALTH EXAM/RECORD

FOR CAMPER 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 _____

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

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number



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?



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