



SUMMER CAMP APPLICATION

Dear Camper and Parent:

Looking for an extraordinary camp experience for your child over the summer? Look no further than EQUI-KIDS Horse Camp. Each day campers will receive both mounted riding and ground lessons in order to learn proper horsemanship while having tons of fun! The camp will help to build positive relationships with fellow campers, our equines, staff, and counselors.

The benefits of inclusion are numerous and help children with and without special needs. When we include all children in our programs, they learn acceptance of other people, and that each person has unique abilities. Children learn from each other. Inclusion allows children with special needs an equal opportunity to participate in the same types of programs and activities as children without special needs. Some of the benefits of inclusion for children with (or without) disabilities are friendship skills, peer models, problem solving skills, positive self-image, increased understanding, and acceptance of diversity and respect for others.

Camp Details:

Campers must be able to follow verbal directions, have an interest in learning about horses and horse care, and be toilet trained.

Days/Time: Monday through Friday, 9:00 am to Noon each day

Cost: \$350.00 per week

Camp Weeks:

Week 1: 7/27/26 to 7/31/26: Register by 7/17/26 (Ages 11 to 13)

Week 2: 8/3/26 to 8/7/26: Register by 7/24/26 (Ages 11 to 13)

Week 3: 8/10/26 to 8/14/26: Register by 7/31/26 (Ages 11 to 13)

Age exceptions may be granted by the Program Director. Please call us to discuss.

Please plan to arrive early (8:45 am) the first day of camp and come to the classroom in the Administration Building to meet our staff, counselors and other campers.



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Dress Code: Please dress for riding, working outside, and in the barn. Riding or long pants are preferred as well as closed toe shoes or tennis shoes. EQUI-KIDS will provide approved riding helmets.

Riding Helmets: We will provide helmets if your child does not have their own.

Food: Snacks and drinks are provided. If your child has sensitivities or specific food intolerances, then they are welcome to bring their own snacks. We do have a refrigerator if needed and we will send a list of our scheduled snacks and drinks to you in advance so you can plan accordingly.

Electronics: Please plan to leave your electronics in your bags. You will not be permitted to use them during camp activities/hours.

Weight Limit: In order to ensure the welfare of our herd, our maximum rider weight limit is 200 pounds. Please understand that we may have difficulty accommodating all applicants over 180 pounds due to limited availability of horses that can safely accommodate such weight combined with individual rider needs.

Please contact Kathy Chitwood, Program Director at 757-721-7350 or email kathy.chitwood@equikids.org if you have any additional questions. We look forward to seeing you at summer camp!

Please complete all of the enclosed forms (even if you have attended camp before).

Completed applications can be:

Emailed to: Kathy Chitwood at kathy.chitwood@equikids.org

Faxed to: 757-721-7354, Attention Kathy Chitwood

Mailed to: 2626 Heritage Park Drive / Virginia Beach, VA 23456



SUMMER CAMP APPLICATION

General Information

(This section is to be completed by Applicant/Parent/Guardian)

Camper Name: _____ Date: _____

Height: _____ Weight: _____ Age: _____ Date of Birth: _____

T-Shirt Size: _____ (Please specify youth or adult)

How did you hear about our summer camps? _____

Does the camper have an applicable diagnosis or special need? (Medical, Psychosocial, Physical, Cognitive):

YES NO

If Yes, please explain: _____

Please note that additional forms may be required depending on the information provided above. This would be to ensure the safety of your child. Please contact Kathy Chitwood, Program Director with any questions 757-721-7350.

Parent/Legal Guardian/Caregiver: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____



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Please list any dietary restrictions we need to know about:

Please list any allergies we need to know about?

Please list any medical conditions we need to know about?

Please list current/past experience with horses?

Please share some specific goals that you would like your child to accomplish during this camp:

Additional Comments:



SUMMER CAMP APPLICATION
Lesson and Camp Policy and Procedures

1. The purpose of therapeutic riding lessons shall be to foster positive self-awareness by all participants, increase muscle strength and coordination, and allow for outdoor recreational opportunities for special needs individuals. A "special needs individual" shall be any person, adult or child, who may have any type of disabling condition, including but not limited to, Down syndrome, spina bifida, cerebral palsy, autism, learning disabilities, amputation, emotional and/or behavioral disorders.
2. Every attempt will be made, each session, to provide therapeutic riding lessons to new participants depending upon the availability of the class, disability of the participant and/or competence of the therapeutic riding instructor in that particular field of teaching. A waiting list has been compiled and is updated on a regular basis to incorporate new participants.
3. It is our policy that once a session begins, classes are closed and shall remain so until the next series of lessons is open for registration. To incorporate new participants at various stages during these lessons not only detracts from the progress in that particular class, it does not allow for proper interaction between the new participant and the instructor. New participant orientation will be scheduled prior to every session to introduce new participants to the facility, instructors and horses; however, should there be a scheduling conflict the participant will be introduced to the program on the first lesson.
4. The lesson fees will become due and payable **PRIOR TO** each lesson session to hold the participant's enrollment in the select session. Lesson fees are **NON-REFUNDABLE** and once paid, no makeup lessons or refunds will be available. Lesson fees will be provided to existing and new participants/parents prior to each session. Participants who foresee missing a lesson(s) prior to payment of the session are advised to contact the Program Director to request an excused absence. Lesson fees will be determined and individuals notified in person, by telephone call or by the mail, of the class schedules prior to each session.
5. EQUI-KIDS offers scholarships to a limited number of participants each year who could not otherwise afford to participate in the program. Scholarship information, including the Scholarship Policy and Application is available through the Program Director.
6. Camp fees are due and payable **PRIOR TO** camp to hold the participant's enrollment in summer camp. Camp fees are **NON-REFUNDABLE**.
7. Participants are encouraged to be ready for their lessons and arrive on time. Participants who are ten or more minutes late will not be permitted to take part in the lesson. If you are unable to attend a class, please contact our office or the instructor prior to your lesson day at the number below. Participants who accumulate three (3) unexcused absences in a lesson session will be removed from the program and fees are non-refundable. **EQUI-KIDS Office: 757-721-7350**
8. Lessons will be held rain or shine. For severe weather conditions, such as hurricanes, severe lightning, snow or tornados, participants will be contacted and make-up lessons will be scheduled. It is EQUI-KIDS policy that make-up lessons may only be scheduled due to severe weather conditions, facility disruptions, or other unforeseen events. Make-up lessons will not be provided for missed lessons.
9. Children not enrolled in the program must be accompanied by an adult at all times.
10. Any participant not participating in the riding program for two consecutive sessions will be automatically removed from the active participant roster and they must reapply to participate in future sessions.
11. Due to the nature of therapeutic riding, EQUI-KIDS rider weight limit is 200 lbs., unless otherwise determined acceptable by the Program Director. The limitation has been established to ensure the soundness and well-being of all program horses and ponies. Special considerations will be reviewed on a case-by-case basis and applicants/participants are encouraged to discuss these considerations with the Program Director.

Printed Name of Participant, Volunteer, or Staff Member

Date

Signature of Participant/Volunteer/Guest/Staff (Parent / Guardian if under 18)



SUMMER CAMP APPLICATION

Release, Waiver & Indemnity Agreement

I, the undersigned or parent or legal guardian of the undersigned (either as a "Participant, Volunteer, or Staff"), desiring to utilize the premises known as the EQUI-KIDS Therapeutic Riding Program at 2626 Heritage Park Drive, Virginia Beach, VA 23456 known as "the Premises") and the facilities either owned or controlled by EQUI-KIDS Therapeutic Riding Program, and to participate in programs offered by EQUI-KIDS Therapeutic Riding Program (the Programs), do hereby affirm that as a Participant, Volunteer, or Staff is voluntarily entering upon the Premises to participate in the Programs, and I, as the undersigned or parent or legal guardian of the undersigned, do hereby willingly enter into this Release, Waiver and Indemnity Agreement. I recognize that, under Virginia law, an equine activity sponsor or professional is not liable for an injury to or the death of a Participant, Volunteer, or Staff in equine activities resulting exclusively from the inherent risks of equine activities. I fully understand that the activity of mounting, riding, boarding, feeding, or even being near a horse, involves numerous dangers and risks of injury to the Participant, Volunteer, or Staff and I completely release the owner of the Premises, and EQUI-KIDS and its officers, directors, volunteers, employees, or its agents from any and all liability for any and all injuries from the Participant's, Volunteer's, or Staff's engagement in the Programs offered by EQUI-KIDS Therapeutic Riding Program. I expressly agree that this Release, Waiver, and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, Section 3.1-796.130, *et.seq.* of the Code of Virginia (the "Act"), and the owners of the Premises, EQUI-KIDS Therapeutic Riding Program and its officers, directors, volunteers, employees, and agents are covered as equine activity sponsors and/or equine professionals by the provisions of the Act. This Release, Waiver, and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver, and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact. I hereby give my permission to participate in the Programs offered by EQUI-KIDS Therapeutic Riding Program as a Participant, Volunteer, or Staff, and in consideration, agree individually and as applicable, on behalf of my child or ward, to the terms of the above agreement and release of liability.

Printed Name of Participant, Volunteer, Guest, or Staff

Date

Signature of Participant/Volunteer/Guest/Staff (Parent / Guardian if under 18)



SUMMER CAMP APPLICATION

Confidentiality Policy

Maintaining the confidentiality of our participants', volunteers', and personnels' medical and sensitive information is of utmost importance to the staff at EQUI-KIDS Therapeutic Riding Program. Personnel, volunteers, and participants, as well as their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. EQUI-KIDS Therapeutic Riding Program staff and volunteers will preserve this right of confidentiality for all individuals in its program. EQUI-KIDS Therapeutic Riding Program staff, volunteers, and participants will keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family. All participants, their families, volunteers, employees, and guests have a right to confidentiality. Equine Facilitated Psychotherapy is a medical service and federal confidentiality regulations apply for participants in these services. Anyone who works, volunteers for, participates in, or provides services to EQUI-KIDS Therapeutic Riding Program is bound by this policy. This includes, but is not limited to, full and part time staff, independent contractors, temporary employees, volunteers, and guests. In effect, this policy applies to anyone connected to EQUI-KIDS Therapeutic Riding Program who could obtain medical/sensitive information accidentally or purposely. Confidentiality includes photographic/video imaging. I affirm that I understand this policy in its entirety and I agree to comply.

Printed Name of Participant, Volunteer, or Staff Member

Date

Signature of Participant/Volunteer/Guest/Staff (Parent / Guardian if under 18)

Media Consent

Please select an option below to advise us of your media consent preferences.

I DO CONSENT for valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the **EQUI-KIDS THERAPEUTIC RIDING PROGRAM**, permission to take or have taken still and/or moving photographs and films, including, but not limited to, television, pictures of myself or my (son/daughter/ward) and consents and authorizes the **EQUI-KIDS THERAPEUTIC RIDING PROGRAM**, and its advertising agencies, news media and any other persons interested in the **EQUI-KIDS THERAPEUTIC RIDING PROGRAM**, and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional, clinical and/or research material and books. With respect to the foregoing matters, no inducements or promises have been made to me /us to secure our/my signature(s) to this release other than the intention of the **EQUI-KIDS THERAPEUTIC RIDING PROGRAM**, to use or cause to be used such photographs, film and pictures for the primary purpose of promoting and aiding the program and its mission.

I DO NOT CONSENT for reasons that I am not obligated to disclose, for photographs, either still or moving, or any television or news media, to be taken of myself, or my son/daughter/ward, by the **EQUI-KIDS THERAPEUTIC RIDING PROGRAM** or any persons working on behalf of said program. I understand that a **RED MARK** will be placed on the record kept in the administrative offices of the program, which will designate that photographs are not allowed of myself or said person.

Printed Name of Participant, Volunteer, or Staff Member

Date

Signature of Participant/Volunteer/Guest/Staff (Parent / Guardian if under 18)



SUMMER CAMP APPLICATION
Medical Treatment Authorization

Applicant: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #'s: (H): _____ (C): _____ (W): _____

In the event of an emergency, contact:

Name: _____ Phone: _____

Relationship: _____

Physician's Name: _____ Physician Phone: _____

Medical Facility: _____ Facility Phone: _____

Health Insurance Company: _____ Policy #: _____

In an effort to provide the best care possible please indicate below:

I am allergic to the following medications: _____

I have the following ongoing medical conditions (diabetes, seizures, etc.): _____

CHECK ONE OF THE OPTIONS BELOW TO INDICATE CONSENT OR NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I DO consent for emergency medical treatment in the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with EQUI-KIDS Therapeutic Riding Program. I authorize EQUI-KIDS and/or its representatives to: 1) Obtain medical treatment and/or transportation if needed and 2) Release records upon request to the authorized agency or its representative involved in the medical emergency treatment.

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

I DO NOT give my consent for emergency medical treatment in the case of illness or injury while on the premises of or in connection with EQUI-KIDS Therapeutic Riding Program. In the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with EQUI-KIDS. I wish the following procedure to take place (***LIST PROCEDURE ON LINE***): _____

Note: EQUI-KIDS is unable to guarantee that emergency medical treatment will be withheld

Signature of Participant/Volunteer/Guest/Staff (Parent / Guardian if under 18)

Date



SUMMER CAMP APPLICATION
Registration and Payment Information

Payment is due in full in order to secure a place in camp.

Camper Name: _____

I would like to register for the following camp:

- Week 1: 7/27/26 to 7/31/26: Register by 7/17/26
- Week 2: 8/3/26 to 8/7/26: Register by 7/24/26
- Week 3: 8/10/26 to 8/14/26: Register by 7/31/26

Please make a payment selection:

I/We choose to pay in the following way:

- By check
- By Credit Card (You will receive an electronic invoice)

Amount: \$350.00 per week