



FOR OFFICE USE ONLY:

DATE RECEIVED: _____

AMT PAID: \$ _____

SESSION # _____

SCHOLARSHIP? Y _____ N _____

Still Meadows Enrichment Center and Camp

11992 Hollar School Road ♥ Linville, Virginia 22834 ♥ Phone: (540) 833-2072

www.campstillmeadows.org ♥ info@campstillmeadows.org

Therapeutic Riding Program

Participant Information

Participant Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Employer/School: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Phone: _____ Cell Phone: _____

Email: _____

Rider Shirt size: Youth _____ Adult: _____

IF POSSIBLE, PLEASE INCLUDE A PICTURE OF THE RIDER.

2026 Sessions Available

Sessions will be held weekly on Tuesdays or Thursdays for 5 weeks. Riding sessions begin at 7 pm. Please indicate which session is your riders first and second preference, or if you would like to sign up to participate in multiple sessions:

____ **Session 1: May 26th – June 23rd \$150**

____ **Session 2: May 28th – June 25th \$150**

____ **Session 3: July 7th – August 4th \$150**

____ **Session 4: July 9th – August 6th \$150**

Consent for Photo and Emergency Medical Treatment

I (name) _____ give Still Meadows my permission to use an image, name, voice, or words in any form, including newsletter, television, radio newspapers, film, magazines, internet, and other media, to advertise or communicate the purpose and activities of Still Meadows and/or apply for funds to support the purpose and activities.

Signature of Legal Representative: _____

Date: _____ Name of Participant: _____

I (name) _____ give Still Meadows my permission to, during camp activities, if emergency medical treatment is needed and I cannot be reached to give my consent or make my own arrangements for treatment, I authorize Still Meadows to take whatever measures are necessary, including hospitalization.

Signature of Legal Representative: _____

Date: _____ Name of Participant: _____

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Financial Aid Request

Please attach to completed camper application and return to Still Meadows.

Participant Name: _____

Has applicant received financial aid from Still Meadows before? ☐ YES ☐ NO

Total Annual Household Income: \$ _____

Please remember to include income from salaries, investment, social security, unemployment, disability, child support, AFDC, other.

Number of dependents in household _____

Please list any special circumstances that relate to this request. If necessary attach additional pages.

Fee for Program (CIRCLE ONE) \$100 / \$150

Amount Camper Can Pay \$ _____

Amount From Other Sources \$ _____

Amount Requested \$ _____

Individuals requesting financial aid... a \$25 non refundable deposit is required.



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PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Participant: _____

Address: _____

Medications: _____

Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + -

Neurologic Symptoms of AtlantoAxial instability: _____

Specific Goals to be Accomplished: _____

Please indicate special needs in the following systems/areas		Please X if no recommendation are needed
Auditory		
Visual		
Tactile Sensation		
Speech		
Cardiac		
Imegumentary/skin		
Immunity		
Neurologic		
Muscular		
Balance		
Orthopedic		
Allergies		
Cognitive		
Emotional/Psychological		
Pain		
Triggers		



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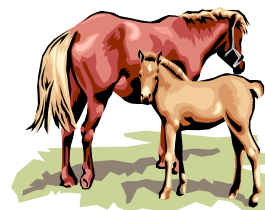


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Release and Waiver of Liability

This release is a condition for riding or working with animals (including horses, goats, cats and dogs, chickens and other farm livestock).

I understand and acknowledge that any involvement with livestock is a potentially dangerous activity which may result in serious injury or death. I understand the propensity of an animal to behave in dangerous ways and the inability to predict an animal's reaction to sound, movement, objects, persons, or hazard of surface or subsurface conditions. I fully understand that I or others may be injured as a result of negligence by myself or others or through no fault of any person, because of the unpredictable nature of animals.

I assume all risks of injury, loss or death arising from my voluntary participation and that of my minor children, and voluntarily release Still Meadows, Inc., its officers, directors, board members, employees, agents, administrators, legal advisors, volunteers and other guests or invitees of Still Meadows, Inc., from any and all liability for such injury, loss or death.

Signature

Date

Print Name

Legal Representative

Date

Print Name

CIRCLE ONE:

☐ Participant

☐ Staff

☐ Volunteer