



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](http://www.campstillmeadows.org) • [info@campstillmeadows.org](mailto: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 rider's first and second preference, or if you would like to sign up to participate in multiple sessions:

- Session 1: May 26<sup>th</sup> – June 23<sup>rd</sup> \$150**
- Session 2: May 28<sup>th</sup> – June 25<sup>th</sup> \$150**
- Session 3: July 7<sup>th</sup> – August 4<sup>th</sup> \$150**
- Session 4: July 9<sup>th</sup> – August 6<sup>th</sup> \$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: \_\_\_\_\_

# *Still Meadows Enrichment Center and Camp*

11992 Hollar School Road ♥ Linville, Virginia 22834

Phone (540) 833-2072

[www.campstillmeadows.org](http://www.campstillmeadows.org)

Email: [info@campstillmeadows.org](mailto:info@campstillmeadows.org)

## **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.**



# Still Meadows Enrichment Center and Camp

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

[www.campstillmeadows.org](http://www.campstillmeadows.org) • [info@campstillmeadows.org](mailto:info@campstillmeadows.org)

## 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		



# Still Meadows Enrichment Center and Camp

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

[www.campstillmeadows.org](http://www.campstillmeadows.org) • [info@campstillmeadows.org](mailto:info@campstillmeadows.org)

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

**Please indicate if there are any other considerations for participation in Therapeutic Riding. This outdoor activity lasts approximately 1.5 hours and is provided by trained volunteers of Still Meadows Enrichment Center and Camp.**

**Name/Title:** \_\_\_\_\_

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

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

**Address:** \_\_\_\_\_

**Phone:**



## Still Meadows Enrichment Center and Camp

11992 Hollar School Road ♥ Linville, Virginia 22834  
Phone (540) 833-2072 [www.campstillmeadows.org](http://www.campstillmeadows.org)  
Email: [info@campstillmeadows.org](mailto:info@campstillmeadows.org)



### 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