



2011 Camp Giddy Up Registration Packet

Welcome to Camp Giddy Up! We plan on having a very fun summer and we hope you will be joining us. Please read the following information then fill out the last four pages and return to the National Ability Center.

Objectives:

Our camp objectives are to provide safe, fun, and educational activities that promote the development of horse knowledge and riding skills while increasing self-confidence and independence. Safety and education are emphasized in every aspect of the program. Activities that will be included during your camper's day are; a horseback riding lesson, ground work, cart driving, barn chores, feeding, horse care and management.

Rider Skills:

To promote safety it is required that each rider already have some experience riding horses and is able to ride without assistance from a lead walker. The first day of camp will include a riding assessment. If the rider has never before ridden a horse then they can register for the First Time Riders Camp from June 13th-16th.

Equal Access:

All members of the NAC with appropriate skills have access to participant in camp Giddy-up. The purpose of Camp Giddy-up is to serve individuals that are capable of being independent on a horse with or without a disability. There are many program opportunities available with the NAC for individuals that do not fulfill this requirement.

Registration:

A \$50 non-refundable deposit is required at time of registration. Please fill out a complete registration packet and send with payment to our registration department. For registration questions you can contact us at 435.649.3991 x609. Any other equestrian program or camp questions call the Equestrian Center 435.200.0992. **Placement in Camp Giddy Up cannot be held or guaranteed without a deposit and completing the proper registration packet.**

Registration packet delivery options:

Mail:

NAC Camp Giddy Up Registration

Attn: Registration

P.O. Box 682799

Park City, UT 84068

Fax: 435.658.3992, attention Registration

Email: registration@DiscoverNAC.org

Payment:

All fees must be paid in full **3 weeks prior** to the beginning of your camp date. There are **no refunds** after this date. You must be a member of the NAC to participate in camp. Year membership fees are \$20 for individuals and \$30 for a family. We accept all major credit cards, check or cash.

Refund Policy:

Full refunds will be given before 3 weeks of your camp start date less your \$50 non-refundable registration fee. Refunds are not given for vacation or individual days missed.

When Is Camp Giddy Up?

Camps operate Monday through Thursday:

Monday-Thursday 8:00am-2:00pm

Late pickup (3:00pm) is available. This must be arranged with the camp director at least 24 hours in advance and will cost \$10.00 each.

Camp Giddy Up:

New this year, the National Ability Center is offering a horsemanship camp to meet the needs of the community and the abilities of the campers. The weekly camps will now run Monday through Thursday, 8:00 am to 2:00 pm. This shortened schedule is designed to optimize the campers' experience without wearing them out. Each camp is themed to provide a more successful experience to each participant. Smaller camper numbers allow for more one-on-one attention and increased horse interaction time. Campers will learn how to communicate and work with the horse on the ground through daily groundwork lessons. This will increase their ability to be successful with the horse in any area they choose. The theme progression throughout the summer is designed so a participant may attend multiple weeks in a row and be building upon skills learned each week. The summer will include an overnight camp and culminate in our trails camp. The trails camp will provide participants with the unique opportunity of a full day trail ride in the beautiful mountains around us. The overnight camp will be an intensive experience in which participants will be immersed in the world of horsemanship.

1st time riders/intro to horses:

June 13th-16th

Ages 8 & up

\$400

4 day camp designed to give campers and strong foundation in horsemanship and riding. Campers will ride each day, learn to handle a horse from the ground, and learn the basics of horse care. By the end of 4 days, all campers will be able to ride a horse by themselves, feed and care for a horse, and lead a horse through a challenging course.

Camp Giddy Up novice:

June 20th-23rd

Ages 8 & up

\$400

This camp is focused on developing strong foundational horsemanship skills. Campers will ride each day, learn to handle a horse from the ground, and learn the basics of horse care. By the end of 4 days, all campers will be able to trot on a horse, feed and care for a horse, drive a cart, and display a wide array of groundwork skills.

Camp Giddy Up intermediate:

June 27th-30th

Ages 8 & up

\$400

A 4 day camp for riders with a solid ability to independently control their own horse. Campers will assist in caring for their horse, ride each day, participate in groundwork lessons, as well as learn to drive a pony cart. By the end of the 4 days, all campers will be able to trot a course independently and with proper position, determine correct feed and equipment needed for a horse, and display appropriate horse handling skills.

Overnight camp:*July 5th-7th***Ages 8 & up**

\$475

This is a three day, two night camp for independent riders. It is designed to give campers an intensive experience in the world of horsemanship. Campers will be solely in charge of the care for their horses during the camp including all feedings, graining, bathing, and hoof care. Campers will ride each day, and participate in groundwork lessons. Campers will learn about and experience the many disciplines of riding. By the end of the three days, campers will all have a solid understanding of how to care for a horse, opportunities in the world of horseback riding, and handling a horse from the ground. Riders will be able to ride independently.

Camp Giddy Up 2 week intermediate:*July 18th-21st & 25th-28th***Ages 8 & up**

\$800

New this year; an 8 day camp designed to promote more progress in horsemanship skills as well as develop friendship among campers. Campers will assist in caring for their horse, ride each day, participate in groundwork lessons, as well as learn to drive a pony cart. By the end of the 8 days, all campers will be able to trot a course independently, ride on a trail, determine correct feed and equipment needed for a horse, display appropriate horse handling skills, and complete problem solving challenges with the horse.

Camp Giddy Up advanced:*August 1st-4th***Ages 8 & up**

\$400

This is a 4 day camp for riders with a solid ability to independently trot and canter. Campers will assist in caring for their horse, ride each day, participate in groundwork lessons, as well as learn to drive a pony cart. By the end of the 4 days, all campers will be able to trot and canter a course independently and with proper position, ride a trail independently, determine correct feed and equipment needed for a horse, and display appropriate horse handling skills.

Trails camp:*August 8th-11th***Ages 8 & up**

\$475

New this year; a 4 day camp designed for independent riders, to give them the ability to maneuver their horse through even the most difficult trails. Campers will assist in caring for their horse, ride each day, participate in groundwork lessons. Campers will experience trails courses in the arena with a variety of obstacles (e.g. mailboxes, gates, logs, bridges, narrow paths, etc.) as well as daily rides on the trails around the National Ability Center. The week will end with a full day trail ride off site. Campers will assist in packing saddle bags, loading, and hauling their horses to the off site ride. By the end of the 4 days, campers will be able to open and close a gate while on their horse, back through narrow areas, maneuver through bushes, trees, over logs and large rocks. Campers are guaranteed to have an amazing experience in the beautiful mountains around us from the back of a horse.

FILL OUT AND RETURN TO THE NATIONAL ABILITY CENTER

Participant Information Form

The thorough and accurate completion of this form is mandatory for your child to participate in our programs. Our focus is to provide a safe and fun environment for all programs, and the facts you disclose will be confidential. This information will better prepare our staff to serve you, and respond professionally in the unlikely event of an emergency or illness.

Name: _____ Birth Date: _____ Ht. ____ Wt. ____ Sex: M F

Address: _____

City/State: _____ Zip: _____

Parent/Guardian/Contact (if under 18): _____

Phone: Home: _____ Work / Cell: _____

Emergency Contact: _____ Phone: _____

E mail: _____

Circle your first and second camp choices:

JUNE	JULY	AUGUST
1 st time riders June 13-16	Overnight July 5-7	Advanced August 1-4
Novice June 20-23	Two week intermediate July 18-21 and 25-28	Trails August 8-11
Intermediate June 27-30		

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD'S PHYSICAL HEALTH. Activities may be strenuous, either physically and/or mentally, please make information as detailed as possible.

How would you describe his/her lifestyle? (Sedentary, routine exercise, athlete, etc.):

What activities does this include?

What two things would you like your child to accomplish by participating with us?

1. _____

2. _____

How did you hear about camp?

Is your child currently under any medical treatment for a disease or condition? Yes ___ No _

If YES Please explain:

Is your child currently taking any medication? Yes ___ No ___

If yes, please give the name, dosage, frequency and side effects?

Does your child have any allergies, including foods, animals, medications, bites or stings?

Yes ___ No ___ If yes please list _____

Does your child have any sensitivity to heat or sun? Yes___No___

If yes please explain _____

Does your child have any physical limitations? Yes ___ No ___ Detailed explanation:

Does your child have any cognitive limitations? Yes ___No ___ Detailed explanation:

Please inform us about any unusual behavior. Please include management techniques

I understand that the information I have provided on this form is required in order to be a participant in this program. I acknowledge that this information is current, complete and accurate and there is nothing I have omitted. I give permission to the NAC staff to call for emergency medical treatment if it becomes necessary.

SIGNATURE OF PARTICIPANT _____ **DATE** _____

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

(IF UNDER THE AGE OF 18)

Please note: there are two places on this sheet that require a signature

In consideration of being allowed to participate in any way in NATIONAL ABILITY CENTER'S programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Acknowledges that although the National Ability Center has taken reasonable steps to provide me and/or the minor participant with appropriate equipment and skilled staff for the program for which I have applied and any other to which I may transfer, that the activities of the program(s) have
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue NATIONAL ABILITY CENTER, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

Name _____ Age _____ Male _____ Female _____
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER:

_____ I hereby authorize and give my full consent to NATIONAL ABILITY CENTER to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this NATIONAL ABILITY CENTER event. I further agree that NATIONAL ABILITY CENTER may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

_____ I do not give my consent to the National Ability Center to copyright, publish, transfer or otherwise use any photographs, videotapes or films in which I appear while attending this NATIONAL ABILITY CENTER event.

X

Signature of Participant (or Guardian if under 18)

Date



Please take a moment to fill out the following Rider Evaluation Form. The information you provide on this form and your participant information form will enable us to place your camper in the correct group for maximum learning and FUN! If you have any questions, please call (435) 200-0992.

Camper Name: _____ Date: _____

Camp Week Attending: _____

Please check all the following that apply and provide any observations or explanations (if you have any questions please call the Equestrian Center (435) 200-0992 :

Has never ridden a horse _____

Had ridden a horse on a trail ride on family vacations _____

Have you been involved with Pony Club or 4-H? Yes ___ No ___ If so, what level or for how long? _____

Owns their own horse _____

Has ridden a horse in another camp _____

List camp name and skills learned: _____

Has basic horsemanship skills, Please check all that apply:

Can lead a horse independently from the ground

Can ride a horse at a walk independently without assistance

Can ride a horse at a trot independently without assistance

Knows how to post at the trot

Can perform schooling figures independently (i.e. circles, figure eight, serpentine, etc)

Understands basic ring etiquette

Has ridden a horse independently on a trail ride

Can saddle and bridle a horse independently

Can ride a horse at the canter independently

Has taken lessons from a riding facility in the last year

If yes, please list the name of the riding facility and how long he/she has been taking lessons:

Has ridden English _____

Has ridden Western _____

Has learned a specific discipline i.e. jumping, dressage, reining, barrel racing, etc. Please list specific disciplines:

Has a fear of horses

Can follow 2-3 step instructions

Please provide any other information you think would be beneficial for us to be able to provide a safe and fun camp for your child:



Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in National Ability Center programs, or while being on the property of the National Ability Center, I authorize the National Ability Center staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name: _____

Address: _____

City/State/Zip: _____

In the event of emergency, please contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life-saving" by the physician. This provision will only be invoked if the person listed below is unable to respond.

Consent Signature: _____ Date: _____
(Participant/Guardian)

Print Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Non-Consent Plan

I do not give my permission for emergency medical treatment/aid in the case of illness or injury during the process of participating in National Ability Center programs or while being on the property of the National Ability Center. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature: _____ Date: _____
(Participant/Guardian)

Print Name: _____ Phone: _____

Address: _____

City/State/Zip: _____



National Ability Center

Participant's Medical History & Physician's Statement

Date: _____

Dear Health Care Provider:

Your patient, _____ is interested in participating in programs with the National Ability Center (hereafter referred to as the *NAC* or *the Center*). In order to safely provide this service, the Center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to participation in some programs. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – i.e. Photosensitivity
Poor Endurance

Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (i.e. RA, MS)
Fire Settings
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thoughts Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in the selected programs, please feel free to contact the Center at the address/phone indicated below.

Sincerely,

1000 Ability Way | P.O. Box 682799 | Park City, Utah 84068 | 435.649.3991 | DiscoverNAC.org

National Ability Center Program Staff

Participant: _____ DOB: _____ Height: _____ Weight: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: 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 Atlanto Axial Instability: _____

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Alpine Skiing/Snowboarding | <input type="checkbox"/> Ropes Course/Climbing Wall | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Cycling | <input type="checkbox"/> Sled Hockey |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Cross Country | |
| <input type="checkbox"/> Therapeutic | Skiing/Snowshoeing | |
| Riding/Hippotherapy | <input type="checkbox"/> Waterskiing | |
| <input type="checkbox"/> Unmounted Equine Activities | <input type="checkbox"/> Canoeing | |

Given the above diagnosis and medical information, this person is not medically precluded from participation in the selected programs and/or therapies. I understand that the National Ability Center will weigh the medical information given against the existing industry standard precautions and contraindications. Therefore, I refer this person to the National Ability Center for ongoing evaluation to determine eligibility for participation.

Name & Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: (_____) _____ License/UPIN Number: _____