

**SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS**  
**DAY ON THE FARM**  
**PARTICIPANT PACKET**  
**May 5th, 2012**

***About “Day on the Farm”***

A *Day on the Farm* is sponsored by the Society for Handicapped Children and Adults. The Day on the Farm will introduce individuals with Autism and Down syndrome to activities typically seen on a horse ranch. Activities will include Horseback Riding, Petting Zoo, Crafts, and Hay rides. There will be a Bar-B-Que at the end of the day.

The May 5<sup>th</sup>, 2012 Day on the Farm is for participants that have Autism or Down Syndrome ages 4 and above. Each participant must be accompanied by a parent or caregiver. The camp will not include extremely physical activities, however we encourage you to speak with your physician and ask about any limitations on riding a horse. In addition, participants do not have to participate in all activities...this is a day for them to enjoy!

The camp will begin at 9 am and will conclude after lunch around 1pm. Parent/Guardian must be present with their child for the entire time their child is at Day on the Farm. In most cases, we will have volunteers assigned to each participant. He or she will accompany the participant as a buddy in addition to the parent or guardian throughout the day. Experienced horse handlers will be leading the horses during the horseback riding. All of our volunteers have been carefully screened and have passed a background clearance.



*Please keep this sheet for your future information*

# SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS

**Saturday May 5th, 2012**

## *Day on the Farm Participant Packet*

### Participant General Important Information

Please return the completed registration forms, Emergency information and Instruction form, the Waiver and release of liability form, and a check for \$25.00 per participant and \$5.00 fee for additional lunches for parent(s)/guardian(s) and return to Society for Handicapped Children and Adults by **April 27th**.

*Day on the Farm* is limited to 30 participants. We need all your forms completed to process the registration for camp. Once your registration has been received by Society for Handicapped Children and Adults, you will be contacted via email or mail acknowledging receipt of your registration. It is important that you return all of the completed forms and registration fee (see address below) no later than **Friday, April 27th 2012**. Please note registration is done on a first come first serve basis. Day on the Farm is limited to 30 participants.

**Day on the Farm format:** Our *Day on the Farm* will be held on Saturday, **May 5<sup>th</sup>, 2012** from 9am- Lunch. Children and Adults with Down syndrome or Autism will have the opportunity to ride a horse, make a craft to take home, participate in a petting zoo and enjoy a hayride. The day wraps up with a ranch style barbecue.

### **What to wear and/or bring:**

- Comfortable shoes preferably boots, long pants and long socks – **no sandals or open toed shoes are allowed**
- A horse riding helmet will be provided

### **Lunch:**

Lunch is included in the registration fee; additional lunches for parents or guardians may be purchased for \$5.00 each. Please include full payment with your registration.

**Contact Information:** Please mail-completed forms and checks to Society for Handicapped Children and Adults, 1129 8<sup>th</sup> Street, Ste. 101, Modesto, CA 95354.

*Please keep this fact sheet for your future information*

#### ***For Office Use Only***

Reg Form	<input type="checkbox"/>
Emerg Info	<input type="checkbox"/>
Liability Release	<input type="checkbox"/>
Participant Fee	<input type="checkbox"/>
Addl lunch fee	<input type="checkbox"/>

# SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS

**Saturday May 5th, 2012**

## *Day on the Farm Participant Application*

### REGISTRATION FORM

**PLEASE FILL IN ALL BLANKS AND PRINT LEGIBLY  
INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED**

Participant's Full Name: \_\_\_\_\_

Please Circle Disability:    Down syndrome            Autism                            Verbal                            Non Verbal

Age \_\_\_\_ (**Minimum age 4**)    Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

T-Shirt Measurement \_\_\_\_\_ Hat Size: (Circle one)    Small                            Medium                            Large

Parent or Guardian Name(s): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell: \_\_\_\_\_

Email (required): \_\_\_\_\_

How did you find out about our *Day on the Farm*? \_\_\_\_\_

Have you participated in other Society for Handicapped programs? Yes No If yes which one? \_\_\_\_\_

Who will be attending Day on the Farm with the participant? \_\_\_\_\_ Relationship \_\_\_\_\_

Please list medications, health conditions, allergies, dietary restrictions and any special instructions regarding your child:

What do we need to know in order to safely and successfully work with your child in an activity setting? Are there any activity limitations? Please be specific.

What PRECAUTIONS, SPECIAL INSTRUCTIONS, RESTRICTIONS, OR BEHAVIORS, etc., do we need to know about? **Any effective strategies or procedures that would be helpful in working with participant?**

Participant Fee \$25.00 \_\_\_\_\_

Additional lunches needed (for parent(s)/guardian(s) # \_\_\_\_\_ @\$5.00 each-total \$ \_\_\_\_\_

Total Fee included \_\_\_\_\_ Please make check or money order to Society for Handicapped

*Please return this completed form to Society for Handicapped 1129 8<sup>th</sup> Street St. Suite 101, Modesto, Ca. 95354*

**SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS**  
**Saturday May 5<sup>th</sup> 2012**  
***Day on the Farm***

**Participant Emergency Information**

Participant name: \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian name(s): \_\_\_\_\_

**Please Note: Parent or guardian must be present and available during the Day on the Farm in case of emergency**

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Any other instructions or information you think is important to know?

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Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent signature \_\_\_\_\_

***Please return this completed and signed form to Society for Handicapped, 1129 8<sup>th</sup> Street Ste. 101, Modesto, Ca 95354***

**Society for Handicapped Children and Adults**  
**Saturday May 5<sup>th</sup> 2012**  
***Day on the Farm***  
**Participant Photo Release Waiver and Release of Liability**

I request that my child be allowed to participate in the *Day on the Farm*, and agree to the following:

1. I acknowledge and fully understand that my child as a minor participant will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in the sport of horseback riding and interacting with farm animals, including without limitation: risks of collision with objects and or, falling from a horse. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

3. Myself and my family release, waive, discharge and promise not to sue Society for Handicapped Children and Adults, its' volunteer instructors and director, its staff, executive director, board of directors, and other participants of *Day on the Farm* for any personal injury, property damage, or other damages that may arise from my participation in the *Day on the Farm*, regardless of whether such injury or damage is caused by negligence or carelessness of the *Day on the Farm* event.

4. I agree that photographs and/or my name, my child's name may be published in, or used by Society for Handicapped Children and Adults and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, etc.) without any liability on the part of Society for Handicapped Children and Adults.

5. I have talked to my physician, who has acknowledged, that my child is physically capable to engage in the sport of horseback riding. I have given an accurate description of my child's disability and medical needs on the *Day on the Farm* participant application.

6. I agree that the staff and volunteers of the *Day on the Farm* and Society for Handicapped may authorize emergency medical treatment for me, or for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of a parent or caregiver. I agree to be personally responsible for any related medical expenses.

**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.**

\_\_\_\_\_  
PARENT NAME (Print)

\_\_\_\_\_  
\* PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT NAME (Print)

**\*PARENT SIGNATURE IS REQUIRED**

*Please return this completed and signed form to Society for Handicapped 1129 8<sup>th</sup> Street, Ste. 101, Modesto, Ca 95354*