

## **KIDZ IN MOTION 2020 APPLICATION**

Your child may be eligible to participate in Kidz in Motion, a therapeutic summer program where children participate in a broad range of activities used to facilitate a therapeutic benefit. This program is designed, coordinated and directed by the owners of Occupational Therapy For Kidz who are both occupational therapists with over 20 years of clinical experience. Kidz in Motion is a progressive program that combines group occupational therapy utilizing a sensory integration approach and various other neurobehavioral strategies. The "Intensive" model is used to facilitate quicker therapeutic results in a shorter period of time. The parent will receive updates throughout the week. Each child will be paired with a counselor either on a 1:1 or 2:1 ratio. The counselors backgrounds range from occupational therapists, occupational therapists assistants, special educators, other types of clinicians or established college students entering the field. Most common diagnosis for participants include mild to moderate sensory processing disorders which may be in conjunction with other diagnoses such as Developmental Delay, ADHD, Learning Disability, Speech/Language Disability and mild to moderate Autism). This program may not be appropriate for those diagnosed with *Severe* Autism. Often times, any one of these diagnosis may impact the quality of the child's learning, social-emotional skills, communication and motor skills. Our "mission" is to provide a **treatment environment** in the context of a fun filled "**camp-like**" experience. Activities include therapeutic horseriding, aquatic activities, bounce house fun, brain-based exercises/activities, etc. A brain-boot camp preparing children for school and life skills! Space is limited!! **Date: August 10-14, 2020; Time 8:00-3:30 pm; Cost: \$919. \$200 down payment holds a space, Payment in Full mandatory by July 25th.** For any concerns, contact OT For Kidz 718-949-5439.

### **Criteria:**

- My child is between the ages of 4-11 years old.
- My child is toilet trained.
- My child can separate from parent in a reasonable amount of time.
- My child can function in a small group.
- My child can tolerate physical activities.
- My child does not require medical assistance.
- To my knowledge, my child is not allergic to horses
- My child is ambulatory (can walk).
- My child can feed him/herself.

If you answered yes to **ALL** above, please proceed in completing this application.

**Child's Name** \_\_\_\_\_

**CLIENT INFORMATION**

**Child's Name** (please print): \_\_\_\_\_

**Gender:** Female \_\_\_\_ Male \_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Height** \_\_\_\_\_

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

\_\_\_\_\_

**Mother's Name** (please print); \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

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

**Father's Name** (please print); \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

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

**MEDICAL INFORMATION**

Child's Medical or Psychological Diagnosis: \_\_\_\_\_

Current Medication and Treatment (i.e. asthma): \_\_\_\_\_

\_\_\_\_\_

Diet Limitations (i.e. allergies) \_\_\_\_\_

\_\_\_\_\_

Outdoor allergies \_\_\_\_\_

Has he/she been hospitalized (When, how long and why): \_\_\_\_\_

\_\_\_\_\_

Does he/she have any vision or hearing problems: If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does he/she have difficulty in communicating? If yes, please explain \_\_\_\_\_

\_\_\_\_\_



How would you describe your child's behavior related to sensory? (check all that apply)

**Sensory Defensive/Hyper-sensitive: if so, to what?**

Sounds  Touch  Movement/Heights  Visually Busy environments

He/she may be: Fearful  Anxious  Extremely Careful

Easily Distracted  Other \_\_\_\_\_

**Sensory Seeking/Hypo-sensitive:**

Active  Impulsive  Easily Distracted  Poor Safety Awareness

Poor Body Awareness  Fearless  Other \_\_\_\_\_

**Other Behavioral Descriptions:**

Aggressive Behaviors: Yells  Scratches  Hits  Kicks  Bites

Other: \_\_\_\_\_

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**What would you like to see your child accomplish in this program? (check all that apply)**

Make Friends \_\_\_\_\_ Initiate interaction \_\_\_\_\_ Take Chances \_\_\_\_\_

Transition Better \_\_\_\_\_ Focus better \_\_\_\_\_ Impulse Control \_\_\_\_\_

Be more Physical \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about us?**

Client of OT For Kidz \_\_\_\_\_ Child's Therapists (name and type of therapist): \_\_\_\_\_

E-mail Ad \_\_\_\_\_ Child's Teacher (Teacher's name/School): \_\_\_\_\_

Poster Ad \_\_\_\_\_ Another Parent (name - optional): \_\_\_\_\_

Other \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**In case either parent cannot be reached, please provide emergency contact information in the order of primary, secondary and tertiary person. If there are any special instructions, please provide this information.**

Name (Please print): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**T-shirt Size for my child:** Child size Small \_\_\_\_\_ Child size Medium \_\_\_\_\_ Child size Large \_\_\_\_\_

I understand my child will receive 1 t-shirt. Any extra will be an additional cost of \$15.

If you want more than 1 t-shirt for your child, please indicate size and how many.

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I understand that **ONLY** the parent and/or those listed above in the emergency contact information will be allowed to drop off and/or pick up my child unless it is otherwise put in writing by the parent. I understand my child will be screened for the appropriateness of this program. I am aware the parent/ caregiver will receive updates throughout the week and this may include assessing my child. I am also aware that for marketing purposes, filming and pictures may be conducted and placed on the Occupational Therapy For Kidz, Specializing In Sensory Integration, LLP (OT For Kidz) website or other marketing materials and that I must put in writing if I do not want my child pictured and/or filmed. I acknowledge that my child will participate in many indoor and/or outdoor activities which will include therapeutic horse riding, aquatic activities and bounce house fun amongst other activities on and off the premises of OT For Kidz. I understand that the Kidz In Motion program is not a camp but a program for therapeutic purposes. By signing this consent, I, as the parent/guardian of hereby assume all risks and hazards incidental to the conduct of the activities at OT for Kidz and transportation to and from the activities. I hereby release and shall defend, indemnify and hold harmless releasees from every claim and any liability that I or my child may allege against releasees (including legal or medical fees and costs) as a direct or indirect result of injury or death to me or my child because of my child's participation in the Kidz in Motion summer program, whether caused by the negligence of releases or others to the maximum extent permitted by law. I promise not to sue releasees on my behalf or the behalf of my child regarding claim arising from or related to my child's participation in any of the OT For Kidz programs. I acknowledge that by signing this document, I am releasing OT For Kidz and their representatives, agents, employees, volunteers, members, sponsors, promoters, and affiliates (collectively "releasees") from liability, and that I am giving up substantial legal rights. This sign up and release form is a contract with legal and binding consequences and it applies to all activities in which my child engages during the Kidz In Motion program whether such activity is a part of a formal program. I have read this release carefully before signing. I understand that no insurance coverage for participants in these activities is provided by OT for Kidz.

**By signing, I attest that the completed information in this application/document is accurate and I read, understand and agree to the guidelines of this program.**

\_\_\_\_\_  
**Parent Signature**

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



## Goldfish Waiver

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

1st Child: First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

2nd Child: First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

3rd Child: First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

4th Child: First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell 1 \_\_\_\_\_ Cell 2 \_\_\_\_\_

Preferred Email Address(es) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Medical History: Please list any medical conditions (allergies, special needs, etc.) that we should be aware of while working with your child \_\_\_\_\_

### Informed Consent and Waiver/Release of Liability Parent

The undersigned, both individually, and as the parent, legal, or supervising guardian of the participating child(ren) listed on this Agreement and on their behalf (Parent and Child(ren) are collectively the "Participant"), agree and understand that swimming is a hazardous activity and involves some element of personal risk. You understand that these risks are inherent in and incidental to the sport of swimming, including, but not limited to, paralyzing injury and death. The Participant hereby assumes these risks and dangers.

In consideration of the Participant being permitted to participate in the swim lessons, events, parties, and programs, and to otherwise make use of the facilities (collectively the "Programs") of BHB Investment Holdings Garden City, LLC ("Goldfish," which term includes the "Released Parties," defined below), the Participant recognizes and assumes the risks, hazards and dangers of injuries from their participation in the Program. The Participant, on his or her own behalf and on behalf of any persons claiming by, through or under him or her, hereby waives, releases and forever discharges any and all claims or causes of actions which the Participant may have now or hereafter against Goldfish, whether known or unknown, arising out of any injuries or damage that the Participant may sustain in connection with his or her participation in the Program and will indemnify and hold Goldfish harmless against any and all such claims or causes of action. The Participant's covenant to indemnify and hold Goldfish harmless includes Goldfish's attorneys' fees and costs incurred in connection to the claim or cause of action. The Participant's waiver, release, discharge and agreement to indemnify and hold Goldfish harmless extends to Goldfish and its respective officers, directors, members, managers, agents, employees and affiliated companies, and its franchisor and its officers, directors, members, managers, agents, employees and affiliated companies (collectively, the "Released Parties"). The Participant hereby further agrees not to sue Goldfish for the claims waived and released in this Agreement. The Participant further agrees to indemnify and hold harmless Goldfish from claim or liability from any injury (including death) to any other person(s) caused by or related to actions of the Participant. The Participant expressly understands that he or she is agreeing to waive, release, not sue, indemnify and hold harmless Goldfish for any claims, liability, damages or losses arising from injuries to or caused by the Participant while engaged in the Goldfish Programs. Participant further agrees and understands that he or she will be responsible for Goldfish's attorney's fees and cost incurred in the event the Participant breaches this Agreement.

Goldfish assumes no responsibility for any personal property used, placed in or about the facility.

If a provision of this Agreement is declared invalid or unenforceable by a court of competent jurisdiction then it shall be reduced in scope so as to provide Goldfish with the maximum protection allowed by law and it shall not affect the validity or enforceability of any other provision. Any legal action arising from or related to the Participant's participation in the Program or this Agreement shall be commenced in the county in which the BHB Investment Holdings Garden City, LLC is located.

The Participant authorizes Goldfish to treat or have Participant treated in any medical emergency during their participation in the Goldfish Programs. Further, the Participant agrees to pay all costs associated with medical care and transportation for the Participant.

### Photos and/or Video

I understand that photos and/or video is taken at GSS and that any photo and/or video taken of my child(ren) may be used for Goldfish publicity purposes.

I have read and understand, and I agree with the informed Consent and Waiver/Release of Liability outlined above and the Registration and Payment Policies form outlined on the reverse side of this page as it relates to me and my child(ren).

Parent or Guardian Signature \_\_\_\_\_

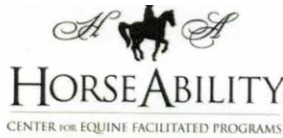
Printed Name \_\_\_\_\_

Date \_\_\_\_\_

[www.goldfishswimschool.com](http://www.goldfishswimschool.com) | Where the experience is golden.







## CAMP AND RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

CAMP HORSEABILITY, INC, 223 Store Hill Road /Steele Hill Road, Westbury NY, hereinafter known as "HORSEABILITY" at the SUNY College at Old Westbury as well as all satellite locations including "Camp Loyaltown" on Glen Ave in Hunter, NY

CAMP HORSEABILITY, INC, 238 Round Swamp Road, Melville, NY, hereinafter known as "CAMP HORSEABILITY" at the Thomas School of Horsemanship

**PLEASE READ CAREFULLY BEFORE SIGNING**  
**SERIOUS INJURY MAY RESULT FROM YOUR or YOUR CHILD'S PARTICIPATION IN THIS ACTIVITY.**  
**HORSEABILITY CANNOT GUARANTEE YOUR SAFETY.**

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: In consideration of the payment of a fee and the signing of this agreement, We, the parents of the minors listed on the registration form do hereby voluntarily request and agree to our child(ren)'s participation in riding, at HORSEABILITY, and that this STUDENT will either ride his/her own horse, or school horses provided by HORSEABILITY for instructional purpose, today and on all future dates.

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon the registered STUDENT, and/or the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of New York State and Suffolk County. Any disputes with the rider shall be litigated in, and venue shall be in, Suffolk County. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horse, ponies, mules, or donkeys, whether from the ground or mounted. The terms "CAMPER" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term "I/WE" shall herein refer to the riding school student or parents of the registered student on the opposite side.

C. ACTIVITY RISK CLASSIFICATION: I/WE UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions.

D. NATURE OF HORSEABILITY'S HORSES: I/WE UNDERSTAND THAT: HORSEABILITY chooses its horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS and HORSEABILITY follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.

E. CONDITIONS OF NATURE AND INSPECTION OF PREMISES: I/WE UNDERSTAND THAT: HORSEABILITY is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-doors groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. WE have inspected HORSEABILITY'S facilities and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage, and presence upon HORSEABILITY'S PREMISES.

F. SADDLE GIRTHS/NATURAL LOOSENING: I / WE UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

G. ACCIDENT/MEDICAL INSURANCE: WE AGREE THAT: Should emergency medical treatment be required, WE and/or my own accident/medical insurance company shall pay for all such incurred expenses. PLEASE PROVIDE ON REVERSE SIDE.

H. PROPER ATTIRE FOR SAFETY: ASTM APPROVED PROTECTIVE HEADGEAR IS REQUIRED: I/WE AGREE: to purchase protective or borrow from HorseAbility, headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. It will be worn while riding and being near horses and WE do understand that the wearing of such headgear at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. All riders must wear proper footwear, boot with smooth sole and 1/4" heel. If sneakers must be worn due to inability to wear boots, when riding with stirrups, tack will be adjusted to accommodate exception to attire.

I. LIABILITY RELEASE: I/WE AGREE THAT: In consideration of THIS PROGRAM/SCHOOL allowing myself or our child's participation in this these riding activities, under the terms set forth herein, I or WE, the parents, for ourselves and on behalf of our child(ren) and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge HORSEABILITY, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on its behalf(hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to HORSEABILITY'S and/or ITS ASSOCIATES ordinary negligence; and I or WE, the parents, do further agree that except in the event of HORSEABILITY'S gross negligence and willful and wanton misconduct, I/WE shall not bring any claims, demands, legal actions and causes of action, against HORSEABILITY and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of HORSEABILITY, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of HORSEABILITY, or participating in any of the school activities, whether on or off the premises of HORSEABILITY.

**LIABILITY CONSENT AND EMERGENCY MEDICAL RELEASE**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Participant  Staff  Volunteer

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize HORSEABILITY to:

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. The provision will only be invoked if the person(s) above is unable to be reached.

**I AGREE and Consent to Plan**

**I DO NOT AGREE; Please Follow my NON CONSENT Plan** - *I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. Parent or legal guardian will remain on site at all times during equine assisted activities*

**NON CONSENT PLAN** - \_\_\_\_\_

**SIGNER STATEMENT OF AWARENESS**

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. WE FURTHER ATTEST THAT ALL FACTS RELATING THE CAMPER'S PHYSICAL CONDITION, EXPERIENCE, & AGE ARE TRUE AND ACCURATE.

**BY SIGNING BELOW YOU ARE AGREEING TO THE TERMS ON THE REVERSE SIDE OF THIS FORM**

**X** SIGNATURE OF PARENT (OR RIDER IF OVER 21) \_\_\_\_\_ DATE \_\_\_\_\_

HorseAbility | PO Box 410-1 Old Westbury NY 11568 | phone 516.333.6151 | fax 516.333.5295 | email [info@horseability.org](mailto:info@horseability.org) | web [www.horseability.org](http://www.horseability.org)  
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