Franklin County 4-H Therapeutic Riding Center
181 Franklin Farm Lane
Chambersburg, PA 17202

Tel: 717-263-0443

January 9, 2024

Dear FCTRC Participant:

The staff of the Franklin County 4-H Therapeutic Riding Center are busy preparing for the 2024 riding season. We look forward to your participation this year. All registration will be completed using paper forms this year.

All forms are included in this packet. Complete, sign, and bring all forms to your first lesson. **All forms must be properly filled out and signed before the student can begin riding/driving.** Please be sure the Physician's Recommendation is signed and dated before you leave the doctor's office.

In 2024, lessons for all sessions will be eight weeks each. There will be a one week break in between most sessions to allow for make ups, except for two weeks in August between session #3 and session #4. Please understand that not all instructors are teaching all sessions. The session dates are as follows:

Session	Dates	Make Ups	Cost
#1	February 11-April 6	April 7,2024	$250.00
#2	April 14 - June 8	June 9, 2024	$250.00
#3	June 16 - August 10	August 11, 2024	$250.00
#4	August 25 - October 19	October 20, 2024	$250.00
#5	October 27 - December 21	December 22, 2024	$250.00

*Lessons will not be held on county holidays. Riders will not be billed for this session; individual invoices will be adjusted accordingly.

TENTATIVE SHOW DATES:
June 9, 2024 @ 10am
October 19, 2024 @ 11am

We invite you to sign up for more than one session. It is crucial that you sign up for all the sessions you are interested in NOW so we can schedule promptly. Your instructor will then contact you to schedule your riding day and time.

The cost is $250 for an eight-week session. ***Payment must be given to the instructor at the first lesson of each session.*** For those requiring assistance, full and partial scholarships are available. Those forms are also included in this packet. If signing up for more than one session, the entire fee can be paid in advance, or each session paid for separately prior to the session start. Please make checks payable to ***The Pennsylvania State University***. We accept cash, check, Visa, and MasterCard.

PLEASE NOTE: Financial assistance forms for 2023 must be submitted NOW regardless of the session you are riding in. Applications are due by February 1, 2023, for scholarship committee consideration. Determination is granted on an individual session basis.

***If you determine later in the year a request for assistance is needed, please submit forms at least two weeks prior to the session start date (Note, allotted funds may not be available if you wait to apply).**

If you applied for aid last year, you must do so again this year. Forms should be mailed or delivered to Penn State Extension, Attn: Susan Rotz, 181 Franklin Farm Lane, Chambersburg, PA 17202. *If you are NOT applying for financial assistance, you do not need to fill out the financial aid forms.*

A "Good Samaritan" Fund is available for short-term assistance. This is for participants that are not eligible for scholarships but may need to request consideration on a case-by-case basis. This form is also included in this packet please submit at least two weeks prior to session start date for consideration.

We look forward to your participation this year. If you have any questions, please call the Barn at 717–263–0443 or contact me at (717) 830-4269 or sar371@psu.edu. I am looking forward to a successful riding season!

Sincerely,

Susan Rotz
Program Director | Franklin County 4-H Therapeutic Riding Center
Penn State Extension | Franklin County
181 Franklin Farm Lane | Chambersburg, PA 17202
Phone: 717-830-4269 | sar371@psu.edu

******To be protected from liability, forms must be properly filled out and signed before the student can begin riding/driving. Please be sure the Physician's Recommendation is signed and dated before you leave the doctor's office.***

Franklin County 4-H Therapeutic Riding Center
181 Franklin Farm Lane
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Tel: 717-263-0443

FCTRC Registration Checklist

ALL FORMS MUST BE FILLED OUT, SIGNED AND TURNED IN BEFORE THE START OF YOUR SESSION.

1.____ Medical History and Physician's Statement

2.____ Paper 4-H Enrollment forms – Youth & Adult riders - Signed

3.____ Penn State Medical Treatment Authorization-Youth & Adult riders - Signed

4.____ Registration and Release form - Signed

5.____ PA 4-H Horse Program Member Acknowledgement of Risk (Youth riders-pink & Adult riders-tan)

6.____ Financial Aid Forms/Good Samaritan Request (if applying)

7.____ Sessions attending:

#1____#2____#3____#4____#5____

Riders Name:_____

*If you have questions or need help completing any forms, please contact Program Director, Susan Rotz (717) 830-4269.

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Riding Session and Payment Policies

1. Pre-registration notices will be mailed to existing riders or handed out at a parent meeting at least 4 weeks before the new session date. Current riders who do not register by phone call or in person, prior to the deadline date will forfeit their spot in the riding schedule.

2. Session payment needs to be made in full, unless otherwise specified by center staff, by the first week of the session. Riders who are not paid by this time will forfeit their spot in the riding schedule. Riders will be notified by the riding instructor at the time of class if the payment is delinquent. The rider will not be allowed to return to class unless payment is made. If payment is not made, the open spot will be filled with a rider off the waiting list.

3. If a rider is unable to attend a class within the session, this class will not be made up. Riders will not be allowed to make schedule changes with their instructor to make up classes. This practice is not fair to the other riders who miss classes and are not able to make schedule changes to make up a class.

4. There are no refunds of session payments. If deemed necessary, a credit will be given for future lessons.

5. Classes that cancelled due to severe weather - excessive cold (temps in the teens with the wind chill factor) or heat (temps above 95 degrees with the heat index factor), severe storms, and unsafe driving conditions are not made up. This is a safety precaution for our riders. This only happens occasionally during the year.

6. Cancelled classes due to the fault of the riding instructor will need to be rescheduled by that riding instructor for a time within the session.

7. Instructors will call riders and volunteers if classes are cancelled.

PennState Extension

Therapeutic Riding Center
181 Franklin Farm Lane
Chambersburg, PA 17202

☐ **Volunteer**
☐ **Teen volunteer**
☐ **Participant**

Registration and Release Form - BARN FILE

Name:_____ Date of Birth:_____ Age:_____ Gender: M___ F___

Street:_____ City:_____

State:_____ Zip Code:_____ E-Mail:_____

Phone:_____Work:_____Cell:_____

Residence:_____ Township:_____ Race:_____
(Farm, Rural, Town, Suburb, City)

School or Institution presently attending: _____ Grade: _____

For Those Under 18:

Parents or Guardian:_____

Address/Phone/Cell:_____

Liability Release:

_____(Name) would like to participate in the Therapeutic Riding Center program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in The Therapeutic Riding Center Program. “We assume the risk of equine activities pursuant to Pennsylvania Law.”

Date:_____Signature:_____
(Participant/Volunteer, (Parent or Guardian if under 18)

Photo Release:

I hereby consent to and authorize all photographs to be used in Penn State Cooperative Extension 4-H exhibits, Penn State publications, and/or Penn State web sites. Moreover, I also consent and authorize the use and reproduction by the Therapeutic Riding Center of any all photographs and any other audiovisual materials taken of me/my son, daughter, or ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date:_____Signature:_____
(Participant/Volunteer, (Parent or Guardian if under 18)

PennState Extension

MEDICAL HISTORY
PHYSICIAN'S RECOMMENDATION

Date: _____

NAME: _____ **DOB** _____ **AGE** _____

SEX: _____ **HEIGHT:** _____ **WEIGHT:** _____ **PULSE:** _____ **B.P.:** _____

DIAGNOSIS: _____

CAUSE: _____

MEDICATIONS (Type, Purpose, Dose): _____

_____

Atlanto-Axial Instability? Yes _____ **No** _____

Cervical X-Ray for Atlanto-Axial Instability: Positive _____ **Negative** _____ **X-Ray Date** _____

Tetanus Shot: Yes _____ **No** _____ **Date** _____

Please indicate if the client has or has a history of the following secondary problems by checking yes or no. If YES, please include COMPLETE information pertaining to the problem.

PROBLEM	YES	NO	IF YES, OR HISTORY OF, DESCRIBE
AUDITORY IMPAIRMENT			
LEARNING DISABILITY			
MENTAL IMPAIRMENT			
PSYCHOLOGICAL IMPAIRMENT			
SPEECH IMPAIRMENT			
VISUAL IMPAIRMENT			Glasses:
ALLERGIES			
CARDIAC			
CIRCULATORY			
PVD			
Postural Hypotension			
Hemophilia			
PULMONARY			
Asthma/COPD			
NEUROLOGICAL			
Seizures			
Controlled			Type
Last Seizure: / /			
Hydrocephalus			
Shunt			# Revisions
Sensory Loss			
Pain			
MUSCULAR			

PROBLEM	YES	NO	IF YES, OR HISTORY OF, DESCRIBE
Contractures			
SKELETAL			
Spinal Column Injury			
Subluxing Joints			
Dislocating Joints			
Laminectomy/Fusion			
Scoliosis - Degree/Type/Brace/ Last X-ray			
Kyphosis/Lordosis Degree/Type			
Spondylolisthesis			
Spinal Abnormality			
Osteoporosis			
Heterotrophis Ossification			
Joint Disease			
Cranial Defects			
Fractures			Location? Healed?
Other			

MEDICAL HISTORY

Please indicate any medical problems not indicated above.

Please indicate special precautions:

MOBILITY STATUS

Ambulatory? Yes_____ No _____
If No, describe: _____

PROSTHETICS/ORTHODONTICS:

Type: _____ Purpose: _____

Type: _____ Purpose: _____

Please describe any other additional information that might help us to work with this student. Thank you for you time!

Horseback riding is an appropriate activity for the above named person.

Physician's Signature: _____ Date: _____

Physician's Name (Please Print): _____

Physician's Address: _____

Telephone: _____ - _____ - _____

IMPORTANT INFORMATION

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing the forms, please note whether these conditions are present, and to what degree.

Orthopedic
Spinal Fusion
Spinal Instabilities/Abnormalities
Atlantoaxial Instabilities
Scoliosis
Kyphosis
Lordosis
Hip Subluxation and Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Neurologic
Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Paralysis due to Spinal Cord Injury
Seizure Disorders – We require our participants to be seizure free for 6 months before starting in the program.

Medical/Surgical
Allergies Stroke (Cerebrovascular Accident)
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Hypertension
Serious Heart Condition

Secondary Concerns
Behavior Problems (including a history of violence or abuse toward people, animals or pyromania)
Bipolar disorder
Schizophrenia
Age under 2 years
Age 2-4 years
Acute exacerbation of chronic disorder
Indwelling catheter

PennState Extension

HEAD HEART HANDS HEALTH

Franklin County 4-H Therapeutic Riding Center Rider Enrollment Form

YOUTH INFORMATION

First Name: _____ Last Name: _____

Preferred Name: _____ Gender: ☐ Male ☐ Female

Birthdate: _____ Email Address: _____

Primary Phone: _____ Cell Phone: _____

Primary Language: _____ Shirt Size: _____

Including this year, how many years have you been a 4-H member? _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Ethnicity:

☐ Hispanic or Latino
☐ Non-Hispanic
☐ Prefer Not To State

Race:

☐ Asian
☐ Black or African American
☐ White
☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ More Than One Race
☐ Prefer Not To State

Place of Residence:

☐ Farm ☐ Town under 10,000 and rural non-farm ☐ Town or City (10,000 - 50,000), and their suburbs ☐ Suburbs of City over 50,000 ☐ Central City of over 50,000

School County: _____ Grade Level: _____

School Name: _____

School Type:

☐ Public ☐ Private ☐ Charter (Virtual or In-Person) ☐ Home School ☐ Other

I have an immediate family member serving in the military: ☐ Yes ☐ No

If yes, which branch?:

☐ Air Force ☐ Coast Guard ☐ Marines
☐ Army ☐ DOD Civilian ☐ Navy

If yes, which branch component?:

☐ Active Duty ☐ Reserves
☐ National Guard

Do you serve in a 4-H youth leadership role?

Camp Counselor (Day Camp or Residential Camp)	☐ Yes	☐ No
Club Officer (Be sure if so to add it as a project)	☐ Yes	☐ No
County 4-H Ambassador	☐ Yes	☐ No
County 4-H Teen Council Member	☐ Yes	☐ No
State Council Member	☐ Yes	☐ No
State 4-H Project Ambassador	☐ Yes	☐ No
4-H Project Teen Leader	☐ Yes	☐ No
Youth Member of County 4-H Program Development Committee	☐ Yes	☐ No

PRIMARY PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SECONDARY PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Primary Phone: _____ Relationship: _____

ADDITIONAL NEEDS AND SUPPORT

Please list all allergies, including food:

Do you carry an Anaphylaxis and Epinephrine Auto-Injector (EPI) Pen? ☐ Yes ☐ No

Do you (your child) have any special need?

Do you (your child) require any additional support or modifications to participate in this program?

Please contact your Extension Office about any special needs or accommodations so they can work with the Penn State ADA office on your requests.

CLUB ENROLLMENT

Club:

Project(s):

Program Date:

Leader:

Club:

Project(s):

Program Date:

Leader:

Pennsylvania 4-H Youth Liability Release

Pennsylvania 4-H Youth Development Program

Youth Liability Release

Acknowledgment:

I/we understand/acknowledge the following relating to my child's participation in 4-H events

- I/we fully acknowledge that this program may be delivered virtually through a video communication platform.
- I understand and consent to the use of the functionalities relating to video communication platform that includes the ability of each participant to view all other participants utilizing the video communication platform and the ability of each other participant to view the location of where my child will participate virtually.
- I understand and acknowledge that the nature of using a video communication platform also means that my child's name and live video potentially could be seen by anyone in the background of the individuals who are participating and that my child may see actions in the background of other participants. I understand and acknowledge that my/my child's information, including, but not limited to [name and phone number], also may be inadvertently disclosed to others during the course of the program delivered via the video communication platform.
- I/we agree to provide adequate supervision by being in the immediate vicinity of any participating child(ren) under the age of 12 years at all times during the course of the program delivery via the video communication platform.
- I/we acknowledge that we will not share the program login and password information to others, as it is for the use of registered participants only.

Liability:

I/we, the undersigned, individual and as parent(s) and or legal guardian(s) of the above named child, a minor, give permission to participate in events, sponsored by The Pennsylvania 4-H Youth Development Program sponsored by Penn State Extension of The Pennsylvania State University. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor and/or me arising out of my child's participation in the Penn State Extension 4-H Youth Development Program.

Parent (s)/Legal Guardian(s):

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I

understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

By entering my name below, I agree to the above acknowledgment and liability statements

Parent or Guardian Name

Date

Pennsylvania 4-H Youth Code of Conduct

Pennsylvania 4-H Youth Development Program

Behavioral Expectations for Youth

A goal of the 4-H Youth Development Program of Penn State Extension is to provide opportunities for children and youth to develop character. Pennsylvania 4-H supports the CHARACTER COUNTS![SM] six pillars of character: TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, and CITIZENSHIP. In order to assure that the 4-H Youth Development Program of Penn State Extension provides positive environments for all individuals to learn and grow, participants agree to abide by these expectations of behavior:

I will be trustworthy. I will be worthy of trust, honor, and confidence. I will be a model of integrity by doing the right thing even when the cost is high. I will be honest in all my activities. I will keep my commitments by attending all sessions of the planned event. If I am not feeling well or have a schedule conflict, I will inform my chaperone or a person in charge. I will be in the assigned area (e. g. club meeting room, building, dorm) at all times. Pennsylvania 4-H does not permit dishonesty by lying, cheating, deception, or omission.

I will be respectful. I will show respect, courtesy, and consideration to everyone, including myself, other program participants, and those in authority. I will act and speak respectfully. I will treat program areas, lodging areas, and transportation vehicles with respect. I will not use vulgar or abusive language or cause physical harm. I will appreciate diversity in skill, gender, ethnicity, and ability. Pennsylvania 4-H does not tolerate statements or acts of discrimination or prejudice.

I will be responsible. I will be responsible, accountable, and self-disciplined in the pursuit of excellence. I will live up to high expectations so I can be proud of my work and conduct. I will be on time to all program events. I will be accountable by accepting responsibility for my choices and actions. I will abide by the established program curfew. I will be responsible for any damage, theft, or misconduct in which I participate.

I will be fair. I will be just, fair, and open. I will participate in events fairly by following the rules, not taking advantage of others, and not asking for special exceptions.

I will be caring. I will be caring in my relationships with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will help members in my group to have a good experience by striving to include all participants.

I will be a good citizen. I will be a contributing and law-abiding citizen. I will be respectful to the environment and contribute to the greater good. I will not use any illegal substances such as tobacco, alcohol, and drugs.

****

Pennsylvania 4-H Member Code of Conduct

The Pennsylvania State University is committed to providing a safe environment for all youth participating in activities offered through the University. All Penn State youth programs including 4-H have policies in place to ensure the safety of youth participating in our programs and to ensure safety is not compromised.

4-H members participating in or attending club, county, regional, district, state, and national programs, activities, events, shows, and contests sponsored for youth by the 4-H Youth Development Program of Penn State Extension are required to conduct themselves according to the Pennsylvania 4-H Code of Conduct. The code operates in conjunction with the Pennsylvania 4-H Youth Development Program Behavioral Expectations and the rules and regulations of the specific activity.

Adults attending or participating in 4-H youth activities are expected to conduct themselves according to the code and to assist and support youth in their efforts to adhere to the code.

The following are not permitted at 4-H sponsored programs, activities, or events:

- Possession, consumption or distribution of alcohol.
- Possession, use, or distribution of illegal drugs.
- Possession or use of all tobacco products, this includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems that simulate tobacco smoking.
- Violence, including, sexual abuse, sexual harassment, physical, verbal, emotional or mental abuse of another person.
- Sexual activity.
- Boys in girls' rooms and girls in boys' rooms or lodging areas.
- Cheating or misrepresenting project work.
- Theft, destruction, or abuse of property.
- Violation of an established curfew.
- Unauthorized absence from program site.
- Bullying of any kind including verbal, physical and cyber bullying (social media).
- The inappropriate use of camera, imaging, and digital devices where privacy is expected.
- Unethical or inhumane treatment of animals.
- Possession or use of a weapon. (This does not refer to the equipment used in authorized shooting sports practice or competition.)
- Possession or use of a harmful object with the intent to hurt or intimidate others.

- Other conduct deemed inappropriate for the youth development program by an event chair; a designated Penn State Extension Educator, faculty, or staff member; or a 4-H volunteer leader.
- Public displays of affection are not appropriate.
- Possession or use of fireworks.

Youth attending 4-H events on the University Park campus must abide by all University regulations. While attending and participating in an on campus event, the operation of a motor vehicle is prohibited. Parking of vehicles must be in accordance with University parking regulations. Misuse or damage of University property is unacceptable. Charges will be assessed against those participants who are responsible for damages or misusing University property.

If the code is violated, the following steps may be taken:

- The adult chaperone for the youth involved in the violation (Extension Educator or 4-H leader) will be made aware of the situation.
- The parent(s) may be called and arrangements made for transportation home at the parent's expense.
- The 4-H'er(s) may be barred from participating in 4-H.
- When a violation occurs at a competitive event, 4-H members may be disqualified from the contest and be ineligible for any awards. Competition in later contests may also be barred. This will be determined by the event chair; a designated Penn State Extension Educator, faculty, or staff member; or a 4-H volunteer leader. Disqualification of an individual may impact participation of an entire team.
- If any laws are violated, the case may be referred to the police.
- All chaperones are responsible for all youth at an event.

The 4-H name and emblem is to be used appropriately at all times. It may only be used to promote the 4-H program and is not permitted for use for personal gain. For information and guidelines on appropriate use of the 4-H name and emblem reference VIP Fact Sheet 14 on the PA 4-H website at: extension.psu.edu/programs/4-h/leaders/policies.

If a 4-H member discloses personal information that may indicate dangerous behaviors affecting the well-being of the child, a staff member or volunteer will share the information with the parent/guardian.

CODE AGREEMENT

My parent/guardian and I have read and discussed the PENNSYLVANIA 4-H YOUTH DEVELOPMENT PROGRAM BEHAVIORAL EXPECTATIONS and the Pennsylvania 4-H Code of Conduct. I am aware that my actions and decisions affect me and others and may result in the loss of privileges during 4-H events and for future events. We agree that I will conduct myself in accordance with the intent of the Behavioral Expectations and the Code. I will accept the appropriate and logical consequences of my actions if I fail to do so.

If my behavior jeopardizes the safety of others and/or if I exhibit chronic, persistent behavior problems that disrupt

the entire group, my parent(s)/guardian(s) will be contacted.

Furthermore, if it is determined by the adults in charge that my behavior violated the Code, I agree to place a collect call to my parents/guardian. If further action requires me to return home, my parents/guardian and I will arrange for transportation at my expense.

My son/daughter and I have read and discussed the PENNSYLVANIA 4-H YOUTH DEVELOPMENT PROGRAM BEHAVIORAL EXPECTATIONS and the CODE OF CONDUCT. I am aware that I am a role model for my son/daughter and other youth in the 4-H program. **I, along with my son/daughter, agree to conduct myself in accordance with the intent of the Behavior Expectations and the Code.** I am aware that my actions and decisions affect me and others and may result in the loss of privileges during 4-H events and for future events.

By Entering my Name I agree to the Above Release

Member Name	Date
Parent Name	Date

PennState Extension

HEAD HEART HANDS HEALTH

PA 4-H YOUTH MEDIA RELEASE

Pennsylvania 4-H Youth Development Program

Youth Media Release

I/we grant permission to The Pennsylvania State University and its agents or employees to use photographs and/or video taken of my child from this event/program for use in promotional and educational materials and to use such photographs/video in publications, websites, articles, brochures, books, magazines, newsletters, exhibits, broadcasts, videos, films, social media, advertisements and training programs in any form now known or later developed. I hereby agree to release, indemnify and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the materials in whole or in part, in any medium, from and against any claims, damages or liability arising from or related to the use of the photographs/video.

Select One: ☐ I grant consent ☐ I do not grant consent

Complete only if you grant consent:
Level of Permission: Please indicate "yes" for each level that you are granting consent for photos and videos to be taken. Indicate "no" for levels that you do not grant consent.

Club	☐ Yes	☐ No
County	☐ Yes	☐ No
Area/Region	☐ Yes	☐ No
State	☐ Yes	☐ No

Name of 4-H Member: _____

Parent Name: _____

Parent Signature: _____

Date: _____

County Name: FRANKLIN Club Name: FRANKLIN COUNTY 4-H THERAPEUTIC RIDING

PennState

The Pennsylvania State University *Youth Program Consent for Treatment*

This form must be completed and returned before youth camp/program/event enrollment dates in order for youth to be permitted to participate in any program activities.

Personal Information

Youth's Last Name____ First Name____ Birthdate____ ☐M ☐F

Specify program your child will be attending ____

Address____ City____ State____ Zip ____

Home Phone____ E-mail Address ____

Parent/Guardian #1____ Parent/Guardian #2____

Daytime Phone____ Daytime Phone ____

Place of employment____ Place of employment ____

Is physician authorization needed? ☐Yes ☐No

Name of Family Physician____ Phone ____

In case of emergency, please notify

If neither parent nor guardian is available in an emergency, please contact:

1. ____ Phone____

2. ____ Phone____

Health History [Please check and provide approximate dates that youth suffered from allergies and other conditions listed below]

Allergies

☐ Hay Fever ❑ Bee/Wasp Stings ❑ Insect Stings ❑ Penicillin ❑ Peanut ☐ Other Food/Drugs: ____

Other

☐ Asthma ❑ Diabetes ❑ Convulsions ❑ Concussion ❑ Behavioral/Emotional ❑ Other: ____

Date of most recent tetanus immunization: ____

Please list any ***major*** past illnesses (contagious and non-contagious): ____

Please list any ***major*** operations or serious injuries(include dates): ____

Has the youth ever been hospitalized? ❑ NO ❑ Yes If YES, explain: ____

Does the youth have any chronic or recurring illness? ❑ NO ❑ Yes If YES, explain: ____

Is there anything else in youth's health history that the program staff should know? ____

Are there any activities from which the youth should be restricted? ❑ NO ❑ Yes If YES, explain: ____

Are there any specific activities that should be encouraged? ❑ NO ❑ Yes If YES, explain: ____

Does the youth have any special dietary restrictions? ❑ NO ❑ Yes If YES, explain: ____

____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ❑ NO ❑ Yes If YES, explain: ____

____

Will the youth need to take any medication during the program? ❑ NO ❑ Yes

If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.

Medication	***Reason(s) for Medication***	***Daily Dosage/Time(s) Taken***
1.		
2.		
3.		
4.		

If at all possible, medication should be administered at home. Medications will be allowed at the Youth Program only when failure to take such medicine would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medicine were not made available.

The Pennsylvania State University *Youth Program Consent for Treatment - Page 2*

Youth's Last Name_____ First Name_____ Birthdate_____ ❑ M ❑ F

I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program.

I acknowledge and agree that attendance at any public event, including Youth Programs, involves certain unavoidable risks such as exposure to or infection by transmissible diseases, viruses, and other illnesses (including, but not limited to, COVID-19 and its variants). On behalf of myself and my child, I assume any and all such risk and acknowledge that such exposure or infection may result in personal injury, illness, severe complications, permanent disability, and/or death to my child or others. I agree on behalf of myself and my child to adhere to all applicable University policies including, but not limited to, those intended to mitigate the spread of transmissible illnesses. I understand it is my and my child's responsibility to practice basic health, safety, and sanitation measures to avoid contracting or spreading transmissible illnesses. I further agree that my child will not attend the event if they are symptomatic of any commonly spread transmissible illness.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for Penn State University Health Services staff or other licensed health care practitioners to perform any necessary emergency treatment.

I hereby authorize the clinical staff at The Pennsylvania State University ("Penn State" or the "University") (e.g., clinical staff at Penn State's University Health Services) or other licensed health care practitioners, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the Youth Program/event.

I agree to the release of records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. If treatment is provided by Penn State, I understand that the University charges for services and that it is my responsibility to pay the bill. I may be responsible to submit any claims to my health insurance carrier for reimbursement. I also authorize Penn State to receive medical/billing information and submit it to the University's insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, Penn State does not provide medical insurance to cover emergency care or medical treatment of my child.

Medical and Related Health Information Penn State is committed to protecting the medical and related health information about your child. Medical and related health Information provided on this form will only be used as Penn State deems necessary to provide services for your child while participating in the Youth Program. Information will be stored, archived, and disposed of according to Policy AD35, University Archive and Records Management and Policy AD95, Information Assurance and IT Security.

If there are any changes to your child's health, please contact the youth program.

It is NOT permissible for a participant to share any medications with any other participants. If at all possible, medication should be administered at home. Medications will be allowed at the Youth Program only when failure to take such medicine would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medicine were not made available.

The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e. inhalers, EPI-pens, insulin injections). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival.

All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant's name. Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number.

All medications will be kept in a securely locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications ONLY. Access to all medications will be limited to approved personnel. The need for emergency medication may require that a Youth Program participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, EPI-pens, insulin injections, seizure medication). Penn State Youth Program staff will NOT purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.

Penn State youth program does not carry over the counter medication. If a Program has professional medical staff on-site, then the medical staff may administer over the counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

If there are no medical staff on-site, Penn State Youth Program staff will not dispense medications, but may monitor the self-administration of certain medications if necessary, ONLY upon written consent of the parent(s)/legal guardian(s) and /or physician's orders.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant's last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.

I understand that, in accordance with Youth Program policy, any medication(s) should be given at home before and/or after the Youth Program. However, when this is not possible, and medications will be brought to Youth Program camp, I agree to the provisions outlined above relating to the management of medications.

Parent/Legal Guardian Name (Please Print) Parent/Guardian Signature

Date *Terms and Conditions agreed to via electronic signature

Revised Sept 6, 2022

Adult Participant in 4-H Horse Show/Activity

Acknowledgement of Risk

(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS OR ATTENDANTS 18 YEARS & OLDER)

I, _____, have chosen to participate in the Pennsylvania 4-H horse show/activity described below. I fully understand and acknowledge that there are inherent risks and dangers in my participation in the activities of the 4-H horse program. I also understand and acknowledge that my participation in these activities and the use of any equipment related to such activities may result in injury, illness, death and/or damage to personal property. I understand that the activities themselves, other participants, accidents, forces of nature or other factors may cause these risks and dangers and I, on my own behalf, hereby accept and assume these risks and dangers.

NAME OF 4-H SHOW/ACTIVITY _____

LOCATION _____ DATE _____

I am aware that:

A. Horses have a tendency to behave in ways, which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
B. Horses may react in an unpredictable way to sounds, sudden movements, unfamiliar objects, persons, other animals, and any unexpected situations;
C. Riding, driving, or handling a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these activities occur;
D. While in the vicinity of a horse while riding, driving, or handling a horse, I may be involved in a collision with another horse, another animal, a person, or an object;
E. Other participants in the program may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other participants; and
F. Other participants in the program may act in a negligent manner, which could result in harm to me.

I understand the need to behave in a safe manner. I will make sure that I wear appropriate clothing, headgear, and footwear during horse activities.

I am in good health and am able to participate in any strenuous physical activity associated therewith.

I understand that I am not required to participate in any horse activity. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities, and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I assume the risk for myself, and other family members and friends present at these horse activities.

I herewith release, forever discharge, and waive any right of recovery or subrogation against 4-H, its leaders and members, and Penn State Extension, its officers, directors, and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This document shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my participation in 4-H horse program activities shall first be submitted to arbitration and/or be venued in a Court of the State of Pennsylvania selected by the sponsoring 4-H club(s) or county program, the choice of which shall be at their sole discretion.

Name (print): _____ Signed: _____ Date:_____

Date of Birth (print): _____

Address: _____

WITNESS: _____ SIGNATURE: _____
(MUST BE EXTENSION EMPLOYEE OR APPROVED 4-H VOLUNTEER)

<u>This form must be kept in Extension files for seven (7) years from date of show.</u>

FRANKLIN COUNTY
Office of Veterans Affairs
Therapeutic Riding Program

PARTICIPANT APPLICATION

Welcome

We appreciate your service to our country and interest in our therapeutic riding program.

Please complete this application and submit to our office for consideration.

Franklin County
Office of Veterans Affairs
425 Franklin Farm Lane
Chambersburg, PA 17202
(717) 263-4326

Applicant Information

Name: _____ Email: _____

Address: _____ City/State/Zip:_____

DOB:_____ Height: _____ Weight: _____ □ Male □ Female

How did you hear about the program? _____

Health History

Please list your current documented physical and/or mental disabilities.

_____

_____

Please list what medications you are currently taking? (include prescription and over-the-counter) _____

_____

Do you suffer from seizures? □ Yes □ No

If yes, please describe _____

Have you had any recent fractures or surgeries? (Within last year) □ Yes □ No

If yes, please describe and include dates:

_____

_____

_____

Please indicate if you have experienced issues with any of the following:

Vision	□ Past	□ Present
Hearing	□ Past	□ Present
Sensation	□ Past	□ Present
Heart	□ Past	□ Present
Breathing	□ Past	□ Present
Digestion	□ Past	□ Present
Elimination	□ Past	□ Present
Diabetes	□ Past	□ Present
Circulation	□ Past	□ Present
Emotional	□ Past	□ Present
Behavioral	□ Past	□ Present
Pain	□ Past	□ Present
Bone/Joint	□ Past	□ Present
Muscular	□ Past	□ Present
Cognition	□ Past	□ Present
Allergies	□ Past	□ Present

Comments/ details: _____

_____

Describe your abilities/difficulties in the following areas (include assistance or equipment needed):

Function (Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

_____

_____

Social (leisure interests, relationships, support system, companion animals, fears/concerns)

_____

_____

Goals (What do you hope to accomplish through participation)

_____

_____

*Applicants must submit the following:

- ☐ Photo Identification
- ☐ Proof of Military Service
- ☐ Proof of Medical Insurance
- ☐ Documentation of a Physical and/or Mental Disability
- ☐ Physician Clearance
- ☐ Program Release
- ☐ Completed Application

Signature

All information provided is accurate as of the date of this application. I will notify the Franklin County Veterans Affairs Office of any changes. I understand that providing false information will result in disqualification from the program indefinitely. I further understand that completion of this application does not guarantee enrollment.

_____ _____

Participant's Name (Please Print) Date

_____

Participant's Signature

FRANKLIN COUNTY
Office of Veterans Affairs
425 Franklin Farm Lane
Chambersburg, PA 17202
Check out our office on the Franklin County website: www.franklincountypa.gov
Telephone: (717) 263-4326 Fax: (717) 263-1905

COMMISSIONERS
Dean Horst, Chairman
John Flannery
Robert G. Ziobrowski

RELEASE, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT

1. I, _____ (please print) understand the natural risks that are associated with the activity of horseback riding and am participating in this activity voluntarily.
2. I assume all risks and hazards that are part of my participation in the Franklin County Veterans Therapeutic Riding Program, which takes place at 191 Franklin Farm Lane, Chambersburg.
3. I agree to release, hold harmless and indemnify Franklin County Veterans Affairs, Franklin County Therapeutic 4-H Riding Center, the County of Franklin, its elected officials, employees, successors and assigns from any and all manner of action and causes of action, suits, claims and demands whatsoever in law or equity which I may have against Franklin County Veterans Affairs, Franklin County Therapeutic 4-H Riding Center, the County of Franklin, its elected officials, employees, successors and assigns, relating in any way whatsoever to an injury I sustain or in any way related to my participation in the Franklin County Veterans Therapeutic Riding Program.
4. I understand that I am solely responsible for providing appropriate accident and medical insurance and I hereby certify that I have such coverage.

_____ _____

Participant's Name (Please Print) Date

_____

Participant's Signature

FRANKLIN COUNTY
Office of Veterans Affairs
425 Franklin Farm Lane
Chambersburg, PA 17202
Check out our office on the Franklin County website: www.franklincountypa.gov
Telephone: (717) 263-4326 Fax: (717) 263-1905

PHYSICIAN CLEARANCE

Participant Name _____ DOB _____

In my opinion, this individual can participate in supervised riding activities. These activities include:

- ☐ Yes ☐ No Ground lessons (general horse care and interaction)
- ☐ Yes ☐ No Therapeutic Riding (mounted riding, indoor and outdoor)
- ☐ Yes ☐ No Therapeutic Driving (use of carriage)

Additional Comments: _____

_____

_____

Physician Name (please print) _____ Phone _____

Physician Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date _____