



IRONSTONE FARM SUMMER CAMP 2020

Welcome!

Thank you for your interest in Ironstone Farm's Summer Camp. Ironstone Farm is the home to the nonprofit organizations Challenge Unlimited and Ironstone Therapy that provide a variety of recreational, therapeutic and educational riding programs.

Enclosed you will find both information regarding our camp programming, and our camp registration forms. Ironstone Farm's Summer Camp has sold out for the past 18 years. Due to this high demand, registration cannot be accepted until all completed forms and full payment have been received.

Ironstone Farm provides a fun, educational and inclusive environment for children to safely learn about various aspects of horsemanship. With a low camper-to-staff ratio, we are able to divide campers into different groups based on their ages and abilities. This allows us to provide appropriate challenges for both new and experienced riders.

If at any time you have a question or are not satisfied with any aspect related to the services provided at our facility, please discuss it with us promptly and openly. We want to provide a thoroughly enjoyable and beneficial experience to all campers, and to partner with you in creating a summer to remember for your child.

We hope the enclosed information answers any questions you may have concerning our program, policies and procedures. If you have additional questions or would like to schedule a visit, please give us a call at 978-475-4056. We look forward to meeting you soon!

Sincerely,

Ashley Caggiano
Program Manager

Renée Lucia
Summer Camp Director

"This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health" (in accordance with 105 CMR: 430.190(C))

LEARN MORE ONLINE AT IRONSTONEFARM.ORG/CAMP



Ironstone Farm, 450 Lowell St., Andover, MA 01810
Home of Challenge Unlimited, Inc.

Phone: 978-475-4056 **Fax:** 978-475-4046 **Email:** camp@challengeunlimited.org



GENERAL INFO: IRONSTONE FARM SUMMER CAMP 2020



Age Requirement: Ages 7 - 15

Riders will be placed in groups based on their age and riding ability.

Required Payment and Forms

Full payment and all forms are due with your registration. Registration will not be accepted until all forms are complete. Extra forms can be found online at IronstoneFarm.org/camp

- Current (within 18 months) immunization record and physical form from physician's office
- Emergency authorization and release of liability
- Physician's approval (required for any child with a medical diagnosis)
- Bugspray and sunscreen permission slip
- Popsicle permission slip
- Medication authorization, if applicable
- Child pickup permission form, if applicable

Riding Evaluation

A riding evaluation is **required for all new riders and all who have not ridden at Ironstone Farm for six months or more**. Please call the office at 978-475-4056 to schedule a riding evaluation at least 4 weeks prior to your first week of camp.



Please Bring to Camp Every Day

- Boots **AND** sneakers
 - Long pants
 - Insect repellent
 - Sunscreen
 - Snack and/or lunch
 - Plenty to drink
(refillable water bottles are best)
 - ASTM/SEI certified equestrian helmet*
- * An equestrian helmet is a safety requirement.*



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2020 SUMMER CAMP

CAMP SESSIONS

Morning Session \$395/week

9 a.m. to 1 p.m.

Morning session includes two horseback riding lessons, one in vaulting and one under saddle, as well as daily lessons in horsemanship.

Afternoon Session \$295/week

2 to 5 p.m.

Afternoon session includes one riding lesson, horsemanship, teamwork games, arts and crafts.

All-Day Session \$640/week

9 a.m. to 5 p.m. with supervised lunch break from 1 to 2 p.m.

Please pack a lunch! All-day riders participate in both morning and afternoon sessions.

Advanced "Cowboy" Camp! \$640/week

New this summer! We are offering two weeks of all day camp with our Director of Equine Ops, Cowboy. These weeks campers will learn how to do the following:

- Basic Roping Techniques
- Neck Reining
- Advanced Western Techniques
- Horsemanship and at Liberty
- Lunging
- Western Drill
- Horse Care and Farm Upkeep

Offered to 12 campers per week. Campers must do an initial evaluation with Cowboy to determine eligibility.

Show Day (mornings only)

Every Friday morning, students demonstrate what they've learned at camp. Riders are invited to bring family and friends to watch them ride. We end the day with an awards presentation.



Ironstone Farm is a 19-acre nonprofit horse farm in Andover complete with an outdoor riding ring, trails and two indoor riding facilities.

Its camp programs have been inspected and licensed by the Andover Board of Health and meet the regulations promulgated by the Massachusetts Department of Public Health.



2020 SUMMER CAMP POLICIES AND HELPFUL DEFINITIONS

Below are descriptions of Ironstone Farm Summer Camp's medical and wellness policies

ILL CHILD POLICY

Ironstone Farm Summer Camp is not equipped to care for ill children. If the illness is due to fatigue or weather conditions, we will do our best to care for the child. If there is no relief of symptoms after a short period of time, the management will contact a parent to pick up the child. If a camper expresses a desire to go home, a parent will be notified. Any unusual complaint by a camper will be taken seriously and a parent will be notified to come to pick up the child.

MEDICATION POLICY

Medications such as inhalers or epipens can be brought to camp under physician order only. Protocol is to be followed. Enclosed is an authorization to administer medications form. Most medications are for emergency use only. Other medications should be given at home before or after camp hours.

EMERGENCY POLICY

The emergency policy for any injury is as follows: injury assessed; immediate first aid provided; office informed of injury; office to inform parent/guardian/EMS as needed; incident documented in our incident log. Ironstone Farm's full policy will be provided upon request.

The Ironstone Farm Summer Camp Programs are inspected & licensed by the Andover Board of Health and meet the regulations developed by the Massachusetts Department of Public Health.

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Below are some explanations about aspects of horseback riding.

VAULTING

Vaulting is similar to gymnastics on horseback, and teaches confidence, rhythm and balance, essential objectives to developing a solid foundation for riding. These exercises are performed with a surcingle rather than a saddle. This puts the rider in closer contact with the horse, allowing the rider to better feel the movement of the horse.

UNDER SADDLE

Participants in "under saddle" lessons will learn the aids (or cues to the horse) needed and be taught how to work with the horse, and control the horse's movements, direction and speed, riding in a group of up to six campers, with support as needed.

HORSEMANSHIP

Horsemanship lessons provide an overview on the basics of equine understanding, care and management. The campers may learn about parts of the horse, the hoof, the saddle and more. The camper will learn to "tack up" (get the horse ready for the lesson) and take care of the horse after riding.

EQUESTRIAN HELMET

Please note that an ASTM/SEI-certified equestrian helmet is not the same thing as a bike helmet. Equestrian helmets are a safety requirement and are tested for the specifics requirements of the sport.



2020 SUMMER CAMP REGISTRATION FORM

RETURN BY EMAIL or to IRONSTONE FARM, 450 LOWELL ST., ANDOVER WITH PAYMENT

EMAIL: Camp@ChallengeUnlimited.org **PHONE:** 978-475-4056 **FAX:** 978-475-4046

Full payment is due with registration. Payment is non-refundable once a week is confirmed with you.

NAME OF CAMPER _____ AGE _____ ENTERING GRADE _____

ADDRESS _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

Please mark unisex adult T-shirt size: ☐ XS ☐ S ☐ M ☐ L ☐ XL

EMAIL _____ PHONE _____

Please indicate 1st, 2nd and 3rd preferences for week(s) and time(s) with a **1, 2** or **3** below. If looking for multiple weeks, indicate all 1st-choice weeks with a **1**, and so on.

Week	Morning	Afternoon	All Day
June 22-26	<input type="checkbox"/> \$395	<input type="checkbox"/> \$295	<input type="checkbox"/> \$640
July 6 - 10	<input type="checkbox"/> \$395	<input type="checkbox"/> \$295	<input type="checkbox"/> \$640
July 13 - 17	<input type="checkbox"/> \$395	<input type="checkbox"/> \$295	<input type="checkbox"/> \$640
July 20 -24	SOLD OUT	<input type="checkbox"/> \$295	SOLD OUT
*July 27 - 31	N/A	N/A	<input type="checkbox"/> \$640
Aug 3 - Aug 7	<input type="checkbox"/> \$395	<input type="checkbox"/> \$295	<input type="checkbox"/> \$640
Aug 10 - Aug 14	<input type="checkbox"/> \$395	<input type="checkbox"/> \$295	<input type="checkbox"/> \$640
*Aug 17 - 21	N/A	N/A	<input type="checkbox"/> \$640

*** July 27- 31 and Aug 17 - 21 are Cowboy camp weeks only**

TOTAL AMOUNT DUE FOR ABOVE: _____

PAYMENT METHOD

☐ Check (Please make checks payable to Challenge Unlimited)

☐ Visa ☐ Amex ☐ MasterCard

CREDIT CARD NO. _____

NAME AS IT APPEARS ON CARD _____

EXP. DATE _____ 3- OR 4-DIGIT CSV# _____

SIGNATURE (PRINT OUT, SIGN AND RETURN) _____

We look forward to seeing you this summer!

REGISTRATION REQUIREMENTS

Submit these forms with registration:

Forms are available at ironstonefarm.org/camp and in the welcome center

- **Current (within 18 months) immunization record & physical form from physician's office**
- Emergency authorization & release of liability
- Physician's approval (required for any child with a medical diagnosis)
- Medication authorization, if applicable
- Permission form for bug spray & sunscreen use, popsicles and camper pickup/transportation

Payment terms

Please submit full payment with your registration form. *Placement in camp is assigned on a first-registered, first-served basis. Please note: our summer camp sells out.*

Payment is required to confirm camp spot and is non refundable.

Age requirement: Ages 7 - 15

Please check with the office regarding age appropriateness of the sessions. Riders will be placed in groups based on age and ability.

Please plan to bring everyday:

- Sneakers **and** boots
 - Long pants
 - Equestrian helmet*
 - Insect repellent
 - Sunscreen
 - Snack or lunch
 - Plenty to drink (refillable bottle suggested)
- * An ASTM/SEI equestrian helmet is a safety requirement. This is not a bike helmet. We are unable to provide helmets to students.**



SUMMER CAMP 2020 PERMISSION FORMS

*Please print out, initial each individual permission requirement, sign at bottom of page,
and return with your summer-camp paperwork*

The following permissions are for my camper, _____
PLEASE PRINT CAMPER'S FIRST & LAST NAME

RIDE HOME PERMISSION

My camper has permission to be picked up from Ironstone Farm Summer Camp by the authorized person(s) listed. **I understand that anyone picking up will need to show a valid photo ID for my child to be released to their care.**

*PARENT/GUARDIAN'S
INITIALS*

PLEASE PRINT FIRST & LAST NAME(S), INCLUDING PARENT(S)/GUARDIAN(S)

PLEASE PRINT NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP

INSECT-REPELLENT & SUNSCREEN-APPLICATION PERMISSIONS

Due to the Massachusetts Health Department's stringent guidelines, all campers **MUST** have the following permission slip signed and dated by a parent or guardian for camp weeks they will attend.

*PARENT/GUARDIAN'S
INITIALS*

- ☐ **I do** give permission for my camper to self - apply e insect repellent and/or
☐ **I do not** sunscreen reapplied as needed while at Ironstone Farm's Summer Camp.
If so, I have provided my camper with the insect repellent and/or sunscreen to be used.

POPSICLE PERMISSION

- ☐ **I do** give permission for my camper to have (a) popsicle(s) during Ironstone Farm
☐ **I do not** Summer Camp.

*PARENT/GUARDIAN'S
INITIALS*

PARENT/GUARDIAN SIGNATURE FOR ALL PERMISSIONS ABOVE (PLEASE PRINT OUT AND SIGN)

DATE



Authorization to Administer Medication to a Camper

(completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's name:	
Age:	Food/drug allergies:
Diagnosis (at parent/guardian discretion):	
Parent/guardian's name:	
Home phone:	Business phone:
Emergency telephone:	
Licensed Prescriber Information	
Name of licensed prescriber:	
Business phone:	Emergency phone:
Medication Information 1	
Name of medication:	
Dose given at camp:	Route of administration:
Frequency:	Date ordered:
Duration of order:	Quantity received:
Expiration date of medication received:	
Special storage requirements:	
Special directions (e.g., on empty stomach/with water):	
Special precautions:	
Possible side effects/adverse reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	



Medication Information 2	
Name of medication:	
Dose given at camp:	Route of administration:
Frequency:	Date ordered:
Duration of order:	Quantity received:
Expiration date of medication received:	
Special storage requirements:	
Special directions (e.g., on empty stomach/with water):	
Special precautions:	
Possible side effects/adverse reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Authorization Information	
<p>I hereby authorize the health care consultant or properly trained health care supervisor at Ironstone Farm Summer Camp to administer, to my child, _____, the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D)</p>	
<p>If above listed medication includes epinephrine injection system:</p> <p>I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>If above listed medication includes insulin for diabetic management:</p> <p>I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p>	
Signature of parent/guardian:	Date:

** **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

**Emergency Authorization, Assumption of Risks & Liability Release Form
Challenge Unlimited, Inc., Ironstone Therapy, Inc. & Ironstone Farm**

**PLEASE READ BOTH SIDES OF THIS AGREEMENT
SIGNATURE REQUIRED ON THE REVERSE**

*Client Name: _____ *Gender: M 1 F 1 *DOB: _____ *Height: _____ *Weight: _____

The Client (myself, child/ward) DOES 1 or DOES NOT 1 have a (physical or other) diagnosis or disability. *Required Fields

Client Address: _____ City: _____ State: _____ Zip: _____

*Best Phone: _____

*Best Email: _____ CC Email: _____

Parent 1 Spouse1 Guardian 1 Name: _____ Phone #: _____

Parent 21 Spouse1 Guardian 1 Name: _____ Phone #: _____

Group Home Contact Name: _____ Phone #: _____

Name & Phone# of Employer(Client): _____

Name & Phone# of Employer (Parent 11 Spouse1): _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone #: _____

Primary Care Physician Name: _____ Phone #: _____

Person (s) responsible for payment arrangements: _____

Address: _____ City: _____ State: _____ Zip: _____

Third party payer contact name: _____ Phone#: _____

Describe any medical condition or allergy requiring special precautions, and any medication and dosage:

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

Inherent Risk / Assumption of Risks. I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. 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; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

Emergency Authorization, Assumption of Risks& Liability Release Form
Challenge Unlimited, Inc., Ironstone Therapy, Inc., & Ironstone Farm

Page 2 of 2

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

*****WARNING*****

Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.

In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

Weight Limits. Weight limits are important for the safety and well-being of both horses and riders. Please be accurate when disclosing the client's current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

Photo Release: I/We hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program. 📌 Opt out: No, I do not consent. _____

I would ☐ would not ☐ be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available. (Please check one)

I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures and Safety Regulations for the Programs held at Ironstone Farm.

Date: ____/____/____

Signature Please print and sign (Parent/Guardian must sign for all clients under the age of 18).



Physician's Approval Form

A physician's approval is required of any rider with a diagnosis

Name: _____ Date of birth: _____

Patient's height: _____ Patient's weight: _____

Address: _____
Street City State Zip code

Diagnosis: _____ Date of onset: _____

Mobility: Independent Ambulation: ____ Y ____ N ; Assisted Ambulation: ____ Y ____ N
Braces/Assistive Devices: _____

For Clients with a diagnosis of Down Syndrome:

AtlantoAxial X-Ray, date: _____ Result for subluxation: ____ Positive ____ Negative

Neurological Symptoms of AtlantoAxial Instability:

Please indicate any special concerns in the following areas, including surgeries:

Area	yes	no	comment
auditory			
visual			
speech			
cardiac			
circulatory			
pulmonary			
neurological			
muscular			
orthopedic			
allergies			
learning disabilities			
mental impairment			
psychological impairment			
other			

In my opinion, this patient can receive riding instruction under appropriate supervision.

Precautions or restrictions to therapeutic horseback riding _____

Physician's name (print please): _____ Phone: _____

Address: _____
Street City State Zip code

**Physician's signature: _____ Date: _____

Please print & sign

**Form must be signed by the physician

Information for Physicians

The following conditions, if present may represent precautions or contraindications to equine assisted activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. If you have any questions or concerns, please feel free to contact us at 978.475.4056.

Contraindications:

Indwelling Catheter

Orthopedic:

Spinal Joint Fusion/Fixation

Spinal Joint Instabilities/Abnormalities

Atlantoaxial Instabilities (incl. Neurological symptoms)

Joint Subluxation/Dislocation

Osteoporosis

Pathological Fractures

Coxas Arthrosis

Heterotopic Ossification/Myositis Ossification

Osteogenesis Imperfecta

Spinal Orthoses

Internal Spinal Stabilization Devices

Neurological:

Hydrocephalus/Shunt

Spina Bifida

Tethered Cord

Chiari II Malformation

Hydromyelia

Seizure Disorders

Multiple Sclerosis

Medical /Psychological:

Allergies

Hemophilia

Cardiac Condition