

Ivey Ranch Park Association, Inc.

110 Rancho Del Oro Road - Oceanside, CA 92057 – (760) 722-IVEY – (760) 722-4839
(760) 722-6598 Fax – www.iveyranch.com - iveyranch@yahoo.com

Thank you for your interest in our summer horse camp. Camp will be held June 30-July 25, 2025: 4, 1-week sessions from 9:00AM-12:00PM, Monday-Friday (except for the week of 6/30 which will have no camp on Friday, 7/4/2025). The cost breakdown is noted below.

Enrollment is limited to 18 children per session and the children are divided into age and ability appropriate groups - typically: 7-10, 11-13, & 14-17. The curriculum consists of a rotation through horseback riding, ground training, vaulting, and humane education. Please have your child bring a refillable water bottle and snacks for the breaks they will have between activity rotations.

Please find attached the necessary forms to complete for your child's enrollment. Please complete a separate copy of each document for each child who is to attend. **If your child has attended lessons this year, then their paperwork is current and you do not need to complete the following application - only the deposit, and reservation slip below, need to be returned.**

Camp Fee (including deposit) is \$300 per week. A non-refundable deposit of \$150 per week, per child, must be received with all of the paperwork to insure your child's reservation. If not paid in full upon enrollment, the **balance is due by June 13th**. A late fee of \$25 will be applied after 6/13/25 however, your child's spot may be forfeited if there is another participant available to take the spot. There is a 10% "sibling" discount for the second, third, and fourth enrollee (simply deduct 10% for each child AFTER the first enrollee).

Enrollment is on a first come, first served basis - the criteria being paperwork and payment received by us with the request for the week(s) you wish to enroll. Your cancelled check is your receipt. **A welcome e-mail will be sent the week prior to your child's attendance with pertinent drop off/ pick up and show information.**

Please feel free to contact our office if you have any questions. Thank you again for your interest - we look forward to having your child join us this summer!

Sincerely,

Tonya Danielly
Executive Director

----- cut here and return -----

Child's Name (please print) _____ Age _____

Reservation for

Session 1 (June 30- July 3) _____ 9AM Session \$240 (No Camp Friday, 7/4/2025)
Session 2 (July 7-11) _____ 9AM Session \$300
Session 3 (July 14-18) _____ 9AM Session \$300
Session 4 (July 21-25) _____ 9AM Session \$300

I understand that each week selected requires a \$150 deposit and is non-refundable, but will be applied to the weekly fee. Total amount included \$ _____.

Participant's Application and Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F Non-Binary

Address, City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Parent / Legal Guardian: _____

Caregivers: _____

Address (if different from above) _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

SDRC Service Coordinator: _____ Phone: _____

SDRC UCI #: _____

FMS Company: _____ Phone: _____

FMS Independent Facilitator: _____ Phone _____

FMS Facilitator Email: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Allergies			
Behavioral			
Bone / Joint			
Breathing			
Circulation			
Communication			
Digestion			
Elimination			
Emotional / Mental Health			
Hearing			
Heart			
Muscular			
Pain			
Sensation			
Thinking			
Vision			

MEDICATIONS (include prescription, over-the-counter, name(s), dose and frequency)

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

PHYSICAL FUNCTION (i.e.: mobility skills - such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO/SOCIAL FUNCTION (i.e.: work/school - including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

GOALS (i.e.: Why are you applying for participation? What would you like to accomplish?)

PHOTO RELEASE (please choose one)

I **DO**
 DO NOT

Consent to, and authorize the use and reproduction by, Ivey Ranch Park Association of any and all photographs, and any other audio/visual materials, taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

I HAVE READ, AND AGREE TO ABIDE BY THE EQUESTRIAN PROGRAM POLICIES PROVIDED TO ME. ALL INFORMATION PROVIDED ON THESE FORMS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I FURTHER UNDERSTAND ANY INCOMPLETE PAPERWORK VOIDS PARTICIPATION IN THIS PROGRAM.

Signature: _____ Date: _____
Client (if over 18 years of age), Parent (of minor) or Legal Guardian

Printed Name of Above Signature: _____

DEMOGRAPHIC INFORMATION 2025

The following demographic information is collected for grant writing purposes only and must be completed. This information is not shared with any other organization.

As a non-profit organization, Ivey Ranch relies on grants and community support to run the many programs we offer. The volunteer opportunity selection is to assist us in recruiting individuals interested in offering support in order to keep program costs as low as possible. Please help us by providing the following information and letting us know if you are interested in helping in any of the ways listed.

Participant's Name: _____

HOW DID YOU HEAR ABOUT IVEY RANCH?

RACE (please identify only one category – if you identify with more than one race, choose 'other')

- Caucasian
- African American
- American Indian (including North, Central & South American and Alaskan Native)
- Asian
- Native Hawaiian or Pacific Islander
- Other

ETHNICITY (please identify with only one category)

- Hispanic or Latino
- Not Hispanic or Latino

HOUSEHOLD INFORMATION

1. Family Size: _____
2. Female Headed Household (select one): YES NO
3. Disabled or Special Needs (select one): YES NO

INCOME INFORMATION (select one)

- Household Income at or below \$32,000
- Household Income between \$32,001 - \$36,400
- Household Income between \$36,401 - \$40,950
- Household Income between \$40,951 - \$45,450
- Household Income between \$45,451 - \$49,100
- Household Income between \$49,101 - \$52,750
- Household Income between \$52,751 - \$56,400
- Household Income above \$56,401

I would like more information on Volunteer Opportunities at Ivey Ranch in the following areas:

- Volunteering in the Equestrian Program (ages 9+)
- Volunteering in the Care Program (ages 18+)
- Volunteering at Fundraisers and Events
- Volunteering with the Service Projects Program (outdoor facility maintenance and grounds beautification for individuals, families, groups small and large)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

~ Participant ~ Staff ~ Volunteer ~

Name: _____ DOB: _____ Phone: _____

Address, City,
State & Zip: _____

Current Medications: _____

Allergies: _____

In the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of participation, or while being on the property of the agency, I authorize Ivey Ranch Park Association 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 and any treatment procedure deemed necessary by the physician.

Signature: _____ Date: _____
Client (if over 18 years of age), Parent (of minor) or Legal Guardian

Printed Name of Above Signature: _____

Ivey Ranch Park Association – Equestrian Program

WAIVER OF LIABILITY FOR PARTICIPANTS

I hereby waive any right or cause of action arising as a result of my own, or my child's, participation in the Ivey Ranch Park Association Equestrian Program from which any liability may or could accrue against Ivey Ranch Park Association, or the officers, staff, volunteers, and associates, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me, or damage to my property, sustained in connection with my activities for the Ivey Ranch Park Association Equestrian Program.

In consideration of the acceptance of my own, or my child's, participation in the program listed above, I hereby, for myself, my heirs, executors, administrators, and assignees, release, waive, and/or forever discharge any and all rights and claims for damages that may be suffered by me, or my child, as a result of, preparation for, or participation in, the equestrian program. I recognize the risks associated with my/his/her/their participation in the program and specifically agree to indemnify and hold harmless Ivey Ranch Park Association; including any members, any employee, all program participating individuals associated with Ivey Ranch Park Association, any promoter, sponsor, or subcontractor whose facilities and/or services are being used for this program, from any and all injuries or damages arising from, or in any way contributed to, my or my child's participation in this program.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified (or the contact that I have listed) as soon as possible in case of any emergency affecting me, or my child. In the event I cannot be reached (or the contact that I have listed) in an emergency, I hereby authorize the directions listed on the Emergency Medical Treatment Form to be followed.

I, the participant, parent, guardian, or legal custodian of the minor participant, do hereby assent to above waiver and release and agree to all the terms as stated above.

Participant's Printed Name: _____ DOB: _____

Participant's Gender: Male / Female / Non-Binary (**please circle one**)

Adult Signature: _____ Date: _____
(Self, Parent or Guardian)

Signatories Printed Name: _____ Relationship: _____

Email: _____ Phone: _____

Address, City, State & Zip: _____

Emergency Contact: _____ Phone: _____

Relationship to Emergency Contact: _____

Ivey Ranch Park Association Equestrian Program Policies

Absentee / Sick

An absence can be excused / credited if the office is contacted AT LEAST four (4) hours ahead of the scheduled riding time. If we do not receive at least 4- hour notification of a cancellation you will be considered a "no show" and no credit will be issued. Weekly riders are allowed one (1) excused absence every other month, bi-weekly riders every 8 weeks and once a month riders every 16 weeks (this includes sickness and vacation). You must call the business office at (760) 722-4839.

Continuing Riders

If you plan to continue riding the following month, payment must be received by the first lesson of the month. The following Month, Time, Day and Slot will only be held if payment is RECEIVED by the first lesson of the month that the rider is currently participating in.

Family Compliance

When you come for lessons with your child you are asked to "leave your child at the gate". You are welcome to sit at the benches outside of the fence, or in your car, or even at the benches by the Horse Office, but the idea is that the Instructor takes over and that parents, family members, and friends are now JUST observers. Under no circumstances should you be handling, grooming, tacking, holding or leading horses, or coaching your child from the sidelines (that includes repeating what you heard the instructor say). The Instructor instructs - leave him / her as the authority in relation to the horses.

Interaction with Horses

Do not pet or feed any of the horses. "Visiting", which consists of looking at only, is allowed only at the conclusion of the lesson time until the next class arrives or the Instructor leaves the area, whichever comes first.

Ground Lesson as an Alternate to a Mounted Lesson

At an Instructor's discretion, a ground lesson may be alternated for a mounted lesson. Typically, this is done when a specific handling opportunity can be taught, but alternating to a ground lesson may also be chosen by the instructor if it is in the best interest of the rider and/or for safety reasons surrounding the rider.

Late Arrival

If you are more than 10 minutes late to a class you will not be allowed to participate and no credit will be issued.

Make-Ups / Credits

There are no "Make-Up" lessons. In the case of an excused absence, the rider's account is credited the single lesson fee. This credit is applied to the following month's fees. If a rider does not continue, a refund will be issued at the end of the month (by check or posted to a credit card if that is how fees were originally paid).

Pick Up

A child may be dropped off for a lesson but MUST be picked up on time. Late pick-up is cause for immediate dismissal from the program without refund.

Rain / Instructor's Absence

If lessons are cancelled due to rain there will be a message on the barn message machine that says, "Lessons for (day and time) are canceled due to rain". Please call if you are concerned about weather conditions (760) 722-4839 ext 417. If the message does not specifically say that lessons are cancelled, then they are not. Full credit will be given in the instance of rain or an instructor's absence. Finally, if there are circumstances that fall outside of these standard policies then please contact the office directly. INSTRUCTORS CAN NOT EXCUSE ABSENCES, only the office can, so please communicate with us so that attendance and books are kept accurately.

Bylaw 503 H. Concussion Protocols as Per Ed. Code 49475.(a).(1)

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider. If a licensed health care provider, trained in education and management of concussion determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of no less than 7 days, from the time of diagnosis, in duration under the supervision of a licensed health care provider. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by all athletes and the athlete's parent or guardian before the athlete's initiating practice or competition.