CARLISLE ACADEMY

Enrollment Form – Health and Wellness Programs

Participant Name: _____

Parent/Legal Guardian:_____

Phone: _____ **Email**: _____

School/Agency Contact (if applicable):_____

Program (please Circle):

Equine Assisted Learning and Wellness FarmWELL FarmABLE

Sensory Camp Vocational Rehabilitation Community Yoga

Payment:

Tuition/Per Diem Rate: $_____ Proration/Discount _____

_____ I have read the Program Policies.

_____ Would you like to be enrolled in our quarterly e-newsletters?

****

Scheduling Requests (circle all available):

Tuesday Wednesday Thursday

Specific Time Parameters:_____

Dates unable to attend (tuition still applies unless excused absence): _____

www.carlisleacademymaine.com

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PARTICIPANT INFORMATION

Participant Name: _____ **DOB:** _____

_____

Student Address:_____

Phone: _____ **Height** _____ **Weight**_____

Guardian Name/Relationship to Student:_____

Email address: _____ **Phone:**_____

Guardian Address:_____

Facility/ Group home/Case Manager/Care Giver (Circle one if applicable)_____

Phone: _____ **Address:** _____

Diagnosis (If applicable)**:**_____

Medical history/surgeries (if applicable)**:** _____

Are you a veteran? Yes No (circle one) Branch of Military: _____

What are your goals?_____

_____

Photo/Video Release

I (circle one) **DO** **DO NOT** consent to and authorize the use and reproduction by Carlisle Academy Integrative Therapy & Sports any and all photographs and any other audio/visual materials taken of (student) _____ for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Student/Legal Guardian: _____ Date: _____

Permission to Share Information with Lesson Volunteers

I (circle one) **DO** **DO NOT** Give permission to Carlisle Academy instructors to share information they deem appropriate regarding my son/daughter/ward and his/her disability/lesson goals/communication style, including any specific needs or precautions, with the lesson volunteers.

Student/Legal Guardian: _____ Date: _____

CARLISLE ACADEMY

Release of Liability

This **Release of Liability** is made and entered into this _____ day of _____, 20__, by and between Carlisle Academy Integrative Equine Therapy & Sports, LLC (hereinafter referred to as Provider), Nick & Sarah Armentrout (hereinafter referred to as Property Owner), Spring Creek Farm (hereinafter referred to as Host Facility), and Student _____ (hereinafter designated as Student, and if Student is a minor, Student's Legal Guardian).

Therefore, in consideration of the use, today and on all future dates, of the property, facilities and equipment of the Provider and Property Owner, their agents, successors, or assigns, the Student, his/her heirs, assigns, parents and legal representatives assume any and all risks involved in or arising from Student's use of Provider's services or presence on Property Owner's property or facilities.

The Student thereby waived and releases forever all claims for damages against instructors, therapists, apprentices, aides and/or employees, as well as the Property Owner and Host Facility and its family members, officers, employees, agents (including the insurance companies that insure both entities) and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses Student may incur or sustain while receiving services from or on the premises of Spring Creek Farm.

Student agrees to abide by all of Provider's rules and regulations as they now exist or as they may be amended from time to time. In particular, Student agrees to wear properly fitted and secured ASTM/SEI certified protective equestrian headgear when riding horses as well as appropriate footgear if stirrups are used.

STATEMENT OF INHERENT RISKS

(Title 7 M.R.S.A. Sec. 4104A)

I, _____ (Student or Student's Legal Guardian, if a minor) acknowledge that I have read and fully understand the following statement of inherent risks, and that I am participating in equestrian therapies and/or sports despite the potential risks.

Equine activities involve a degree of risk that can result in injury or even death, including, but not limited to, the following:

a. The propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around the equine;
b. The unpredictability of an equine's reaction to such things as sounds, movements and unfamiliar objects, persons or other animals;
c. Certain hazards, such as surface or subsurface conditions;
d. Collisions with other equines or objects; and
e. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

Student/Legal Guardian: _____ Date: _____

Having read and signed the **Statement of Inherent Risks** the Student acknowledges the risks and potential for risks inherent in therapeutic riding, carriage driving, hippotherapy, vaulting, horsemanship and grooming; however believes the potential benefits are greater than the risks assumed.

Dated the day, month and year first above written.

Provider: Carlisle Academy Property Owner:

Student: _____ Legal Guardian: _____

CARLISLE ACADEMY

Dear Physician/Mental Health Clinician,
Your client, _____, DOB: _____ with a permanent address of _____ is interested in participating in Equine Wellness at Carlisle Academy. This is an unmounted equestrian program. All of The Academy's programs and instructors are accredited and credentialed by the Professional Association of Therapeutic Horsemanship, Intl (PATH, Intl.).
Please List any medications and their potential side effects:_____
_____

Please indicate any precautions or contraindications in the following systems/areas by checking the box.

Medical:	✓	***Comments:***
Sensory (visual, auditory, tactile)		
Cardiac		
Circulatory/Blood Pressure Control		
Immunity		
Pulmonary /Respiratory Compromise		
Neurologic		
Muscular		
Balance		
Orthopedic		
Allergies		*Allergy triggers:*
Pain		
Migraines		
Recent Surgeries		
Mental Health Disorder		
Animal Abuse/Fire Setting		
Suicidal Ideation/Danger to self or others		

This patient is not medically precluded from participation in Equine Wellness/Unmounted Program. I understand that Carlisle Academy will weigh the medical information with existing precautions and contraindications.

Print Name/Title: _____ Professional Credentials: _____
Signature: _____ Date: _____ _____
Address: _____
Phone: ( ) _____ NPI Number: _____

Thank you for your assistance.

Please email this to Sarah Armentrout at Sarmentrout@carlisleacademymaine.com. Note: Your patient will not be able to participate in our program without this documentation. Please call us at 207-985-0374 if you have any questions or concerns.