

CEDAR FIRE FARM / SRI / KAMP KESSA

758 Beechridge Road

Frankfort, KY 40601

502-376-4367

TODAY'S DATE _____

NAME		SOCIAL SECURITY NUMBER	
HOME PHONE		CELL PHONE	
ADDRESS			
CITY		STATE/ZIP	
DOB		WEIGHT	HEIGHT
PARENT / LEGAL GUARDIAN NAME			
ADDRESS (IF DIFFERENT)		BEST PHONE	
EMAIL ADDRESS		SCHOOL/CITY	

IN CASE OF EMERGENCY			
CONTACT NAME		HOME / CELL PHONE	
WORK PHONE		EMAIL ADDRESS	
ADDRESS			
PRIMARY CARE PHYSICIAN		PHONE	CITY/STATE
PREFERRED HOSPITAL		PHONE	CITY/STATE
<i>In case of emergency, I give permission to CEDAR FIRE / KAMP KESSA to secure medical treatment including x-ray, surgery, hospitalization and medications.</i>		DATE	
		SIGNATURE (Parent/Legal Guardian)	

NARHA Standards & Accreditation Manual F-13

PARTICIPANT'S APPLICATION AND HEALTH HISTORY

NAME		GENDER	
ADDRESS			
CITY		STATE/ZIP	
DOB		WEIGHT	HEIGHT
PARENT / LEGAL GUARDIAN NAME			
ADDRESS (IF DIFFERENT)		BEST PHONE	
EMAIL ADDRESS		SCHOOL/CITY	

HEALTH HISTORY			
DIAGNOSIS		DATE OF ONSET	
<p><i>Please indicate current or past special needs in the following areas:</i></p> <p>VISION HEARING SENSATION COMMUNICATION HEART BREATHING DIGESTION ELIMINATION CIRCULATION EMOTIONAL/MENTAL HEALTH BEHAVIORAL PAIN BONE/JOINT MUSCULAR THINKING/COGNITION ALLERGIES</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="padding: 5px;">DESCRIBE</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> </tr> </tbody> </table>	DESCRIBE	
DESCRIBE			

MEDICATIONS *(Include prescription, over-the-counter; name / dose / frequency)*

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**Describe abilities/difficulties in the following areas
(include assistance required or equipment needed)**

PHYSICAL FUNCTION *(i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)*

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

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HOW DID YOU HEAR ABOUT US?	
GOALS (i.e Why are you applying for participation? What would you like to accomplish?)	

“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.”

As a participant at Cedar Fire Farm/SRI/Kamp KESSA, I acknowledge the risks and potential for risks of a horseback riding/wilderness program. However, I feel that the possible benefits to myself and the participants I work with are greater than the risk assumed. I understand that I am required to wear protective gear addressed in each activity guideline (e.g. helmet must be worn by horse riders under the age of 18). Failure to adhere to these guidelines will place the onus of responsibility for outcomes on me as the violator. 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 Cedar Fire Farm/SRI/Kamp KESSA, its board of directors, instructors, therapists, counselors, volunteers and/or employees for any and all injuries.

SIGNATURE		DATE
PRINTED NAME		
WITNESS SIGNATURE		
PHOTO RELEASE	YES / NO	