

## Welcome to the Urban Stable's Summer Program

Urban Stable's *Horse Powered Reading© Summer Program* is for children and youth 8 years+ who love animals and enjoy spending time in nature. This unmounted horsemanship program is designed to ignite a renewed interest and passion for literacy. Along the way participants learn essential life skills like teamwork, leadership, and communication, as well as develop confidence through hands-on learning experiences with horses. **Urban Stable programs are run out of Stonehurst Stable, 78-102 MB 7, Stonewall, MB, R0C 2Z0.**

At Urban Stable we know the unbridled benefits our horses provide. Interacting with these powerful, yet sensitive, empathetic, and non-judgemental animals provide opportunities to build connections, trust, and long-lasting relationships. To learn more about why we use horses please visit our website, [www.urbanstable.ca](http://www.urbanstable.ca).

Before a candidate can participate in our *Summer Program* parents/guardians are required to have all release forms signed & completed **before** the program start date and read sections A and B with their child/ward. The program reserves the right to determine the candidate's suitability for inclusion in the program.

**To Register:** Please send all completed forms by email to [hayley@urbanstable.ca](mailto:hayley@urbanstable.ca) along with preferred first and second choice program dates and time. Then **send the registration fee of \$220 per child via e-transfer** to the same email address [hayley@urbanstable.ca](mailto:hayley@urbanstable.ca). Office staff will respond within 2-3 business days. Spots are limited.

### A) Participants Will:

- Be instructed by Canadian Therapeutic Riding Association (CanTRA) certified instructors and Horse Powered Reading© certified facilitators
- Have a one-on-one horse handler helper to assist them as needed
- Participate in hands-on horse activities - Learn how to build relationship, groom, and lead the horse
- Ignite a renewed interest for literacy - Practice reading skills in activities with the horse and carry these new skills into their regular classroom
- Develop life skills such as: Communication, Autonomy/Self Care, Relationship Building, Teamwork, Leadership, Boundaries, Increased Confidence, and Problem Solving

### B) Safety:

- Participant Attire
  - Long pants, socks, enclosed footwear such as runners or boots (no sandals or crocs), and weather appropriate clothing. We will be outside on the farm so please bring a sun hat, sunscreen, bug spray (mosquitos, flies, and ticks), and water bottle.
  - Gloves, as needed, and ASTM-approved helmets provided by Urban Stable.
  - No jewelry (rings, earrings, necklaces).
- Participant Behaviour
  - Always follow the instructors' directions while attending the program.
  - Respect horses, staff, volunteers, other participants, self, property, and equipment.
  - Personal information shared by other participants is to be held in confidence.

### Summer Program Date Options 2024:

- 1) July 4, 5, 6 at 10:00am – 11:30am
- 2) July 4, 5, 6 at 12:30pm – 2:00pm
- 3) July 24, 25, 26 at 10am – 11:30am
- 4) July 24, 25, 26 at 12:30pm – 2:00pm

## Summer Program Registration Form and Waiver

| 1. PARTICIPANT CONTACT INFORMATION   |                              |                                 |                     |
|--|------------------------------|---------------------------------|---------------------|
| - To be completed by Parent/Guardian   |                              |                                 |                     |
| Participant Name:  | Age:                         | Date (d/m/y):                   | Grade (next fall):  |
| Parent/ Guardian Name:   |                              | <b>Preferred Program Dates:</b> |                     |
| Address:   |                              | First Choice: _____             |                     |
|  |                              | Second Choice: _____            |                     |
| City:  | Prov:                        | Postal Code:                    |                     |
| Health Card No. (6 digit)  | Health Card No. (9 digit)    |                                 |                     |
| Email:   |                              |                                 |                     |
| <input type="checkbox"/> Please check if you don't want to receive our newsletter with exciting program and event updates  |                              |                                 |                     |
| List any Medical Conditions/Diagnosis:   |                              | List any Medications:           | List any Allergies: |
| <input type="checkbox"/> Asthma <input type="checkbox"/> Fractures/ Injuries<br><input type="checkbox"/> Diabetes <input type="checkbox"/> Concussion<br><input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Behavioural/Emotional<br><input type="checkbox"/> Other please state: _____  |                              |                                 |                     |
| Are there any other conditions, associated factors, that should be known prior to your child participating in the program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state: _____<br>We ask you to please read the <i>Precautions and Contraindications</i> enclosed as there are some conditions where horse activities are not beneficial.  |                              |                                 |                     |
| Demographic information of our participants is helpful and useful to funders when we're applying for and accessing grant funding and in funding reports. Urban Stable is a safe place where participants can be their true selves and we provide the opportunity for participants to self-identify their individuality in the various demographics if they wish.<br>What is your gender identity/preferred pronoun? _____<br>What is your cultural identity and/or heritage? _____ |                              |                                 |                     |
| During the program, through fun games and activities, the students will be practicing their reading skills. Please check approximate reading level of your child: <input type="checkbox"/> Below grade level <input type="checkbox"/> At grade level <input type="checkbox"/> Above grade level  |                              |                                 |                     |
| EMERGENCY CONTACT & RELEASE  |                              |                                 |                     |
| Emergency Contacts if cannot reach parent/guardian:  |                              |                                 |                     |
| Name:  | Relationship to Participant: | Phone:                          |                     |
|  |                              |                                 |                     |
| EMERGENCY CARE RELEASE   |                              |                                 |                     |
| If emergency medical aid/treatment is required due to illness or injury, I authorize employees of Urban Stable (The Horse Connection Inc.) to retain medical treatment and transportation if needed.   |                              |                                 |                     |
| Parent/ Guardian Signature:  |                              | Date:                           |                     |
|  |                              |                                 |                     |
| EMERGENCY NON-CONSENT PLAN   |                              |                                 |                     |
| I <b>do not</b> give consent for emergency medical aid/treatment in the case of illness or injury during the service of Urban Stable (The Horse Connection Inc.). In the event emergency aid/treatment is required I wish the following procedure to take place:<br>_____  |                              |                                 |                     |
| Parent/ Guardian Signature:  |                              | Date:                           |                     |
|  |                              |                                 |                     |

## 2. ANY CONSIDERATIONS WE SHOULD BE AWARE OF?

Why do you think the program would be a good fit for your child/ward?

Does your child/ward require a one-on-one assistant to attend with them? Yes No

Are there any communication considerations you would like the instructor to be aware of? (E.g., use one-word instructions)

I would hope that, as a result of being in the program, my child will: (check all that apply below)

- |  |  |
|--|--|
| <input type="checkbox"/> Make more friends and be able to grow friendships           | <input type="checkbox"/> Show more respect for others                    |
| <input type="checkbox"/> Have better sense of self and personal behaviours           | <input type="checkbox"/> Show more pride in their accomplishments        |
| <input type="checkbox"/> Achieve a sense of well-being through meaningful recreation | <input type="checkbox"/> Be better able to control their emotions        |
| <input type="checkbox"/> Have improved coordination, balance, and fine motor skills  | <input type="checkbox"/> Have improved muscle tone and strength          |
| <input type="checkbox"/> Other (please specify) _____                                | <input type="checkbox"/> Ignite interest and gain confidence in literacy |

Any other considerations or information you would like the instructor to be aware of that may be relevant in supporting your child?

Please use extra sheet if required if you have further information you would like to share.

## 3. LIABILITY RELEASE AND ACCEPTANCE OF RISK WAIVER

Participant Name:

Date:

**The risks and hazards of any activity involving horses include, but are not limited to,** injuries from: demanding physical techniques; physical contact with other participants; other participants who may behave in a negligent manner that may contribute to injury to themselves or others; the unpredictable behaviour of horses and the propensity of any horse regardless of level of training to behave in ways that may result in injury, harm or death to mounted or unmounted persons on or around them.

I, and on behalf of my family and any guests I may bring to Urban Stable programs, agree to be bound and abide by the rules and regulations as set forth by Urban Stable. I acknowledge that I/ my child is participating at my/ their own risk and in full knowledge of the physical risks, hazards, and potential hazards that there are inherent in handling horses and otherwise being present for any activities involving horses, and in participation in equestrian activities as a participant/guest at Urban Stable including bodily injury and/or property damage resulting from normal use, or schooling. I understand the risk involved with horse activities and have explained to my child the expectations of horse activities while at Urban Stable.

In consideration of the services offered and assistance given to me by Urban Stable I, and behalf of my heirs, administrators, and assigns, hereby acknowledge that I am participating in the workshop/ program and activities connected therewith concluded by Urban Stable at my/their sole risk. I agree to save harmless and waive any rights against Urban Stable and exonerate and release you, your agents, employees, volunteers, affiliates past and present, and all who act on your behalf from all responsibility, claims, actions, costs, and expenses in respect to any injury that I /my child may suffer, known or unknown, loss or damage to, however caused, arising out of or in connection with my/their participation in workshops/ programs of Urban Stable.

Participant Signature:

Date:

Parent/Guardian Signature if under 18:

Date:

#### 4. PHOTO RELEASE

In consideration of Urban Stable continuing to provide services to the community, I hereby grant permission for Urban Stable and all members of its staff and volunteers to take and use still and moving photographs or film, including television pictures and audio-visual footage of me/my child. I release all claims against Urban Stable photographers, their officers, employees, agents, and designees with respect to copyright, ownership and publications including any claim for compensation related to the use of the materials.

Participant Name:

Parent/Guardian Signature:

Date:

#### 5. PRECAUTIONS & CONTRAINDICATIONS

Participating with horses can be a great benefit for many participants. However, there are some precautions and behaviours that are contraindicated to participating in horse activities. For the safety and wellbeing of all participants horses, staff, and volunteers we ask that parents and guardians read the precautions and contraindications listed below and **check all that may apply** for your child/ ward. Urban Stable reserves the right to determine if the participants' suitability for inclusion in the program.

##### Precautions:

Animal abuse concerns

Fire setting histories

Moderate to severe agitation, very disruptive acting out behaviours, violent outbursts

History of seizure disorder

Recent surgery - no riding 6 months after surgery

Medication side effects

Reactive airway disease

Significant allergies to horsehair, dust, hay etc.

If "migraine" is in process riding is not advised

History of substance abuse

Communicable diseases

##### Contraindications:

Dangerous to self and others

Major life transitions/ crisis state

Actively delirious, dissociative, or severely confused and /or abusing substances

Recent seizure or uncontrolled seizures

Medical emergencies outside of programming – such as sustaining a concussion, or injury requiring stitches or cast. Need a physician note that states participant is safe to participate especially in case of concussion. Please contact the office for more information.

#### 6. REGISTRATION

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