



2019 Participant Application

Therapeutic Recreation for People with Disabilities or Cancer
 6901 Goldenstein Lane • Bozeman, MT 59715
 406-586-1781 FAX 406-586-5794
 www.eaglemount.org

FOR OFFICE USE ONLY <input type="checkbox"/> DP _____	
Last Participated _____	
Dr. Release Date _____	Media Release <input type="checkbox"/> Y <input type="checkbox"/> N
Contacted by: _____	Signatures Comp <input type="checkbox"/>

PARTICIPANT INFORMATION

All Information is required! If not, your application will be sent back for you to complete.

Legal Name _____ Birthdate ___/___/___ Gender _____

Prefer to be called: _____ Responsible party for Eagle Mount fees: _____

Mailing Address _____
Street Address City State Zip

Preferred Email _____

Daytime Phone Number _____ Work Home Cell Number _____

Can we send you text reminders? Yes No Preferred Contact Method Cell Daytime Phone Email Text

School/Group _____ Weight _____ Height _____ Shoe Size _____

*EMERGENCY INFORMATION - REQUIRED		
Please furnish the name and phone number of someone who can be contacted		
Name:	Relationship:	
Home Phone:	Work Ph:	Cell:
Physician Name:	Physician Phone:	

PARENT/GUARDIAN INFORMATION (FOR PARTICIPANTS UNDER 18)		
Parent/Legal Guardian Name _____	Preferred Phone _____	
Mailing Address* _____ <small>*If Different then above</small>	Street Address _____	City _____ State _____ <input type="checkbox"/> Work
Parent/ Guardian Email _____	Alternate phone number(s) _____	<input type="checkbox"/> Home/Cell
Parent/ Guardian Email _____	Alternate phone number(s) _____	<input type="checkbox"/> Work <input type="checkbox"/> Home/Cell
Would you like to be on our parent email list?: <input type="checkbox"/> Yes <input type="checkbox"/> No		

(if under 18, this is in addition to parents)

Please list people who have permission to pick up your child and whom Eagle Mount may contact if unable to reach you:

1. Name _____ Phone number(s) _____

2. Name _____ Phone number(s) _____

3. Name _____ Phone number(s) _____

Does your child have an IEP? Providing a copy of your child's IEP/BIP can be a great tool for success and safety!

I DO give permission for my above named child's school or therapist to release his/her IEP to Eagle Mount

I do NOT give permission for my above named child's school or therapist to release his/her IEP

X _____
 Signature of Participant or Guardian Name (PLEASE PRINT CLEARLY) Date

Check ALL Program(s) you are interested in for 2018/2019: See 2019 Application Packet or website for program descriptions.

<input type="checkbox"/> Aquatic (Swim) Program	<input type="checkbox"/> Horticulture	<input type="checkbox"/> XC-Ski/Snowshoe
<input type="checkbox"/> Adventure Days	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Downhill Ski Program
<input type="checkbox"/> Climbing	<input type="checkbox"/> Saturday Night Out/Kids Night Out	<input type="checkbox"/> Wheelchair Gym
<input type="checkbox"/> Handcycling	<input type="checkbox"/> Therapeutic Horsemanship	

*****YOUR REGISTRATION IS NOT CONFIRMED UNTIL YOU HEAR FROM PROGRAM STAFF*****

If you do not hear from program staff by six weeks before the session please contact us!

Attention: At least 24 hours notice is requested when a participant is unable to make a class. This allows us time to contact volunteers scheduled for the same time period. **Two unexcused absences** in a program may result in forfeiture of your place in the class. For full policies on attendance, scholarships and refunds please reference the 2019 Application Packet and the Parent Handbook.

DISABILITY & MEDICAL INFORMATION:Please fill out thoroughly and legibly. We must have this information to provide a **SAFE PROGRAM**.**All Information is required! If not, your application will be sent back for you to complete.**

Participant's Disability: _____ Date of Onset: _____
Secondary Disability?: _____
If Down Syndrome: AAI negative x-ray <input type="checkbox"/> Yes <input type="checkbox"/> No Mandatory Annual Physician's statement for neurological symptoms of AAI: <input type="checkbox"/> Yes
Wheelchair Use? <input type="checkbox"/> Electric <input type="checkbox"/> Manual <input type="checkbox"/> No If yes, % of time _____ If yes, assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical or walkings aids? (cochlear implant, shunts, leg braces, walker, etc.) _____
Subject to Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Frequency: _____ Date of most recent seizure: _____ Seizure medication(s) _____
Current Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Type/Purpose: _____
Allergies to food or medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list: _____
Visual or hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____
Communication style? <input type="checkbox"/> Verbal <input type="checkbox"/> Nonverbal <input type="checkbox"/> Sign Language <input type="checkbox"/> Other: _____
Are you currently receiving treatment or therapy? <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Other (Please describe) _____
Any injuries, illnesses, surgeries or skin breakdown in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
Any body parts susceptible to cold, heat, impact? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____
How does participant behave when upset or frustrated? (cries, walks away, screams, etc.) History of physical aggression? _____
What are participant's special interests, likes, or motivators? (music, talking about cars, etc) _____
Any fears or concerns? (heights, falling, animals, etc.) _____
Please write one goal to be achieved while participating at Eagle Mount _____
Which of the following barriers restrict physical activity? Please check all that apply. <input type="checkbox"/> Lack of endurance <input type="checkbox"/> Lack of coordination <input type="checkbox"/> Lack of mobility <input type="checkbox"/> Lack of flexibility <input type="checkbox"/> Lack of strength <input type="checkbox"/> Low/high muscle tone <input type="checkbox"/> Muscle spasticity <input type="checkbox"/> Other _____

It is the responsibility of the participants, parents, and guardians to notify Eagle Mount if any of the above information changes during the year that the application is in effect. Eagle Mount reserves the right to require a physician, OT or PT examination if necessary.

EAGLE MOUNT BOZEMAN PARTICIPATION AGREEMENT

- I agree to respect Eagle Mount Bozeman participant, staff, and volunteer rights with regard to privacy of information and to keep "professional" confidentiality in all my statements both within and outside of the organization.
- I agree to abide by the rules and policies of Eagle Mount Bozeman during programs at Eagle Mount facilities and related activities.
- I understand that Eagle Mount Bozeman staff members have the authority to exclude participants from the program for behaviors that are deemed to be unsafe. Use of alcohol or illegal drugs is unsafe behavior.
- I give permission for the exchange and release of my medical and confidential information to professionals and staff.
- I give my consent to Eagle Mount Bozeman and its medical representative to obtain medical care from any licensed physician, hospital, or clinic, for any injury that could arise from participation in Eagle Mount Bozeman activities.

X
Signature of Participant or Guardian

Name (PLEASE PRINT CLEARLY)

Date

PARTICIPANT ASSUMPTION OF RISK

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. All participants must sign this document. For participants under 18 yrs. of age or who have a legal guardian, one or both parent(s) or legal guardian(s) must also sign. Throughout this document, participants who are under 18 or have a guardian will be referred to as 'ward,' and parent(s) and guardian(s) will be referred to collectively as 'guardian(s).' In consideration of the services of Eagle Mount Bozeman, and its Board of Directors, employees, representatives, volunteers, and all other persons or entities associated with them (collectively referred to in this Document as 'Eagle Mount'), the undersigned participant and guardian(s) of a participant acknowledge and agree as follows:

I and my guardian(s) agree and acknowledge that participating in Eagle Mount Bozeman programs activities involves inherent and other risks, hazards and dangers that can cause or lead to injury, property damage, illness, mental or emotional trauma, disability or death to participant or others. The following includes some, but not all of those risks, hazards and dangers:

Risks present in outdoor, skiing, horse activities, swimming, boating, and mountainous environments include storms, strong winds, avalanches, snow or ice, falling rocks or other objects, lightning, high altitudes, rapidly moving rivers or streams, currents, waves, whitewater, stream or river crossings, extremely hot or cold weather or contaminated water, wild animals, disease carrying or poisonous animals or insects and other natural or manmade hazards, unexpected animal movements or actions, risks of skiing, rock climbing, and the like. Risks in decision making including, without limitation, the risk that Eagle Mount may misjudge weather, terrain, water conditions, or route location, or they may misjudge a participant's capabilities. Equipment may be misused, or may break, fail, or otherwise malfunction. Remote locations present risks including delays and difficulties with communication, transportation, evacuation and medical care. Medical facilities may be hours or even days away from the program location. Travel may be by foot, motor vehicle, boat, kayak, horse, bicycle or other means and can be over rough and hazardous terrain. Conduct risks include the potential that the participant, other participants, or third parties (e.g. general public, rescue personnel, or medical personnel) may act carelessly or recklessly.

These and other risks, hazards and dangers may result in participants falling, being struck, colliding with objects or people, experiencing vehicle collision, being thrown or falling from horse, drowning, reacting to weather conditions or increased exertion, suffering complications or allergic reactions, becoming disoriented, or experiencing other problems. These and other circumstances may cause hyperthermia, hypothermia, dehydration, heart or lung complications, broken bones, head injury, paralysis, or other injury, damage, death or loss.

I and my guardian(s) acknowledge:

- I have accurately completed all required forms and reviewed and understand all Eagle Mount Bozeman program information and materials received;
- I have disclosed to Eagle Mount Bozeman any medical or physical conditions which may affect my (or my ward's) participation in the program;
- Eagle Mount Bozeman representatives are available if I have questions about the physical demands of and the risks associated with these activities;
- Eagle Mount cannot assure participant's safety or eliminate these or other risks.

Participant is voluntarily participating with knowledge of the risks. Therefore, participant and guardian(s) assume and accept full responsibility for the risks of these activities (both known and unknown), and for any injury, damage, death or other loss suffered by participant and guardian(s), resulting from those risks or resulting from participant's negligence or other misconduct.

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity agreement contains a surrender of certain legal rights. I (participant or guardian(s)) agree as follows:

- (1) to release and agree not to sue Eagle Mount Bozeman, its Board of Directors, employees, representatives, volunteers, and other participants with respect to all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claims'), in any way connected with my/my ward's enrollment or participation in these activities. I understand I agree here to waive all claims I may have against Eagle Mount Bozeman and agree that neither I, nor anyone acting on my behalf, will make a claim against Eagle Mount Bozeman as a result of any injury, damage, death or other loss suffered by me or my ward;
- (2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) Eagle Mount Bozeman with respect to all claims brought by or on behalf of me, my ward, or a family member, in any way connected with my/my ward's enrollment or participation in these activities or use of Eagle Mount Bozeman equipment or facilities.

This Release and Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence of Eagle Mount Bozeman (but not its gross negligence or intentional or reckless misconduct), and includes claims for personal injury, property damage, wrongful death, breach of contract or otherwise.

Eagle Mount is required by law to include the following statement: By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

X _____
Signature of Participant or Guardian Name (PLEASE PRINT CLEARLY) Date

MEDIA RELEASE FORM

Name _____ Age _____
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby DO DO NOT authorize and give my full consent to Eagle Mount Bozeman to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Eagle Mount event. I further agree that Eagle Mount Bozeman may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature of Participant or Guardian Name (PLEASE PRINT CLEARLY) Date

Participant Name: _____

Registration Instructions:

1. Complete the 2019 participant Application (including medical information and signatures)
2. Indicate on page one (1) **EACH** program you would like to join

If you are interested in Fall 2018 Programs, contact Eagle Mount Directly for more information about registration and availability.

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If you do not hear from program staff by six weeks before the session please contact us!

Attention: At least 24 hours notice is requested when a participant is unable to make a class. This allows us time to contact volunteers scheduled for the same time period. **Two unexcused absences** in a program may result in forfeiture of your place in the class. For full policies on attendance, scholarships and refunds please reference the 2019 Application Packet.



APPLICATION PACKET 2019

Participant and Volunteer Applications Can Now Be Submitted Online!

Participant Enrollment Deadline: December 14

Eagle Mount

How to Register: The 2019 Volunteer or Participant applications can now be submitted online! Dates and descriptions of all Eagle Mount Bozeman programs can be found throughout this bulletin. If you prefer, paper applications are still available upon request.

Participants: The Participant Application can be submitted online! If you prefer, paper applications are still available. Please indicate *all of the programs* you are interested in, but remember you aren't registered until the program staff confirms your registration. Please only register for programs that you will attend. New this year, Physician Approval Forms must be completed every year. If your current 3-year form expires this year, it must be completed before the expiration date otherwise all Physician Approval forms can be completed before December 2019. All forms are available on our website.

Volunteers: The Volunteer Application can be submitted online! If you prefer, paper applications are still available. Please read carefully and be sure the form is complete. All volunteers need to complete a **background check every three years**; please find the link on our website. If you are unsure when you last completed a background check, please call the office and we will check for you. If you don't have internet access, we can help you complete the background check in person in the Eagle Mount office. Thank you for sharing your time and skills with our programs!



Annual Participant Application Deadline: DECEMBER 14TH
This deadline applies to all of Eagle Mount Bozeman's 2019 programs. Only one Application is required for the year. We accept applications all year, but may not be able to enroll participant in the program after the deadline due to capacity.
Participant Application now Available Online at eaglemount.org

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WWW.EAGLEMOUNT.ORG

PARTICIPANT ENROLLMENT DEADLINE: DECEMBER 14TH

Adventure Awaits!!

Inside the pages of the 2019 Application Packet you will find information about programs and events that Eagle Mount has planned for 2019. We accept applications all year, but may not be able to include you in the program after the deadline. So be sure to get your application in as soon as possible. Schedule changes and program updates will be available on our website, or you can always call the office (586-1781) for information.



Eagle Mount BOZEMAN, MONTANA

PARENT HANDBOOK



Welcome to Eagle Mount!

OUR MISSION:
Eagle Mount Bozeman is committed to provide quality therapeutic recreational opportunities for people with disabilities or cancer, and to provide support for families of participants so that "...they shall mount up with wings as eagles." (Isaiah 40:31)

IS EAGLE MOUNT RIGHT FOR MY CHILD?
As the parent of a child with special needs, you want to do the very best for your child. Therapeutic recreation may be an effective element of your child's overall program, but it is just one of many different kinds of beneficial activities or therapies you may want to consider. If you have any questions about what therapeutic recreation can offer, you are always welcome to talk with our staff.
Eagle Mount's goal is to make sure everyone can have a successful recreational experience. Not every child likes to ski, or to swim, or to ride or garden. If your child does not enjoy the first program he or she tries, it might be that he or she will do well in a different program. We can work with you and your child to explore alternatives.

HOW ACTIVELY SHOULD I BE INVOLVED?
It's your call. Eagle Mount welcomes your involvement. Observe your child riding, swimming, or come along on the ski lesson and let us know what you see. You are the one who knows your child best, including what kind of day he or she has had, special interests, likes and dislikes, behavior patterns, and more. Eagle Mount also understands that parents of children with diverse abilities are very busy. If you need to run an errand while your child is in the pool or the riding arena, we understand. But we hope you'll take a few minutes to talk with the instructor or the volunteers working with your child, before or after the lesson.

Eagle Mount serves people of all ages with all kinds of disabilities - developmental/intellectual, physical, and cognitive.
If an individual has a disability that affects his or her ability to function at home, at work, or at school, he or she is eligible for Eagle Mount programs and services. Mental health issues may be a secondary, but not the primary, diagnosis. Eligibility guidelines can be found inside, or you can contact the Eagle Mount office to discuss your child's needs and enrollment.

Parents and Guardians!!

Guidelines and code of conduct can be found in the parent handbook.

Policies on scholarship, refunds and attendance can be found in the 2019 Application Packet or at www.eaglemount.org