



Steele Equine Introduction Summer Veterinary Camp

inspiring

motivational

action-packed fun

educational

lasting memories

What is Steele Equine Veterinary Introduction Camp?

Steele Equine Veterinary Introduction Camp is a Christian based summer camp that provides youth ages 13-15 a memorable 2 days of all things veterinary medicine with Dr. Liz Steele and her team. *Witness the life of an equine vet from dawn to dusk and beyond...*

During this adventure, campers will experience:

- Shadowing Dr. Steele as she evaluates, diagnoses and treats patients
- Educational lectures on the anatomy of a horse, the miracle of "making a foal", equine fitness and insight into veterinary school
- Interactive activities including bandaging, suturing techniques, ultra-sounding and more
- Barn duties, medical treatments and patient care
- Daily devotions and Dr. Steele's testimony
- Meeting new friends who share a love for animals and an interest in veterinary medicine

*An Advanced Veterinary Camp is offered to those who have completed the Intro Vet Camp and demonstrated interest and desire in either becoming a veterinarian or working in the equine industry. These campers will be selected by the Steele Equine Camp Committee and invited to attend the Spring Break Advanced Veterinary Camp.

Where is Camp?

Camp will take place at Steele Equine Veterinary Services and Performance Horse Center, located on 20 scenic acres in Hardee County. Campers will sleep in the newly built bunkhouse on premises under the supervision of an adult Steele Equine Team member. All meals, snacks and drinks will be provided.

Steele Equine Veterinary Services

7713 State Road 64 E

Zolfo Springs FL 33890

If you have questions or need additional information, please call Steele Equine at (863)452-0808 or email at steeleequinedvm@gmail.com.

When is Camp?

Session 1: June 10-11, 2024 - **Drop Off is at 9am June 10th and Pick Up is at 2pm June 11th**

Session 2: June 13-14, 2024 - **Drop Off is at 9am June 13th and Pick Up is at 2pm June 14th**

How to Apply

Interested campers (ages 13-15) must submit a completed application (the last 4 pages of this camp packet) and the required documents by **April 1, 2024** in order to be considered for acceptance. All required parts of the application will be considered, reviewed and selections made by the Steele Equine Camp Committee. Space is limited to 6 campers per session. Campers will be notified of acceptance via email by **May 1, 2024**. The camp registration fee of \$400 must be received by **May 22, 2024**.

Mail completed application/documents to:

Steele Equine Veterinary Camps
7713 State Road 64 E
Zolfo Springs FL 33890

Email completed application/documents to:

steeleequinedvm@gmail.com

If accepted, please plan to bring the following with you:

- Jeans
- Shirts
- Socks/Underclothes
- Pajamas
- Light jacket
- Boots (that you do not mind getting wet or dirty)
- Other comfortable closed-toed shoes
- Toiletries (soap, shampoo, tooth brush, tooth paste, hair brush, etc.)
- Notebook

Camp Cell Phone Policy:

We encourage our campers to be present so there will be no cell phone use during the day. Campers will have access to their phones in the evening to call their parents. Parents are able to call Steele Equine at (863)452-0808 or Dr. Liz Steele (863)441-0716 at any point during the camp

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Participant Information

First Name: _____ Last Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ E-mail: _____
Emergency Contact: _____ Emergency
Emergency Contact: _____ Contact Number: _____ Emergency
Gender: Male Female Contact Number: _____
T-shirt Size: Youth Small Youth Medium Youth Large Youth X-Large
 Small Medium Large X-Large

Camp Information

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**All applications are due by April 1, 2024.*

Cost

Registration Fee: \$400

Camp registration fee must be paid by May 22, 2024 once you have been notified of your acceptance. Please make checks payable to Steele Equine. Cancellations made prior to June 5, 2024 will receive a 100% refund. Cancellations made after June 5, 2024 will not be refunded.

Health Information

The information you provide here will be held in strict confidence.

Allergies (including food allergies/sensitivities)/Dietary Restrictions:

If applicable, please describe the severity of the allergic reaction, requested accommodations, and what is done to manage them.

Medical, Physical, or Emotional Conditions

If your child does have any condition, please provide information to assist us in providing the best camp experience.

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Health Information (Cont.)

Medications (including inhalers) Yes No

If your child must take medications while at camp, please note it here. All medications must be in their original containers and appropriately labeled. Medications must be received and held by Dr. Liz Steele.

Is your child up-to-date on all of his/her immunizations? Yes No

Physician/Insurance Information

Name of Physician: _____ Phone #: _____

Is your child covered by family medical/hospital insurance? Yes No

Carrier or Plan Name: _____ Group #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Insured: _____ Relationship: _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in the Steele Equine Veterinary Camp.

Parent/Guardian Signature: _____ Date: _____

Image Consent and Release

I also hereby assign and grant Steele Equine, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Steele Equine Veterinary Camp activities, and I hereby release the Steele Equine, and all employees, volunteers, related parties, or others associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Steele Equine, and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian Signature: _____ Date: _____

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Informed Consent, Release Agreement, and Authorization

I understand that participation in Steele Equine Veterinary Camp activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact the individual/s listed as the emergency contact person/s by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge (i.e., Dr. Liz Steele or Steele Equine representative) to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, Steele Equine staff and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Steele Equine Veterinary Camp professionals who need to know of medical conditions that may require special consideration in conducting Steele Equine Veterinary Camp activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Steele Equine, Three Oaks Equine, and all employees, volunteers, related parties, or others associated with this program.

List participant restrictions, if any:

Parent/Guardian Signature: _____

Date: _____

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Required Documents:

- **Letter of Recommendation from a professional or academic mentor (teacher, clergy, etc.)**
- **Copy of most current report card (For home schooled students, a signed statement of grade level and letter grade for each subject)**
- **Resume (please include any jobs, volunteer activities, clubs, sports or hobbies you partake in)**
- **Answer the following short essay questions on a separate piece of paper. You are welcome to type your responses.**

***Note: Due to the high volume of applicants, we encourage you to put forth your best effort in your essay responses.**

1. Describe why you would like to attend the Steele Equine Veterinary Camp. Include something specific you hope to experience or learn.

2. Describe at least one of your personal goals. Why is this goal important to you?

3. Describe a time you demonstrated one of your strengths and a time where you overcame one of your weaknesses.