

Advantage Ranch and Retreat Center

Youth Rider Registration Form

www.advantageranch.com 540-230-5698

Please complete and mail to: **Advantage Ranch LLC**
4190 Dori Del Hills, Blacksburg, VA 24060

Or print, complete, scan, email to: debdyer@advantageranch.com



RIDER INFORMATION (Please Print or Type All Information)

Last Name _____ First Name _____ Age ____ DOB ____ / ____ / ____
Address _____ City _____ State ____ Zip Code _____
Phone # _____ Cell # _____ E-mail _____
School Attending: _____ Grade completed _____
Emergency Contact _____ Relationship _____ Phone _____



DISCOVERY SESSION REGISTRATION Please check the appropriate session your child will attend

- _____ **2014 Late Fall: Nov 22, Nov 29, Dec 6, Dec 13, Dec 20** (time assignment pending)
- _____ **2014 Winter Camp: December 29 and 30** (9 to 4 daily, we'll provide lunch)
- _____ **2015 Early Winter: Jan 10, Jan 1, Jan 24, Jan 30, Feb 7** (time assignment pending)
- _____ **2015 Late Winter: Feb 14, Feb 21, Feb 28, Mar 7, Mar 14** (time assignment pending)
- _____ **2015 Spring 1: April 4, April 11, April 18, April 25, May 2** (time assignment pending)



PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____
E-mail _____ Home # _____
Work # _____ Cell # _____
Address: _____ City _____ State ____ Zip _____

Additional adults authorized to pick up my child (Please include Name, Phone numbers. Must have ID):

1. _____
2. _____

Parents please inform us immediately in writing to de-authorize. If an individual presents with a written authorization we must verify by phone with you.

Staff Notes (Confidential): _____

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HEALTH INFORMATION The information you provide here will be only be shared on a need to know basis with counselors or medical personnel. Confidential information will be kept on file in our health binder.

Allergies, Asthma: No Yes To what?

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage the reaction. An Asthma or Allergy plan prepared by a physician is preferred if available.

Does your child have any allergic reactions to sunscreen, or Aloe? No Yes

May we serve your child food and beverages: Yes No Medicines: Benadryl (generic) Yes No

Ibuprofen Yes No Acetaminophen Yes No (Aspirin may never be given to children)

Medical, Physical, or Emotional Conditions (including exceptionalities) Preferences:

If your child does have any conditions or issues of which we should be aware, please provide information to assist us in providing the best camp experience possible for your child:

Medications (including Inhalers): No Yes

If your child must take medication while at camp, please list them here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held at the camp office or with the camp director.

Medical and Insurance information: Please send or bring a copy of your child's immunization records *by the first day of camp*. You can obtain these from your school or from your physician. Your child *will not* be able to participate until the immunization records are placed in our camp health files. This requirement is in accordance with Social Services doctrines for Day Camps.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Is the participant covered by family medial/hospital insurance? No Yes ID# _____

Carrier or Plan Name: _____ Group #: _____ Phone _____

Address _____ City _____ State ____ Zip Code _____

Name of Insured: _____ Relationship to participant: _____

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AUTHORIZATION OF CONSENT

(Print child's name)

(I) (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize in the event of an emergency any hospital for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon, or in the case of dental emergency, of any licensed dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable.

(We) hereby authorize any hospital, which has provided treatment to the above-named minor to surrender physical custody of such minor to (my) (our) above named agent(s) upon the completion of treatment.

These authorizations shall remain effective until August 7th, 2014, unless sooner revoked in writing and delivered to the Advantage Ranch LLC Director.

INDIVIDUAL CONTRACT

_____ (Client's Name) would like to participate in the Summer Activities for Youth program at ADVANTAGE RANCH, LLC. I acknowledge the risks and potential for risks of recreational programs, and of horseback riding and other horse interaction experiences. However, I feel that the possible benefits to myself/my son/my daughter/ my ward are greater than the risk assumed. I further understand that in accordance with VA Code Ch. 27.5 S 3.1-796.130-3, the equine activity sponsors and equine professionals are protected from liability involved in the inherent risks of participation in equine activities.

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named above, and shall hold harmless, indemnify, and defend the Advantage Ranch LLC, employees, contractors, guests, host organizations, volunteers, and agents for liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. I also release Advantage Ranch LLC of liability for any claims that may arise out of activity. I also understand that participation in the program can cause injury or death and I have taken care to enroll at the level of his/her/my/our physical abilities and/or medical conditions. I hereby grant permission to the Advantage Ranch LLC to take my photo or video or that of my children while participating in the activities to use for publicity (participants are not identified by name). One parent/guardian must sign for all minors. I have read this entire Informed Consent Agreement. I fully understand this agreement and I agree to be legally bound by it.



Signature of Parent/Guardian of Minor

Date

*****For Advantage Ranch Use Only*****

Deposit Paid Type: Cash Check Web Credit Date: ___/___/___ Info _____

Balance Paid Type: Cash Check Web Credit Date: ___/___/___ Info _____

Insurance information Received? _____

Medical Records Received? _____

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| Init _____ |
| Init _____ |
| Init _____ |
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