

Urbana Riding Club Summer Kids Club Health & Liability Waiver 2020

Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC)

Phone (301) 798-8589 Fax (301) 798-8567 Email urc@urbanaridingclub.com

CHILD'S NAME _____ AGE _____ DOB _____ SEX _____

EMAIL ADDRESS(please print clearly) _____

MOTHER'S NAME _____ HOME PHONE _____
CELL PHONE _____ WORK PHONE _____

FATHER'S NAME _____ HOME PHONE _____
CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACT NAME _____ HOME PHONE _____
CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACT NAME _____ HOME PHONE _____
CELL PHONE _____ WORK PHONE _____

HEALTH CONCERNS including physical, psychiatric or behavioral problems of which we need to be aware? YES NO If, YES please explain: _____

Are there any MEDICATIONS, DIETARY RESTRICTCTIONS, ALLERGIES or SPECIAL NEEDS that we need to be aware of to ensure that your child's camp experience is positive? YES NO

If yes, explain: _____

MEDICATIONS: List only those that will be sent with camper. We are only able to accept/dispense Emergency medications such as epi-pens, etc.! Please be advised that non-emergency medications (ex. Adderall, etc.), may not be brought to camp and must be dispensed at home or by the parent. ALL PRESCRIPTIONS MUST BE IN THE ORIGINAL BOTTLE / PACKAGE WITH THE NAME OF THE CHILD AND DOSAGE PRINTED ON THE LABEL.

Child's Physician: _____ PHONE _____

Immunization Information:

If you reside in the USA- Is your child exempt from any immunizations? YES NO If yes please explain: _____

_____ If you reside outside the USA what country do you reside? _____

_____ Please attach Department form DHMH-896 (record of vaccination or immunity)

Swimming Ability if any: _____ Does your child need floatation devises? YES NO (Children will still be tested for abilities.)

AGREEMENTS AND DISCLAIMERS

AGREEMENT: In signing this agreement for my child, I certify that he/she is able to participate fully in the program unless otherwise stated in writing to Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC). You may withdraw from any programs with no penalty until May 15th. After May 15th date you will forfeit all costs unless placement is filled from waiting list. I understand and agree to the policies and tuition obligations stated here and in the URC brochure/website.

PARENT OR GUARDIAN SIGNATURE: _____

I give URC permission to use any photographs or video displays of my child for promotional purpose or other legitimate reason.

PARENT OR GUARDIAN SIGNATURE: _____

REGULATIONS: The directors reserve the right to ask any person who is disruptive in any way not to return. Due to the variety of activities and open areas, for the safety of your child, it is essential that he/she can follow directions. There will be no refunds for persons asked not to return.

INFORMED CONSENT AND RELEASE OF LIABILITY. In consideration of the participant, _____ being allowed to participate in the programs conducted by Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC), be transported by Urbana Riding Club buses, and to engage in all activities related to the programs, including but not limited to those listed in the brochure/website, I, the undersigned, on behalf of myself and the above-named participant, do hereby waive, release and forever discharge, and indemnify and hold harmless, Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC) and its officers, agents, employees, and representatives from any and all claims, suits, actions, damages, losses, liability, costs and expenses (including attorney's fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property, including those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with participation by the above-named participant in the program.

(PLEASE INITIAL) _____

I understand that participation in these programs is potentially hazardous and can result in serious injury, and I am voluntarily allowing the above-named participant to participate in these programs with knowledge of the dangers involved. I hereby expressly assume and accept, on behalf of myself and the above-named participant, any and all risks of injury and death.

(PLEASE INITIAL) _____

I understand that participation in these programs may not be advisable for certain individuals, including but not limited to persons suffering from heart disease, diabetes, high blood pressure or low blood pressure and other conditions and illness, and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding the above-named participant's participation in these programs. I also acknowledge that it has been recommended that the above-named participant have regular physical examinations and consultations with his/her physician as to participation in these programs. I acknowledge that the above-named participant has either had a physical examination and has been given his/her physician's permission to participate, or that I have elected to allow the above-named participant to participate without the approval of his/her physician and I do hereby assume all responsibility for participation by the above-named participant in these programs.

(PLEASE INITIAL) _____

I certify that I have read and understand all of the foregoing and that, by signing this Informed Consent and Release of Liability, I intend to be bound legally and to bind the above-named participant, and our respective heirs, executors, administrations, successors and assigns.

Participant's Name: _____ **Date:** _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

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CHILD'S NAME _____

HOME ADDRESS _____

PHONE _____ EMAIL _____

Kids Club Rates, (Includes Busing & Extended Care, if applicable): Enroll in any number of weeks at any interval.

Weeks	Kids Club	Ultimate Riders Clubs*	Pit Crew
1 week	\$360 total	\$425 total	\$245 total
2 weeks	\$710 total (\$355.00/wk)	\$850 total (\$425/wk)	\$480 total (\$240/wk)
3 weeks	\$1050 total (\$350.00/wk)	\$1260 total (\$420/wk)	\$705 total (\$235/wk)
4 weeks	\$1380 total (\$345.00/wk)	\$1680 total (\$420/wk)	\$920 total (\$230/wk)
5 weeks	\$1700 total (\$340.00/wk)	\$2075 total (\$415/wk)	\$1125 total (\$225/wk)
6 weeks	\$2010 total (\$335.00/wk)	\$2490 total (\$415/wk)	\$1320 total (\$220/wk)
7 weeks	\$2310 total (\$330.00/wk)	\$2870 total (\$410/wk)	\$1505 total (\$215/wk)
8 weeks	\$2600 total (\$325.00/wk)	\$3280 total (\$410/wk)	\$1680 total (\$210/wk)
9 weeks	\$2880 total (\$320.00/wk)	\$3645 total (\$405/wk)	\$1845 total (\$205/wk)

SUBTRACT \$25/wk for a SIBLING DISCOUNT.

*Same rates for Junior Ultimate Riders

Please select desired programs by checking the boxes below

Summer 2020	Week 1 6/22– 6/26	Week 2 6/29 – 7/3	Week 3 7/6 – 7/10	Week 4 7/13– 7/17	Week 5 7/20 – 7/24	Week 6 7/27 - 7/31	Week 7 8/3 - 8/7	Week 8 8/10–8/14	Week 9 8/17 – 8/21
Kids Club									
Jr. Ultimate Riders Club									
Ultimate Riders Club									
Pit Crew									

IF POSSIBLE, PLACE MY CHILD IN SAME GROUP AS (FRIEND)_____ (must be same gender and close in age)

NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD DAILY: *These names are also contacts for emergency in the event you cannot be reached.*

NAME _____ PHONE _____

NAME _____ PHONE _____

BUS DROP-OFF/PICK-UP – *Consult the URC 2020 Transportation Schedule (on the URC website) for exact times, locations and more information.*
You may drop off mornings at any location but must indicate and pre-authorize drop-off location desired in the afternoon.

☐ URBANA Park & Ride 4:15 ☐ GERMANTOWN Milestone 5:00 ☐ GAITHERSBURG Park & Ride 5:25 ☐ CAMP until 5:30

☐ Interested in OTHER FRED CO. locations? New Frederick Co bus stops to be published Mid-March! (Check schedule for updates)

Payment and Costs: A \$200 family deposit is required at time of registration with **total payment due in full by May 15, 2020.** A 5% discount may be applied when full payment accompanies registrations received before March 15th. Registrations sent in after May 15th must include full payment.

Total Amount Due \$ _____ **Amount Enclosed \$** _____ **Check #** _____

Charge Card: Visa, MC, AMEX# _____ **Exp. Date:** _____ **CVV#** _____

I authorize URC to charge the above account for payments related to the services requested in this application.

Signature: _____ **Date:** _____

I authorize URC to automatically charge any balance due on May 15th YES NO **Please initial:** _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> • Prescription medication must be in a container labeled by the pharmacist or prescriber. • Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines. • An adult must bring the medication to the camp and give the medication to an adult staff member. 			
II. CAMP INFORMATION			
YOUTH CAMP NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR)		FROM	TO
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE ZIPCODE		
PRESCRIBER'S SIGNATURE (Parent cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request authorized youth camp operator/staff to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I confirm that, if the medication above is a prescription medication, the child has at some point taken the medication prior to attending camp.</p>			
PARENT/GUARDIAN SIGNATURE			DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication		DATE
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication		DATE