

Urbana Riding Club Summer Kids Club Health & Liability Waiver 2019

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

CHILD'S NAME _____ AGE _____ DOB _____ SEX _____

EMAIL ADDRESS(pls 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 PROBLEMS including physical, psychiatric or behavioral problems of which we need to be aware? YES NO If YES please explain:

Are there any medications, dietary restrictions, 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. ALL PRESCRIPTIONS MUST BE IN THE ORIGINAL BOTTLE / PACKAGE WITH THE NAME OF THE CHILD AND DOSAGE PRINTED ON THE LABEL. (Emergency medications only please such as epi-pens etc.)

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)

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 Urbana Riding Club. 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 Spring Ridge Horse Center / Urbana Riding Club, 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, Spring Ridge Horse Center (SRHC), 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 attorneys 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 abovenamed 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: _____

Urbana Riding Club Summer Kids Club Registration 2019

CHILD'S NAME _____

ADDRESS _____

PHONE # _____ EMAIL _____

Total amount due \$ _____ Amount enclosed \$ _____ check # _____

Charge card: Visa, MC, Amer Expr # _____ Exp. Date: _____

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

Signature: _____ Date: _____ I

authorize URC to automatically charge any balance on May 15th YES NO

Costs: A \$200 family deposit is required at time of registration. Total cost due in full by May 15th. Registrations sent in after May 15th need to include full payment. A 5% discount may be applied when full payment accompanies registrations received before March 15th.

Kids Club Costs. Free Busing & Extended Care: Enroll in any number of weeks at any interval.

	Kids Club	Ultimate Riders Clubs	Pit Crew
1 week	\$355 total	\$420 total	\$240 total
2 weeks	\$700 total (\$350.00/wk)	\$840 total (\$420/wk)	\$470 total (\$235/wk)
3 weeks	\$1035 total (\$345.00/wk)	\$1245 total (\$415/wk)	\$690 total (\$230/wk)
4 weeks	\$1360 total (\$340.00/wk)	\$1660 total (\$415/wk)	\$900 total (\$225/wk)
5 weeks	\$1675 total (\$335.00/wk)	\$2050 total (\$410/wk)	\$1100 total (\$220/wk)
6 weeks	\$1980 total (\$330.00/wk)	\$2460 total (\$410/wk)	\$1290 total (\$215/wk)
7 weeks	\$2275 total (\$325.00/wk)	\$2835 total (\$405/wk)	\$1470 total (\$210/wk)
8 weeks	\$2560 total (\$320.00/wk)	\$3240 total (\$405/wk)	\$1600 total (\$200/wk)

SUBTRACT \$25/wk for a SIBLING DISCOUNT.

Please select desired programs by checking the boxes below

Summer 2018	week 1 6/24 – 6/28	**** 7/1-7/5 NO CAMP	Week 2 7/8– 7/12	Week 3 7/15– 7/19	week 4 7/22 – 7/26	Week 5 7/29-8/2	Week 6 8/5-8/9	Week 7 8/12–8/16	Week 8 8/19 – 8/23
Kids Club		****							
Junior Ultimate Club		****							
Ultimate Riders Club		****							
Pit Crew		****							

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

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

AUTHORIZED TO PICK UP CHILD DAILY: These names also need to be contacts for emergency if you cannot be reached.

NAME _____ PHONE _____

NAME _____ PHONE _____

Afternoon Bus Pick Up Choice (see Bus Schedule for more information). You may drop off in the mornings at any location. Please check box

for location desired in the afternoon. ☐ **URBANA Park & Ride 4:15** ☐ **GERMANTOWN Milestone 5:00**

☐ **GAITHERSBURG Park & Ride 5:25**

☐ **CAMP until 5:30**

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) (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)				DATE
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		