

WHISPERING HOPE RANCH MINISTRIES

2023 SUMMER DAY CAMP REGISTRATION

Camper Info: One form per person. Photocopy if necessary.

Camper Name: _____ Age: (at time of camp) _____ male
 Address: _____ Birth Date: ___/___/___ female
 City _____ State _____ Zip _____
 Parent/Guardian 1 _____ Phone # _____
 Parent/Guardian 2 _____ Phone# _____
 Emergency Contact _____ Phone# _____
 Email address (Camp confirmations will be sent to this address) _____

Each camper will receive a free Whispering Hope Ranch T-shirt with registration. Please mark your child's requested size below. (Please note: registrations turned in less than 2 weeks in advance of camp are not guaranteed exact size/color)

Youth Sizes: ___S^(7/8) ___M⁽¹⁰⁻¹²⁾ ___L⁽¹⁴⁻¹⁶⁾ **Adult Sizes:** ___S ___M ___L ___XL ___2XL

CAMPS

✓ Place a check beside camp for which you are registering

	Dates	Camp	Cost:	Ages	Daily Drop off	Daily Pick up
	June 26-28	Buckaroo 1	\$150	7-9	9:00 A.M.	12:00 P.M.
	July 10-12	Buckaroo 2	\$150	7-9	9:00 A.M.	12:00 P.M.
	July 17-19	Ranch 1	\$150	10-12	9:00 A.M.	12:00 P.M.
	July 24-26	Ranch 2	\$150	10-12	9:00 A.M.	12:00 P.M.
	July 31–Aug 2	Teen	\$150	13-17	9:00 A.M.	12:00 P.M.

Total camp(s) fee _____

Payment included (minimum \$50 non-refundable deposit is required) - _____

Remaining Balance _____

5407 Arntz Road ~ Rose City, MI 48654
Phone: 989-685-3525 ~ E-mail: office@whrm.org
Website: WHRM.org

PARTICIPANT RELEASE OF LIABILITY

READ BEFORE SIGNING

PARTICIPANT'S NAME: _____
(Please Print)

IN CONSIDERATION of being permitted to participate among and on horses under the auspices of Whispering Hope Ranch Ministries, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis or death. This risk includes but is not limited to my being in the presence of, mounted on, and/or leading horses;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown; EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I will comply with all rules and regulations. If I have any questions, or observe any unusual or unnecessary hazard during my participation, I will immediately bring such to the attention of the nearest official; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Whispering Hope Ranch Ministries, the owners and leasers of premises used to conduct the equestrian activities, their officers, officials, instructors, trainers, agents and/or employees ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I give permission for any pictures that may be taken at the ranch to be used in Whispering Hope Ranch Ministries marketing, literature, promotions, etc.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
PARTICIPANT'S SIGNATURE (If over 18 years of age)

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ EMERGENCY PHONE # (s) _____
PARENT/GUARDIAN SIGNATURE
Date Signed _____

Camp Packing List

What to wear:

- Jeans or long pants
- sturdy shoes or boots
are required for riding time.

*** We reserve the right to have a camper change their clothing if it is deemed to be immodest or offensive

Leave at home:

Cell phones, video players, radios, iPods, electronic games, pets, or fireworks. Weapons, alcohol, tobacco products, and drugs are also prohibited.

Medications:

All medications must be turned in during registration.

Medications must be in the original prescription container.

We reserve the right to turn away, or send home, campers with communicable illnesses (lice, pink eye, strep throat, etc)

We discourage you from bringing valuable personal items to camp.

Whispering Hope Ranch Ministries is not responsible for lost, stolen, or damaged items.

Note: Because it is our desire to provide a safe environment for every camper who visits the Ranch we reserve the right to search baggage and/or belongings of individual campers.

Whispering Hope Ranch Ministries Medical Information Form

Please provide complete and accurate information. This information is gathered to assist us in identifying appropriate care. Any changes should be noted upon participant's arrival at camp. This information is kept confidential.

COMPLETE IN INK

CAMPER LAST NAME: _____
CAMP DATES: _____

Camper Full Name: _____ Gender M F Date of Birth: ___/___/___
Parent/Guardian Name: _____ Home # (____) _____ Work # (____) _____
Address: _____ City: _____ State: _____ Zip: _____
If not available in emergency, notify: _____ Home# (____) _____ Work # (____) _____

Insurance Information: None

Insurance Carrier or Plan Name: _____ Phone: (____) _____
Group/ID Number: _____ Physician Name: _____ Phone: (____) _____

Immunization History: Campers immunizations are up to date. Provide month and year of last Tetanus booster ___/___

Check if these apply to this camper.

Allergies:

No known allergies
 Aspirin Penicillin
 Ibuprofen Acetaminophen
 Bee/Wasp Peanuts
 Other allergies (please list) _____

Conditions:

This camper has no chronic health concerns
 Diabetes Asthma
 ADD or ADHD Seizures
 Bed-wetting Back or Neck injury
 Pregnancy Fainting spells or convulsions
 Nervous Disorder Kidney Related Disease
 Shortness of Breath Any Orthopedic Problems
 Cardiac or Pulmonary Condition or Disease
 High or Low Blood Pressure

Other conditions/special health needs/physical limitations: _____
Recent operations or injuries (include dates) _____
Recent exposure to contagious/infectious diseases: _____
Activity restrictions: _____

Current Medications:

Medications must be in original prescription container identifying: physician, medication name, dosage, and time of administration.

This camper takes NO medication on a routine basis
 This camper takes the following medications: (please list medication and reason for taking) _____

Non-Prescription Medications: The following are medications that are stocked at Whispering Hope Ranch Ministries. Please check all non-prescription medications we are permitted to administer:

Acetaminophen Benadryl Epinephrin (Epi-pen)
 Ibuprofen Antihistamine
 Antibiotic ointment Hydrocortisone Cream

Off Camp Release: The previously named camper has my permission to be transported for medical care or to participate in programs conducted off Whispering Hope Ranch Ministries' Property. It is understood that these programs are fully supervised by qualified staff.
Liability Release: I understand that this camper assumes personal risk by participating in activities at Whispering Hope Ranch Ministries. These activities include but are not limited to horseback riding, and aquatic activities. I understand that Whispering Hope Ranch Ministries provides safe equipment and the basic instruction needed for safety. I realize these activities are potentially dangerous by nature, therefore, I waive any claim that may arise against Whispering Hope Ranch Ministries and/or its employees/volunteers as a result of this camper's participation in the program.
Medical Release: This health history is correct and complete as far as I know, and the participant herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Whispering Hope Ranch Ministries to arrange necessary related transportation for this camper. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Whispering Hope Ranch Ministries to secure and administer treatment, including hospitalization, for the camper named above. This completed health form may be photocopied for medical use outside of Whispering Hope Ranch Ministries.

Signature of Parent/Guardian: _____ Date: _____

Whispering Hope Ranch Ministries Release Policy and Authorization Form

If someone other than the child's parent/guardian will be picking the child up, this release form MUST be filled out indicating who the child is to be released to. **Please understand that your child will NOT, under any circumstance, be released to anyone other than parent/guardian listed on registration form or someone listed on this form.**

No child will be dismissed early from a Whispering Hope Ranch activity without turning in an early release form at/or before registration.

Please complete the form below if either or both of the below situations apply to your child.

Child's Full Name: _____

____ RELEASE TO SOMEONE OTHER THAN PARENT/GUARDIAN:

1. Authorized pick up person: _____
Phone number: _____
2. Authorized pick up person: _____
Phone number: _____
3. Authorized pick up person: _____
Phone number: _____
4. Authorized pick up person: _____
Phone number: _____

____ LEAVING BEFORE THE SCHEDULED END OF ACTIVITY

Pick-Up Time: _____ Date: _____ Day: _____

(If applicable) Return time: _____

Parent/guardian signature: _____ Date: _____

Phone number: _____

Printed Parent/guardian name: _____