

Whispering Hope Ranch Ministries

2024 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 code: _____

Parent/Guardian 1 _____ Phone # _____

Parent/Guardian 2 _____ Phone # _____

Other Emergency Contact _____ Phone # _____
 (if 1 or 2 contact not reachable)

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: ___YS ___YM ___YL

Adult sizes: ___S ___M ___L ___XL ___2xl

✓ Place a check by desired camp(s)

CAMPS

	Dates	Camp	Cost	Ages	Daily Drop off	Daily Pick up
	<u>June 17-21</u>	Project SPUR (leadership training) Call to register - interview required	\$300	13-18	9:00 A.M.	4:00 P.M.
	June 24-26	Buckaroo Camp 1	\$160	7-9	9:00 A.M.	12:00 P.M.
	July 8-10	Buckaroo Camp 2	\$160	10-12	9:00 A.M.	12:00 P.M.
	July 15-17	Ranch Camp 1	\$160	10-12	9:00 A.M.	12:00 P.M.
	<u>July 22-26</u>	Teen Camp (week long camp)	\$260	12-17	9:00 A.M.	12:00 P.M.
	July 29-31	Ranch Camp 2	\$160	10-12	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

Whispering Hope Ranch Ministries Medical Information Form

Please provide complete and accurate information. This information is gathered to assist us in identifying appropriate care.

Camper Full Name: _____ Gender M F Date of Birth: ___/___/___

Parent/Guardian Name: _____ Home # (_____) _____ Work # (_____) _____

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

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

Ibuprofen

Bee/Wasp

Other allergies (please list)

Other conditions/special health needs/physical limitations:

Conditions:

This camper has no chronic health concerns

Diabetes

ADD or ADHD

Bed-wetting

Pregnancy

Nervous Disorder

Shortness of Breath

Cardiac or Pulmonary Condition or Disease

High or Low Blood Pressure

Asthma

Seizures

Back or Neck injury

Fainting spells or convulsions

Kidney Related Disease

Any Orthopedic Problems

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 camper's parent/guardian will be picking the child up, this release form MUST be presented at/or before registration indicating who the camper may 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 camp without turning in an early release form at/or before registration

Please complete the form below and return it to Whispering Hope Ranch Ministries if either or both of the above situations apply to your child.

Camper's Full Name: _____

Dates of Camp Attendance: _____

____ RELEASE TO SOMEONE OTHER THAN PARENT/GUARDIAN:

Authorized person: _____ Phone # _____

Authorized person: _____ Phone # _____

Authorized person: _____ Phone # _____

Authorized person: _____ Phone # _____

____ LEAVING CAMP BEFORE THE SCHEDULED END OF SESSION

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

(If applicable) Return time: _____

Parent/guardian signature: _____ Date: _____

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 _____

PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONE # (s)

Date Signed _____

What should I bring to camp?

What to wear: (required for riding)

- jeans or long pants

- sturdy shoes or boots (no sandals, crocs, etc)

*** WHRM reserves the right to have a camper change their clothing if it is deemed to be immodest or offensive.

What to bring:

Yourself! Ready to have fun learning about and interacting with horses.

optional suggestions:

Water bottle

Bible

Your own riding helmet (certified - different from biking/skating helmet)

Leave at home: cell phones, electronics, pets, fireworks. Weapons, alcohol, tobacco products, and drugs are also prohibited.

Medications: Any medications must be turned in during registration and must be in their original container.

WHRM reserves 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. WHRM is not responsible for lost, stolen, or damaged items.

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