



Summer Program July 24-28, 2017 Participant Registration Form

General Information: (Please Print)

Participant Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Grade entering in fall: _____
Email address: _____

Individual(s) to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Person (other than parent) authorized to drop off / pick up participant:

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
Are there any custody issues we should be aware of? No Yes (if yes, attach a copy of court order)

Health issues and special accommodations: Are there any health concerns that our staff should be aware of? (asthma, allergies, hypoglycemia, seizure disorder, etc.) No Yes (if yes, please specify)

What symptoms would your child exhibit _____
Requested actions to be taken by staff: _____

Please indicate any of the following health problems or disability: (please check all that apply)
 Deaf/hard of hearing Vision impairment Seizures Uses mobility aids (i.e. wheelchair, braces, etc.)
 Development disability (i.e. autism, intellectual, etc.) Other (i.e. behavioral/emotional disorder, etc.)

Information required by state regulations:

Child's School: _____ MD Public/Private School Other
My child's immunizations are up to date. No Yes Date of last tetanus: _____ Unknown
Participant's Primary Physician: _____ Physician's Phone: _____

Sunscreen is considered a topical medication.
Parents wishing their child to apply sunscreen, complete information below:
Brand of sunscreen: _____
Specific directions for application: _____

I understand: 1. By registering for this program, I verify that my child's immunizations are up to date. 2. That there are inherent dangers in any recreational activity, programs, or camp. 3. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries. 4. That the possible consequences of participating in these activities include the possibility of serious injury. I agree: 1. To obey the rules and regulations for each activity and to follow the directions of the staff. 2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe. 3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity. 4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities. I am aware that while participating in a recreation activity or program arranged by Unbridled Rehabilitation Services, LLC, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, equine activities, exposure to sun and insects, and of those forces of nature. I agree to indemnify and defend Unbridled Rehabilitation Services, LLC and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and Unbridled Rehab's costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of _____ (Name of Participant) in _____ (Name of activity or program). In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Parent/Legal Guardian _____
Date

* Ask us about our **counselor in training (CIT)** program for service learning hours.

Therapeutic Riding Lesson option: Yes No

If you are interested in additional therapeutic riding lessons directly after program hours, please complete the rider packet found on our website. Riding lessons are \$150 for all three days offered. Lessons will be offered in half hour increments Monday, Wednesday, Friday from 12:30 - 1:30pm.

URS T-shirt: Yes No

Add an Unbridled Rehab t-shirt for your child at \$10 a shirt. Sizes available include youth S, M, L, XL. Specify the size below:

S M L XL

Registration Summary:

___ Summer program (<i>required</i>)	\$300
___ Registration fee (<i>required</i>)	\$25
___ Riding Add-on	\$150
___ T-shirt Add-on	\$10

Total amount for due for Program Fees: \$ _____
*Make checks payable to Unbridled Rehab. Visa, MasterCard, American Express accepted.

Credit Card# _____ Expiration Date: _____ Verification Code: _____

I authorize the payment to be charged to my credit card: (Signature) _____

Please mail/fax form to: Unbridled Rehab Summer Programs 3750-A Shady Lane Glenwood, MD 21738 Fax: (410) 774-4090

PHOTO RELEASE

Child's Name: _____ DOB: _____

I (check one) ___ **DO** ___ **DO NOT** consent to and/or authorize the use and reproduction by Unbridled Rehabilitation Services, LLC of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
(Participant, Parent or Legal Guardian)

Printed name: _____