

**MEADOW VUE RANCH
SUMMER YOUTH PROGRAM
REGISTRATION FORM**

Name: _____

Date of Birth: _____ Age: _____ Male _____ Female _____

Address: _____

Parent or Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ email: _____

Emergency Contact: _____

Phone: (____) _____

Arrival/Departure Date: _____

Disabilities, Health Problems, Allergies or Special Dietary needs Vegetarian?

I give my permission for my child to have Tylenol _____ Ibuprofen _____

I hereby give Meadow Vue Ranch personnel the authority to act on my behalf in a medical emergency if they are unable to reach me. I understand that all medical care will be at my expense. By signing this registration form I agree to hold harmless and waive voluntarily any claim against Meadow Vue Ranch or it's agents in case of accident, injury, sickness or loss.

Medical Insurance Company : _____

Policy Number: _____

Physician Name/Number: _____

My child and I agree to abide by the standards of the Meadow Vue ranch youth program which include no alcohol or tobacco or other illegal drugs to be brought or used during the session.

If, due to illness or accident a guest returns home the ranch will offer equivalent future time or a reasonable refund. I give permission for the above youth to engage in all ranch activities except those noted on this form by me. **I have read and agree to the terms stated in this registration**

registration

Parent/Guardian Signature: _____ **Date:** _____

I give permission for the above youth to participate in rough stock instruction and events:

Parent/Guardian Signature: _____ **Date:** _____

Mail: form and deposit to:
MEADOW VUE RANCH
C/O Julie Park
jlprk@aim.com
4668 E 100 N
Rigby ID 83442
(208) 589-3475