

# U-TURN RANCH MARCH BREAK APPLICATION FOR 2018

[office@uturnranch.com](mailto:office@uturnranch.com) 519-949-0619

Drop off is between 8-9 am (Program starts at 9) and pick up is 4:00  
Before and after care is available (Extra Cost will apply)  
\$45/day (which includes lunch)  
Ages 5-12 (in the year of 2018)

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male Female

Phone Number: \_\_\_\_\_ Email Contact: \_\_\_\_\_  
This will be used so send confirmation and Information – please watch for it.

Mailing Address: \_\_\_\_\_  
Mailing Address City Postal Code

Parent/Guardian Names: \_\_\_\_\_ Group Buddy: \_\_\_\_\_

Emergency Contact: #1 \_\_\_\_\_  
Name Phone Number

Emergency Contact #2: \_\_\_\_\_  
Name Phone Number

Please attach a list of any allergies, behavior or medical information we should be aware of during camp.

Please circle the dates you wish to register for: Mon(12) Tues(13) Wed(14) Thurs(15) Fri (16)

**Cost is \$45/day – This includes lunch.** Please include payment with application.

Number of days \_\_\_\_\_ x \$45..... \_\_\_\_\_

Tuck shop fee(we suggest \$3/day)..... \_\_\_\_\_

TOTAL enclosed..... \_\_\_\_\_

Please feel free to mail or drop this application off with a check. You can also email it and send an EMT to [office@uturnranch.com](mailto:office@uturnranch.com) using the password summer2018 for the EMT.

## **Conditions of Enrollment – please read carefully and sign**

- \* I hereby authorize the Ranch personnel to handle any medical problems with my child during his/her stay at the Ranch.
- \* In the event that a rancher requires special medication, x-ray, or treatment beyond that which is possible at the Ranch every reasonable attempt will be made as soon as possible to notify the parent(s) and the parent will be responsible for any expense for additional care or transportation.
- \* If we can not get a hold of parent/guardian, in case of surgical emergency, I hereby give my permission for, and order injection, anesthesia, or surgery for my child named on this application.
- \* I will inform the Ranch medical staff, if my child has had a communicable disease, within the three weeks prior to his/her stay at the Ranch. The Ranch has my permission to contact my family doctor.
- \* The Ranch Director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and right of others, or who appears to have rejected the reasonable controls of the Ranch.
- \* The parents or guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable will be fully communicated in writing to the Ranch, including a photocopy of the section of any court order referring to visitation rights.
- \* While every precaution shall be taken to ensure the good welfare and protection of the camper, U-Turn Ranch, its Directors, staff members, employees, or facilities, are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant rancher.
- \* I give permission for U-Turn Ranch to use any photograph or video footage my child is in for promotional materials.
- \* The parents/guardians hereby agree to reimburse the Ranch for any damage caused by the applicant camper.
- \* There will be no refunds issued after February 1, 1018.
- \* I have read and understood the above Rancher information, and I hereby accept the conditions of enrollment.

\_\_\_\_\_  
Signature of Guardian or Parent

\_\_\_\_\_  
Date