



Consent form for Horseback Riding Overnight Adventure
City of Montgomery Recreation Department

Parent/guardian must complete and sign the entire form. We cannot accept a child into the program without all authorizations.

Name of child:
Age: Date of Birth:
Address:

Emergency Contact Information:

Name: Phone: Relationship

Name: Phone: Relationship

Parent's Name (List only if different than emergency contact above):

Phone:

Health Record: Please check if the participant has any of the following health concerns:

- 1. Heart Disease or heart problems
2. Hypertension - high blood pressure
3. Diabetes or abnormal blood sugar test
4. Epilepsy or seizures
5. Abnormal chest X ray
6. Physical limitations (please list)
7. Asthma
8. Allergies
Medication
Food/Dairy
Other

If you checked any of the above, please describe in more detail below:

Primary Care Physician: Name Phone:

Can your child swim? Yes No Comments:

Insurance information:

Is the participant covered by family medical/hospital insurance? Yes No
If Yes, indicate carrier or plan name:
Group #/Policy #:
Name of Insured:
Relationship to participant:

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE: I hereby give permission to the medical personnel selected by the City of Montgomery to provide transportation and obtain medical care for my child. In the event I or my emergency contact cannot be reached, in an emergency I hereby give permission to the physician selected by the City of Montgomery to secure and administer treatment including hospitalization for the person named above (Program Participant).

Signature of Parent/Guardian Date

Parental/Guardian Informed Consent Form

Discomforts and Risks:

Physical Reaction to exercise may include heat related illnesses, abnormal heart beats, blood pressure and in rare instances heart attacks. Serious health risks are rare. While all responsible precautions are taken, we can make no guarantees regarding these risks. I agree not to hold the city of Montgomery, its employees, volunteers and representatives for any charges or damages due to participation in the recreation program.

Transportation:

The Participant (Name) _____ has my permission to be transported by the Montgomery Recreation Department employees, staff, volunteers and or parents. I for myself, my executors, administrators and heirs, do hereby release and discharge the City of Montgomery, all employees, and individuals assisting in the transportation, vehicle owners, vehicle drivers, and assisting volunteers from all claims of damages, demands, liabilities, and causes of action whatsoever, growing out of child's participation. I have full knowledge of the risks involved and I assume those risks, and I will assume and pay for any medical expenses and emergency expenses in the event of an accident or other incapacity regardless whether I have authorized such expenses.

Rules:

The Program instructors reserve the right to withdrawal any program participant whose influences or actions are deemed harmful or how ill not abide by the policies and rules of the program. A copy of the rules and disciplinary procedures is attached. All comments or questions regarding these procedures must be made in writing prior to the start of the program.

Photo Release:

During programs, program staff occasionally takes photos of the participants for use in future brochures, publications or in other ways to promote the program. I authorize the City of Montgomery to have and use photographs of the person named on this application for its promotions.

Authorization:

I have read this form and understand that there are inherent risks associated with physical activity. To the best of my knowledge there are no contradictions of the minor's participation in the recreational program. By my signature below, I have given my permission for my child to participate in this program, including the transportation of the participants for offsite trips as well as for any pictures in which he/she appears to be used as described above.

Signature of Parent/Guardian

Date

Drop Off/Pick Up

In addition to the parents listed, the City of Montgomery staff will release your child to the following people only:

Name _____ Relationship _____

Name _____ Relationship _____

I understand that by listing the names above I am giving the City of Montgomery Recreation Department the right to release my child into someone else's care other than legal guardian or relatives.

Signature of Parent/Guardian

Date

My child **MAY NOT** be dropped off or picked up by the following people:

Name _____ Relationship _____

Name _____ Relationship _____

My child has my permission to sign himself/herself out of the program: Yes No

Signature of Parent/Guardian

Date

Medical Dosage (1) If applicable
Please list medications separately

Name of Medication: _____

Date of Authorization: _____

Reason for Medication: _____

Dosage: _____

Frequency: _____

How administered: _____

Time(s) to be given (exact time) _____

Possible side effects/adverse reactions

Special Considerations for storage of drug

Additional instructions for Medication

Participant may carry inhaler: Yes No

Medical Dosage (2) If applicable
Please list medications separately

Name of Medication: _____

Date of Authorization: _____

Reason for Medication: _____

Dosage: _____

Frequency: _____

How administered: _____

Time(s) to be given (exact time) _____

Possible side effects/adverse reactions

Special Considerations for storage of drug

Additional instructions for Medication

Medical Dosage (3) If applicable
Please list medications separately

Name of Medication: _____

Date of Authorization: _____

Reason for Medication: _____

Dosage: _____

Frequency: _____

How administered: _____

Time(s) to be given (exact time) _____

Possible side effects/adverse reactions

Special Considerations for storage of drug

Additional instructions for Medication

City of Montgomery Recreation Department Conduct Code

Show respect to other participants and treat them as well as the participant would like to be treated.

Show respect to staff and cooperate fully with their instructions.

Respect the rights and beliefs of others and treat others with courtesy and consideration.

Communicate in an appropriate manner. Refrain from using foul language or gesture, harsh words or tone of voice.

Conduct oneself with responsibility. Understand that horseplay, unwelcome teasing or other unkind behaviors are not allowed.

Refrain from deliberately causing bodily harm to other participants or staff. Understanding that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.

Use program equipment, supplies and facilities properly.

Respect the property of others.

Be fully responsible for actions and understand that irresponsible behavior will result in disciplinary action.

Know and follow the rules.

Disciplinary Procedures

In order to effectively deal with a minor participant, consistency and fairness is the most important aspect of discipline and is stressed in our programs and is expected of employees, staff, volunteers and representatives. The City of Montgomery Recreation Department does not permit: corporal punishment, ridiculing, threatening or using an inappropriate loud voice.

Our progressive steps in guidance are as follows:

First offense: Participant will be verbally warned.

Second offense: Removal from the activity or loss of privilege

Third offense: Discipline form is filled out and Parent/Guardian is notified

Fourth offense: Removal from the program (final discipline and last resort)

Written reports will be utilized for disciplinary problems and will require the signature of the parent/guardian. Reports will be kept on file for one year.

Parent Signature: _____