



Potter's Ranch Youth and Family Ministry

Kids Quest Programs

Application Form



Today's Date: _____ School Child Attends _____

Camp Attending: Adventure Camp Horse Camp Dyslexia Camp _____

Camp Options: Day Bus Route Early Drop-Off Late Pick-Up Residential

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

A \$50 deposit for each camp is required with a completed application. \$100 deposit for Dyslexia Camp.

Where does your family attend church? _____

Child's Information

Child's Name _____ Nickname _____

Male Female Birthdate _____ Age _____ Grade _____ Height _____ Weight _____

What are your child's favorite indoor activities?

Are there any special circumstances in the family, which may be a factor in your child's behavior?
(divorce, separation, death, new baby, recent move, hospitalization, etc)?

In what ways would you like to see you child develop during his/her participation in our program?

Please add any additional comments, which you feel, might help us understand your child better.

Child lives with: both parents Mother Father Other _____

Marital Status of Parents: Married Divorced Separated Other _____

Other Children in family:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Adults authorized to pick up camper:

Name	Address	Phone	Relationship to child
Name	Address	Phone	Relationship to child



EMERGENCY INFORMATION



Name of Child	Mother's Name	Father's Name
Street Address	Street Address (Check if same: ___)	Street Address (Check if same: ___)
City, State, Zip	City, State, Zip	City, State, Zip
Home Phone Number	Home Phone Number	Home Phone Number
	Cell Phone Number	Cell Phone Number
	Employer's Name	Employer's Name
	Employer's Address	Employer's Address
	City, State, Zip	City, State, Zip
	Work Phone Number	Work Phone Number
	Email Address	Email Address

People to be contacted in the event of an emergency if the parent(s) cannot be reached: (must have 2 contacts other than parents)

Name	Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Relationship to Child	Relationship to Child

Parents will be contacted before transporting.

Permission to Transport Child in Case of Emergency

I give Potter's Ranch my permission to transport my child, _____
 (Name of Child)
 to _____, for emergency medial care or to _____ for emergency dental
 (Hospital, Clinic) (Dentist, Clinic)
 care, or to the nearest source of assistance.

Please list child's Physician's Name and Telephone Number: _____

 Parent's Signature

 Date



Health Record Statement for Children



This form must be completed and submitted to the Potter's Ranch office prior to the child's participation in the program.

Child's Name: _____ Birth date: _____

Has your child had the following Diseases?

- | | | | |
|----------------|--|---------------------------|--|
| Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | Kidney Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| German Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Scarlet Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No | Infectious Hepatitis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whooping Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No | Convulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chicken Pox | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hay Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Poliomyelitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Poison Ivy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reaction to Insect Stings | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Year of last Tetanus shot: _____

List all allergies and any special precautions and treatment indicated for these allergies:

Allergies	Precautions	Treatment

List any medications, food supplements, modified diets or fluoride supplements currently administered to the child: _____

List any chronic physical problems and/or history of hospitalizations: _____

List any other diseases or injuries the child has had: _____



Parent Statement of Understanding



- All final payments are due on first day of camp.
- If payment is not received on first day of camp there will be a \$10.00 late fee payment.
- Parents or guardian listed on camp application must sign their child (ren) in and out of the program.
- We are not responsible for items that are lost or stolen.
- There is a \$1.00 per minute late fee for any child left after 6:00 p.m.
- Children are not allowed to bring toys, cell phones or electronics from home. If children bring toys to camp, then the child must keep the toys in their bags until they go home.
- The parent/guardian is responsible for all guidelines as stated in the Parent Handbook. **Please read carefully.**

(Please Initial All Applicable)

I give my child permission to ride a horse or pony: _____

I give my child permission to participate in activities that involve horses or ponies: _____

I give my child permission to ride on a horse drawn buggy or hay wagon: _____

Application, Waiver and Parent Handbook

I have read and understand the contents of this application form, the waiver of liability, as well as the parent handbook and agree to all the terms that are covered within. I acknowledge this is a private, Christian retreat center. Signing this statement means that I have received and read the contents, so when there is a reference to a rule or regulation I have been previously made aware of the guidelines.

Child's Name _____

Parent's Signature _____

Date _____



NOTE: ALL GUESTS MUST SIGN A WAIVER OF LIABILITY



GUEST NAME: _____

GUEST ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL. (H) #: _____ TEL. (W) #: _____ CELL: _____ E-MAIL: _____

WAIVER OF LIABILITY AND FULL RELEASE OF CLAIMS

Upon consideration for entering upon the premises of POTTER'S RANCH, the below signed individual, being an adult of legal age, signing on behalf of himself, or herself, or as the legal custodian or parent of a minor who will be entering upon said premises, whose name is _____, hereby states that upon the _____ day of _____, 20_____, he/she will be entering upon the above-described premises for the purposes of (Please check all that apply)

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> TOUR | <input type="checkbox"/> CONTRACT WORK | <input type="checkbox"/> PERSONAL OR GROUP RETREAT |
| <input type="checkbox"/> ZIP LINE | <input type="checkbox"/> CLIMBING WALL | <input type="checkbox"/> INFLATABLE RIDES |
| <input type="checkbox"/> HAYRIDE | <input type="checkbox"/> VOLUNTEER WORK | <input type="checkbox"/> ROPES CHALLENGE COURSE |
| <input type="checkbox"/> TRAIL RIDE | <input type="checkbox"/> ARCHERY/BB GUNS | <input type="checkbox"/> THERAPEUTIC HORSEMANSHIP |
| <input type="checkbox"/> PAINTBALL | <input type="checkbox"/> BOATING ACTIVITIES | <input type="checkbox"/> CAMPING |
| <input type="checkbox"/> ATV RIDING | <input type="checkbox"/> HORSEMANSHIP TRAINING | <input type="checkbox"/> OTHER _____ |

As and for consideration for entering upon such premises, I, on behalf of myself, or on behalf of the minor described herein, hereby agree to waive all liability, claims, causes of action, demands, whatsoever, against **POTTER'S RANCH OR ANYONE AFFILIATED PERSONALLY WITH THE FOUNDATION**, including directors, employees and agents, arising out of any incidents which may occur on said premises resulting in injury or damage to me or any of the parties described herein for whom I am signing this Waiver of Liability. It is understood that this Waiver of Liability is being made by myself on behalf of any heirs, executors, administrators, devisees, legatees, and agents of mine or those persons for whom I am signing, and is intended as a complete and total Waiver of Liability for any claims, demands, causes of actions, whatsoever, arising out of my entering upon the above-described premises, and that, further, without this Waiver of Liability, Potter's Ranch would not permit me upon the premises, and that I voluntarily assume any risks inherent in the above activities. I recognize that swimming in the creek on or adjacent to Potter's Ranch property is NOT permitted, authorized, or suffered by Potter's Ranch, and, in fact, is STRICTLY prohibited; liability, damages and causes of action, for any violations of this provision by the guest, or guest supervisor, or any minor under the adult's supervision is hereby RELEASED and WAIVED. The group, or, where applicable because the within waiver is being signed by and on behalf of an individual only, the adult signed below, agrees to assume responsibility for enforcing this "no swimming" policy, and further agrees to indemnify and hold Potter's Ranch harmless for any violation of that policy, in his/her capacity as an individual or as a representative of the legal entity which he/she represents.

Photo Release Statement and Permission to Use Photographs: By accepting the following: I grant permission for Potter's Ranch to use photos taken in connection with the above-identified activities. I authorize Potter's Ranch, its assignees and transferees to copyright, use and publish the same in print and/or electronically. _____ Check only if "NO".

WARNING - Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities. KRS 247.4027

SIGNED THIS _____ DAY OF _____, 20_____.

BY: _____

NOTE: If signing on behalf of a minor, use the below signature line:

Minor's Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

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