

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Arrival/Departure Date: \_\_\_\_\_

Disabilities, Health Problems, Allergies or Special Dietary needs?  
\_\_\_\_\_

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**

**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  
PO Box 93  
Mack's Inn Idaho 83433  
(208) 558-7411**