UNITED HORSEMEN OF THE CAROLINAS (further referenced as UHC) Parent/Guardian

INFORMED CONSENT FOR YOUTH FIELD TRIP

Event					Date:				
GENERAL INFORMATION									
The [The UHC Youth Members (Ages 18 & Under) are planning a trip to								
The purpose of the trip									
The date(s) of the trip									
We will leave (location)							at		
And return to (location)						at			
Cost of the trip per person (Lodging, transportation, meals will be provided)									
TYPE OF TRANSPORTATION									
Commercial Transportation: Charter Bus Rental Vehicles Private Owned Vehicles									
MEDICAL INFORMATION									
The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other sever allergies, hemophilia, diabetes, heart disease, etc.):									
The following medications, prescriptions or special diets are needed:									
MEDICAL RELEASE									
In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the board members of UHC to secure emergency medical care as needed.									
Name of Preferred Doctor				Pho	ne ()	-			
Name of Insurance Company Policy #									
Does your child have Medical Insurance Coverage? YES NO									
This activity provides a learning experience for the participants and allows them an opportunity to apply their show arena learning. If you have questions or concerns about this activity, please contact:									
Although I understand that UHC will make reasonable efforts to provide a safe environment, I am fully aware of the risks inherent in participating in the activity. Being fully aware of the risks, I hearby give consent for (Youth)									
authorization to UHC to seek medical release in the event it is needed.									
Please check here if you plan to transport your Youth to and from this event.									
Youth Name:									
Parent/Guarding Name:									
Home Address:Evening Phone ()									
Emergency Contact: Emergency Phone ()									
Signature of Parent/Guardian: Date: Parent/Guardian signature reflects his/her knowledge and approval of the activity described above. Parent Permission must be given to UHC before the Youth is involved in the activity.									