

Community Ministries Student Application

New Life Ranch • 108 New Life Ranch Dr. • Colcord, OK 74338

Thank you for your interest in the Community Ministries. Please check which ministry is being applied for:

Right Lead (Horses-grades 1-12)

Right Quest (Outdoor Adventure- grades 4-12 only)

Students are chosen to participate in this ministry by a variety of factors:

1. How much we think a student might benefit from this program as opposed to others on the waiting list.
2. How much desire a student has to participate in this program.
3. The likelihood of the student attending all of the sessions he/she is signed up for.

If you wish to participate, please fill out this form, and include any other information that might convince us that you should be considered for Right Lead.

Personal Information

Date Filled Out ___/___/___

Student Name: _____ Birth Date: ___/___/___

SS Number: _____ - _____ - _____ Male Female Race: _____

Grade: _____ School: _____ Teacher's Name: _____

Do you attend church? No Yes, I attend: _____

Extra-curricular Activities:

Activity: _____ Day & Time: _____

Activity: _____ Day & Time: _____

Activity: _____ Day & Time: _____

Parent Information

First Primary Parent/Guardian: _____

Relationship to child: Biological Parent Parent/Step Parent Grandparent
 Adoptive Parent Foster Home Other _____

Phone: (H) _____ (W) _____ (Cell) _____

Address _____ City _____ Zip _____

Second Primary Parent/Guardian: _____

Relationship to child: Biological Parent Parent/Step Parent Grandparent
 Adoptive Parent Foster Home Other _____

Secondary Parent(s)/Guardians (parent(s) that student lives with at other times, like on weekends):

Name(s) _____

Relationship to child: Biological Parent Parent/Step Parent Grandparent
 Adoptive Parent Foster Home Other _____

Phone: (H) _____ (W) _____ (Cell) _____

Address _____ City _____ Zip _____

Emergency Contacts for Student

Name: _____ Phone _____

Relationship to child:

Friend Grandparent Uncle/Aunt Other _____

Name: _____ Phone _____

Relationship to child:

Friend Grandparent Uncle/Aunt Other _____

For student to fill out:

Why do you think you should be in Right Lead or Right Quest?

How do you expect to be helped by coming to Right Lead or Right Quest?

If applying for Right Lead, do you have any horsemanship experience? If yes, what experience?

For parent to fill out:

Why do you think your son/daughter should be in Right Lead or Right Quest?

What would you like your child to accomplish?

Has your child been affected by a death, divorce or traumatic experience recently? (Or is still dealing with one of these situations)? If so, please explain:

Community Ministries Transportation Information

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In order to ensure your child's safety in traveling back and forth from New Life Ranch activities, we will be enforcing a number of transportation rules. Please read over the list of rules and procedures so that you can help us enforce them:

1. Everyone in the vehicle must wear a seatbelt.
2. Each person is to stay seated at all times while the vehicle is moving.
3. Food and drinks are not allowed in the vehicle.
4. Shouting and/or horseplay is not allowed.
5. Loading and unloading will be orderly.
6. All body parts and clothing must remain inside the vehicle.
7. Nothing is to be thrown from the vehicle.
8. When students are dropped off, they must stand clear of the vehicle.

Your child will be picked up and dropped off at home unless other arrangements are made. (Some students are picked up from school if they are in a 3:30-5:30 class.) New Life Ranch is not responsible for finding your child if they are not at the designated pick-up place at the right time.

Please give us directions to your home: _____

Please sign if you have read the transportation information and will abide by the rules.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Community Ministries Parent Permission Form

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The Right Lead and Right Quest are after school programs for children and youth sponsored by New Life Ranch at their facilities in Colcord, Oklahoma. Our goal is to challenge and encourage your child by teaching them skills and to help train them in valuable life skills through biblical instruction and example.

We feel that it is important that you understand the following things:

1. Working around horses can be a dangerous activity. While accidents can happen, we do everything we can to create a safe environment, including the wearing of safety helmets while riding. We choose only those horses that we feel are appropriate for each child's ability level, but please encourage your child to be careful and to listen and follow our instructions.
2. Outdoor activities, including but not limited to climbing, fire starting, canoeing, and the ropes course can involve some risk. Care will be taken to ensure the safety of the students, including safety helmets and other safety gear when needed.
3. It is important that your child attends each of the ten sessions because each lesson builds on the previous one and even missing one or two can put them behind. If your child is sick or unable to attend, please call 918-422-4396 ext:
 - a) Kerri Brown ext. 113
 - b) Angela Penner ext. 128
 - c) Angie Davis ext. 127
 - d) Chase Payne ext. 126
 - e) Barn ext. 129

Please call as early as possible. If your child misses more than two sessions without a valid reason, he/she may be dropped from the program.

4. Being grounded from coming to Right Lead or Right Quest is not an acceptable excuse, so we ask that you do not ground your child from Right Lead/Right Quest. We understand your need as a parent or guardian to discipline, but we ask that you please find other ways. You are welcome to share your child's behavior concerns with us so we may partner with you in improving your child's behavior. We want to support you.
5. People donate money to these programs to make it possible for your child to attend, so it is important to be at every session.
6. Your child will be picked up and dropped off at the designated place of your choice by a staff person or volunteer. Please make sure that your child is ready and waiting at the specified time and place and that they are dressed appropriately for their activities. (Long pants and close toed shoes for Right Lead) Volunteers may not drop off your child at another location unless you make prior arrangements.

By signing below it signifies that:

1. I understand the inherent risks involved in any activity and give my permission for my child to participate in The Community Ministries programs at New Life Ranch and will do my best to make sure that they are available to participate for all ten weeks.
2. I give New Life Ranch Community Ministries permission to use photos of my child for promotional materials or news articles.
3. I have read the Parent Permission Form

Signature of Parent/Guardian _____ Date _____

Community Ministries Transportation and Record Release Form

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My child, _____, has my permission to be picked up from school by

New Life Ranch staff /volunteers every _____ at _____.

Teacher: _____

I give _____ (name of school) permission to release the

grade

attendance

discipline records

of my child to New Life Ranch Community Ministries.

Parents Name (print): _____

Signature: _____ Date: _____

Community Ministries Health Form

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Health Form

(Please notify NLR in writing if any of the information on this form changes before camp.)

Camper Name: _____

HEALTH HISTORY

(Check, if applies. Give approximate dates.)

- ____ Frequent Ear Infections
- ____ Heart Defect/Disease
- ____ Convulsions/Epilepsy
- ____ Diabetes
- ____ Bleeding/Clotting Disorders
- ____ Hypertension
- ____ A.D.D./A.D.H.D
- ____ Mononucleosis
- ____ Bedwetting
- ____ Sleepwalking

- ____ Mononucleosis
- ____ Bedwetting
- ____ Sleepwalking
- ____ Chicken Pox
- ____ Measles
- ____ German Measles
- ____ Mumps

Food Allergies: _____

ALLERGIES (Dates not needed)

- ____ Hay Fever
- ____ Ivy Poisoning, etc. (see below)
- ____ Insect Stings (see below)
- ____ Asthma
- ____ Penicillin
- ____ Other Drugs

List: _____

Is allergy severe enough to keep your child from participating from activities in the woods?
 Yes _____ No _____

Family physician: _____ Phone: (____) _____ Dentist/Orthodontist: _____ Phone: (____) _____

Disabilities, recurring illnesses, psychological conditions we should be aware of (*give dates*): _____

Activities limited by a physician: _____

Any dietary restrictions? _____

(NLR will not provide special meals, but we will inform our staff of a camper's restrictions and help them choose allowed foods from our regular menu.)

List any medication to be administered at camp & diagnosis or reason for taking (*specific times & doses*): _____

****NO MEDICATION WILL BE GIVEN WITHOUT SPECIFIC ADMINISTRATION INSTRUCTIONS**** (*All medication must be turned into the nurse upon arrival at camp. Campers will not be allowed to have medication in their cabin.*)

FOR FEMALES (next two lines):

Has she menstruated? _____ If not, has she been told about it? _____ If so, is her menstrual history normal? _____

Special Instructions? _____

Immunizations current? (*circle one*) Yes No Date of last tetanus booster: ____/____/____ Date of last physical exam ____/____/____

INSURANCE INFORMATION: Note here if you don't have insurance: **Health Insurance Carrier:** _____

Insurance Mailing Address: (*Street, City, State, Zip*) _____

Group #: _____ Policy #: _____ Co-Pay Amt: \$ _____ Deductible Amt: \$ _____

Primary Policy Holder Name: _____ Policy Holder ID (SSN): _____ Policy Holder Date of Birth: ____/____/____

Policy Holder Employer: _____ Camper Insurance ID (SSN): _____ Camper Date of Birth: ____/____/____

PLEASE READ CAREFULLY: I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that this child may participate in all camp activities including travel off of the property. Also, I give permission for NLR to use images and recordings of my child/ward without further compensation. I realize that in the event of an illness or injury while at camp or while participating in it's activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures, including x-rays, routine tests, treatment, hospitalization and transportation. Furthermore, I agree to bear the cost of all such treatment. I also agree to hold harmless New Life Ranch, it's staff, and board of directors from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or this child in said activities.

And for our camp Doctor, Community Physicians Group:

I hereby authorize payment directly to Community Physicians Group and any consulting physicians insurance benefits otherwise payable to me or my minor dependents. I understand that I am financially responsible for charges not covered by this authorization. I hereby authorize release of information requested of Community Physicians Group and any consulting physician. I further agree to allow Community Physicians Group to release medical information on me or any of my minor dependents if requested by any insurance company for purpose of determining benefits payable.

Parent/Guardian Signature: _____ Date: _____