



## Contact and Consent Package

### **Rider's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Rider's Cell Phone \_\_\_\_\_

Rider's Email \_\_\_\_\_

### **Parent's Information**

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Primary Address \_\_\_\_\_

\_\_\_\_\_

Parent's Email (Primary communication)

\_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Father's Home Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_



## Medical Information

Doctor Office \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Does your child have any medical conditions or allergies or take any medications?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## Consent for Emergency Medical Treatment

In consideration of the above named rider's opportunity to participate in related activities, I hereby give my consent to medical examination, emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named rider, by a physician, nurse practitioner, PA, athletic trainer, community health aid, and/or hospital in the event of illness or injury during all periods of time in which the rider is away from his or her legal residence. I further hereby waive on behalf of myself and the above named rider, any liability of the Alaska Youth Equestrian Club, its Instructors or any agents, arising out of such medical treatment.

Insurance Provider \_\_\_\_\_

Group ID \_\_\_\_\_ Member ID \_\_\_\_\_

Policy Holder \_\_\_\_\_

Coverage is provided as follows: (Please initial one)

Insurance Carrier \_\_\_ Military \_\_\_ Private Insurance \_\_\_ Native Services \_\_\_

None. I will assume financial responsibility for injuries \_\_\_\_\_

Please sign stating that everything is correct/accurate and understanding that if information changes, it is your responsibility to make sure this information gets changed and updated with the instructors.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date



## Emergency Contacts

**Name** \_\_\_\_\_

Relationship to Rider \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Relationship to Rider \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Relationship to Rider \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



## Consent for Rider Travel & Participation for all 2023-2024 Season Practices & Events

### Consent for Participation

I hereby give my consent for \_\_\_\_\_(rider) to engage in practices, shows, parades or other functions for the 2023-2024 season. I also give my consent for the above-named rider to accompany the group as a member on all club/team related trips. I understand that participation in any of the practices or events that there is a risk of serious injury or death of the rider. I hereby waive, on behalf of myself and the above rider, any liability of the Alaska Youth Equestrian Club or its coaches or any agents, of any damages sustained in the program.

\_\_\_\_\_  
Parent/Guardian's Print Name

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian's Print Name

\_\_\_\_\_  
Parent/Guardian Signature Date



## Multimedia Waiver

By signing this, I, \_\_\_\_\_, state that I give permission for the coaches of Alaska Youth Equestrian Club (AKYEC) to post photographs/videos of my child on social media, and the AKYEC web site for the purposes of promoting this organization.

\_\_\_\_\_  
Parent/Guardian's Print Name

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian's Print Name

\_\_\_\_\_  
Parent/Guardian Signature Date

Please sign stating that everything is correct & accurate on the previous contact and consent pages 1-4 and understanding that if information changes, it is your responsibility to make sure this information gets changed and updated with Alaska Youth Equestrian Club. (AKYEC).

\_\_\_\_\_  
Parent/Guardian's Print Name

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian's Print Name

\_\_\_\_\_  
Parent/Guardian Signature Date