

## 2008 Youth Jamboree - Clinic Application & Medical Release

**One horse and one child per form, please. You may make copies if required. Forms must be postmarked by June 30, 2008.**

**MAIL TO: Sheila John Gersch, 250 Malory Circle #7105, Ellijay, GA 30540**

Rider's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent's Day Phone Number \_\_\_\_\_ Parent's Night Phone Number \_\_\_\_\_

Horse's Name \_\_\_\_\_ ← **Please, only one horse per form. PLEASE COMPLY!!!!**

Is this Horse a Registered Arabian or HA/AA? \_\_\_\_\_ ← **You must answer this question, or form will be refused.**

\_\_\_\_\_ **Yes**, I will show this horse. Stalls Are Paid on Show Entry Form \_\_\_\_\_ **No**, I will not show this horse. Check for \$85.00 enclosed.

T-Shirt Size: Child Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ OR Adult Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X Large \_\_\_\_\_ XX Large \_\_\_\_\_

Extra T-Shirts @ \$5.00: Child Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Adult Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X Large \_\_\_\_\_ XX Large \_\_\_\_\_

>>> **Every Participant Is Required to Wear an ASTM/SEI Approved Safety Helmet** <<<

### # 1 - Rider must have a Parent's or Guardian's Signature and Medical Release before riding in any clinics or participating in any activities.

I am the parent or legal guardian of the child listed above. I have read, understand, and agree, on behalf of myself and my child, to comply with all of the rules and regulations for the Region XII Youth Jamboree. I understand and agree that my child will be required to wear an ASTM/SEI approved safety helmet while riding anywhere on the rounds from the time they arrive. I hereby consent to the entry of my child in the Jamboree Clinics and Activities and acknowledge that I have read the Region XII Youth Jamboree Booklet and Prize List, and agree to the terms, conditions, waivers and rules and regulations, as set forth herein, and accept responsibility for the participation of said child in any clinic or activity.

**Medical Release:** I understand that there are inherent risks of serious injury or even death possible with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liability, and all claims for damages against the Arabian Horse Association, Region 12, Region 12 Youth Jamboree, Instructors, Administrators, Volunteers and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain associated with my child's voluntary participation in the Youth Jamboree activities and show. If medical care is required for my child in conjunction with any Youth Jamboree activity or related transportation, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by the Jamboree Nurse(s), emergency medical personnel, a physician, or the medical facility providing treatment.

Guardian or  
Parent's Signature \_\_\_\_\_ Print Parent's Name: \_\_\_\_\_

**Yes**, I will be at the Jamboree with my child, and I agree to Part # 2 Below [Do not fill out Part # 2 if you check this answer.]

**No**, I will not be at the Jamboree with my child, so Part # 2 below is filled out by the Adult authorized to be responsible for my child.

Email Address to Contact Concerning This Child's Forms: \_\_\_\_\_

My Child is Allergic To \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

My Child Takes the Following Medications \_\_\_\_\_

For \_\_\_\_\_

The Jamboree Medical Personnel may give my child over the counter medicines (Tylenol, Motrin, Benadryl, etc) Yes \_\_\_\_\_ No \_\_\_\_\_

**# 2 - Rider must have responsible adult's Signature before riding in any clinics or participating in any activities.** I am the adult, authorized by the above parent, who is responsible for the custody and control of the child listed above, and the child's horse(s), and for payment of all fees while at the Jamboree. I have read, understand, and agree, on behalf of myself and this child, to comply with all of the rules and regulations for the Region XII Youth Jamboree. I understand and agree that this child will be required to wear an ASTM/SEI approved safety helmet while riding anywhere on the grounds from the time they arrive. I hereby consent to the entry of this child in this Jamboree Clinics and Activities and acknowledge that I have read the Region XII Youth Jamboree Booklet and Prize List, and agree to the terms, conditions, waivers and rules and regulations, as set forth herein, and accept responsibility for the participation of said child in any clinic or activity. I accept responsibility for all fees for the participation of said child.

**NOTE: For parent attending the Jamboree with their child, information need not be repeated. Please check Yes (Agree to Part #2) above.**

Adult's Signature \_\_\_\_\_ Print Adult's Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Night Phone Number: \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLEASE!!! PROVIDE A LEGIBLE EMAIL ADDRESS. THANK YOU!**