

2011 YOUTH JAMBOREE – CLINIC APPLICATION

One horse and one child per form, please. You may make copies if required.

Forms must be postmarked by June 1, 2011

MAIL TO: Robert Obermiller 112 Glenn Cove Road Starr, SC 29864

Questions call 828-674-1758 email robermiller@gumlog.net

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 _____ **Only one horse per form.**

Is this Horse a Registered Arabian or HA/AA? Yes ___ No ___

_____ Yes, I will show this horse. Stalls Are Paid on Show Entry Form

_____ No, I will not show this horse. Check for \$50.00 enclosed.

I wish to take part in the following clinics (these clinics may be limited to a maximum of two (2) riding clinics a day depending on participation.). See rules for description of divisions of ability.

Walk/Trot: ___ Trail ___ Hunter Pleasure ___ Western Pleasure ___ Dressage ___ English/Country

Intermediate: ___ Trail ___ Hunter Pleasure ___ Western Pleasure ___ Dressage ___ English/Country

Advanced: ___ Trail ___ Hunter Pleasure ___ Western Pleasure ___ Dressage ___ English/Country

Hunter Over Fences: ___ Crossrails ___ 2'-2'6" ___ 3'-3'6"

Sport Horse Under Saddle: ___ Walk/Trot ___ Intermediate ___ Advanced

___ Sport Horse In Hand ___ Halter ___ Showmanship


T-Shirt Size: Child Small ___ Medium ___ Large ___

Adult Small ___ Medium ___ Large ___ X Large ___ XX Large ___

Extra T-Shirts @ \$8.00: Child Small ___ Medium ___ Large ___

Adult Small ___ Medium ___ Large ___ X Large ___ XX Large ___

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

 Youth Jamboree - Medical Release

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!