

53rd ANNUAL GMHA JUNIOR HORSEMANSHIP CLINIC APPLICATION FORM

RIDER INFORMATION			
NAME		PHONE	
ADDRESS		E-MAIL	
CITY		AGE	DATE OF BIRTH
STATE	ZIP	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
HEIGHT	WEIGHT	T-Shirt Size	Youth L Adult S M L
Have you attended the Junior Horsemanship Clinic before? If so, which year(s)?			

PARENT/GUARDIAN INFORMATION - Please note that parent/guardian must sign release on this form.		
NAME		HOME PHONE
ADDRESS		WORK PHONE
CITY	STATE	ZIP
Best place to reach parent during day?		

FEES	
JHC Entry Fee – GMHA Members	\$1000
JHC Entry Fee – Non-Members	\$1050
Late fee for entries received after May 1st	\$100
Total Enclosed	_____
*If applying for a scholarship, please enclose \$100 deposit. Your balance will be due upon notification of scholarship award amount.	

OFFICE USE ONLY	
<input type="checkbox"/> Coggins	<input type="checkbox"/> Cash
<input type="checkbox"/> Flu/Rhino	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Scholarship Application	<input type="checkbox"/> Credit card
<input type="checkbox"/> Scholarship Award	<input type="checkbox"/> Balance due _____
	<input type="checkbox"/> Balance paid

PAYMENT INFORMATION		
<input type="checkbox"/> Check enclosed	<input type="checkbox"/> Cash	<input type="checkbox"/> Please bill my credit card (MC/Visa only)
Credit card #	Expiration	Signature

INDIVIDUAL AGREEMENT AND WAIVER OF LIABILITY

WARNING

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. section 1039.

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any injury occurs to me or my horse or to any equipment that I may use or send to use, I will make no claim against the Green Mountain Horse Association, Inc. or any of the Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold the Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and Landowners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits, and expenses including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horses or attendants.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF HORSE OWNER

DATE

JHC 2009 HORSE AND RIDER EXPERIENCE

Please answer the following questions as thoughtfully as possible to help us organize JHC students into appropriate groups! *Entries will be considered incomplete and will be returned if submitted without this page filled out in its entirety. **EVEN IF YOU HAVE PREVIOUSLY ATTENDED CAMP – you must complete this section. Additional updates can be submitted closer to camp to reflect your current riding level.***

RIDER NAME	HORSE NAME
<p>Are you a member of Pony Club?</p> <p>If so, do you hold or are you working towards a rating? What rating?</p> <p>Would you be interested in preparing for your next rating at camp?</p>	

Please use a separate piece of paper if necessary.

EXPERIENCE	RIDER	HORSE
<p>DRESSAGE Please describe a typical dressage lesson. What movements are you working on? Have you ridden a complete test? If so, which? Have you shown and at what level?</p>		
<p>STADIUM JUMPING Please describe a typical jumping lesson. What sorts of jumps and/or courses are you working on? What height do you routinely jump? Have you competed and in what divisions?</p>		
<p>CROSS-COUNTRY JUMPING Please describe a typical cross-country lesson. What sorts of jumps are you working on? What height do you routinely jump? If you are competing, what level?</p>		

JHC 2009 HORSE AND RIDER EXPERIENCE - CONTINUED

EXPERIENCE	RIDER	HORSE
<p>GENERAL INSTRUCTION How frequently are you able to ride with instruction? How frequently do you ride on your own? Who is your primary instructor?</p>		
<p>2009 GOALS What are your goals for this clinic experience – what do you want to learn, practice, etc? What are your other goals for the 2009 season?</p>		
<p>TRAUMA/INJURY SPECIAL PROBLEMS Have you or your horse experienced any significant trauma or injuries? Please describe.</p> <p>Have you or your horse had any bad riding experiences? Do you have any special needs, issues or problems that we should be aware of? Please describe.</p>		
<p>UNMOUNTED INSTRUCTION What types of unmounted lessons would you like to see at camp?</p> <p>What interests you most about barn management?</p>		

REQUIRED FOR NEW PARTICIPANTS: To help us achieve a clearer understanding of your current riding level, please submit one letter from your current instructor/trainer detailing your riding, your horse, and what goals your instructor would like to see you accomplish during the GMHA Junior Horsemanship Clinic.

REFUNDS: All entries will be refunded in full less a \$100 administrative handling fee provided cancellation is requested in writing prior to June 15th. No refunds for cancellations after June 15th unless we can fill your spot from a wait list.

Please return completed forms to GMHA. Space is limited!

PO Box 8 S. Woodstock VT, 05071 (802) 457-1509 Phone (802) 457-4471 Fax

53^d ANNUAL GMHA JUNIOR HORSEMANSHIP ADDITIONAL INFORMATION
MUST BE RETURNED BY: MAY 1st, 2009 - may be sent with initial application

RIDER INFORMATION	
NAME	T-SHIRT SIZE

CHAPERONE INFORMATION - Where you will be staying during the JHC		
NAME	HOME PHONE	
ADDRESS	WORK PHONE	
CITY	STATE	ZIP
Relationship to rider?	EMAIL	

VET & FARRIER DEPOSIT INFORMATION		
Note: GMHA requires a credit card (M/C or Visa) on file to be charged for any vet/farrier bills charged during the clinic.		
Credit card #	Expiration	Signature

HORSE OWNER INFORMATION	
<i>Please note that horse owner must sign release on FIRST PAGE OF ENTRY.</i>	
NAME	HOME PHONE
ADDRESS	WORK PHONE
CITY	STATE ZIP

HORSE INFORMATION		
NAME	BREED	
<input type="checkbox"/> MARE <input type="checkbox"/> GELDING	COLOR	HEIGHT AGE
VITAL SIGNS TAKEN AT REST: PULSE TEMPERATURE RESPIRATION		
DATE OF LAST SCHEDULED FARRIER VISIT PRIOR TO JHC (may not be scheduled earlier than June 3 rd)		
DATE OF LAST FLU/RHINO VACCINATION PRIOR TO JHC (must be scheduled between April 9 th -June 9 th)		
DATE OF NEGATIVE COGGINS TEST (must be scheduled between July 15 th , 2008 and May 15 th , 2009)	***MUST MAIL A COPY OF NEGATIVE COGGINS TEST WITH THIS FORM NO HORSES WILL BE UNLOADED ON GROUNDS WITHOUT THIS FORM***	
HORSE'S ANTICIPATED FEED SCHEDULE (may be revised closer to camp dates):	MORNING QUANTITY	EVENING QUANTITY
11% Pellets	quarts	quarts
10% or 12% (select %) Sweet Feed	quarts	quarts
Oats	quarts	quarts
Senior Feed	quarts	quarts
Grass Hay	flakes	flakes
Other (specify) ALL ADDITIONAL SUPPLEMENTS AND FEEDS WILL NEED TO BE SUPPLIED BY THE PARTICIPANT FOR THE CLINIC		

2009 GMHA JUNIOR HORSEMANSHIP CLINIC AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I, _____, of _____,
(parent/guardian name) (address)

am the _____, of _____.
(mother/father/guardian) (child's name)

I am aware that horseback riding and jumping involved certain inherent dangers of injury. I also am aware that Dartmouth/Hitchcock Hospital and the Ottauquechee Health Center are the nearest facilities to the GMHA site. In the event that my son/daughter sustains an illness or injury which renders me unable to make or communicate my desire for or permission to receive medical treatment, I hereby authorize the officials to take my son/daughter to the nearest appropriate health care facility for treatment unless otherwise stipulated below.

I authorize transport to _____.
(fill out only if preference for specific medical facility)

I also hereby authorize the medical care providers at the health care facility and whomever they may designate as their assistants to perform such emergency treatment and procedures as they deem advisable. I understand that a personal physician must be selected by or on behalf of a patient if hospitalization or further treatment is required.

 Signature of parent/guardian

 Date

RIDER MEDICAL INFORMATION	
NAME	DATE OF BIRTH
ALLERGIES	SOCIAL SECURITY #
MEDICATIONS	
Date of most recent Tetanus Toxoid injection	
Is this rider taking any daily medications? <input type="checkbox"/> yes <input type="checkbox"/> no If so, which?	
Insurance coverage <input type="checkbox"/> yes <input type="checkbox"/> no If yes, in which state?	
Insurance Provider & #	
Other insurance identification #	Other insurance
Subscriber name on other insurance	
Please provide any additional health history which may affect medical decision making or your child's camp experience in general.	

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION		
NAME	DAY PHONE	EVENING PHONE