



63rd Annual Junior Horsemanship Clinic Entry Form

Entry Deadline: April 12, 2019

Long Format (Jun 23-July 3) Short Format (June 23-29)

Rider		
Name	DOB Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	City, State, Zip	
Primary Email for Communication	Primary Phone	
T-Shirt Size <input type="checkbox"/> Youth L <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	Have you attended JHC before? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, when?
How did you hear about JHC?		
Parent/Guardian		Guardian/Chaperone *During Camp*
Name	Name	
Mailing Address	Mailing Address	
City/State/Zip	City/State/Zip	
Email	Email	
Work Phone	Cell Phone	
Cell Phone	Home Phone	
Home Phone	Relationship to Rider	
Best way to reach you during day	Best way to reach you during day	
Horse		
Name	Breed	Color
DOB	Height	Sex <input type="checkbox"/> M <input type="checkbox"/> G
Horse Owner Name Same as <input type="checkbox"/> Parent <input type="checkbox"/> Rider		
Address		Email
City, State, Zip		Phone
Required Paperwork		
<p>Proof of negative Coggins and proof of Rabies vaccination within 1 year of the end date of camp is required to bring a horse on grounds. As the entry deadline is before many horses/ponies have spring shots, it is not required to submit them with this application. However, they need to be submitted PRIOR to arrival day.</p>		

JHC Authorization for Emergency Medical Attention

I, _____ of _____
 Parent/Guardian Address
 am the _____ of _____
 Relationship Child's Name

I understand that the sport of horseback riding is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks.

I hereby appoint GMHA to act on my behalf in authorizing unexpected medical, dental, or surgical care, including transportation to an emergency room and hospitalization for said child in my absence. I authorize GMHA to grant consent to medical doctors and emergency staff to conduct the required tests and provide the necessary medical treatment/care to the above named child if I cannot be reached. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during camp June 23-July 3, 2019.

I agree to pay for any such treatment and to reimburse GMHA for all costs and expenses it may incur related to such treatment.

Signature _____ Date _____

It is crucial for the safety of your child to disclose any relevant health information to GMHA and JHC Staff. Please fill out the below section completely.

RIDER MEDICAL INFORMATION	
Name	Date of Birth
ALLERGIES and/or MEDICAL CONDITIONS	
Medications <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list:	
<input type="checkbox"/> My son or daughter's Tetanus Toxoid injection is up to date <input type="checkbox"/> It is not currently, but will be updated prior to camp	
Do you give GMHA and it's staff permission to administer over-the-counter medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is permitted to treat with medication? Check all that apply: <input type="checkbox"/> Self-Medicare <input type="checkbox"/> EMT/Medic on duty (camp hours) <input type="checkbox"/> Camp Director/Staff <input type="checkbox"/> Will make arrangements w/Chaperone(s) during after-camp hours.
Insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state?
Insurance Provider and #	
Other insurance ID #	Other insurance
Subscriber name on other insurance	

EMERGENCY CONTACT INFORMATION		
Name _____	Day Phone _____	Evening Phone _____

GMHA has an EMT on grounds during mounted hours of JHC.

2019 Rider Placement Questionnaire

Questionnaire Instructions

This section is to be completed by the camper. Answer the questions below on a separate piece of paper. Your answers help us to determine riding groups prior to your arrival. Groups are based on level, not age.

If you have not previously attended JHC before, please have your current trainer send a letter about your experience and riding level.

Applications will be considered incomplete if submitted without answers to the questions listed below.

Questions

Answer the questions below according to your experiences with the horse/pony you will be bringing to JHC.

1. Does your horse live at home? If not, where do you board?
2. Who is your primary trainer?
3. How often do you ride with instruction? How often do you ride alone?
4. How long have you been riding this horse? What did your horse do before you began working with them?
5. Please describe your experience level in the following three areas in schooling, lessons and competition
 - A. Dressage
 - B. Stadium Jumping
 - C. Cross Country
6. Have you competed at a sanctioned event? If so, what level? If you have not competed at a sanctioned event, please briefly describe your competition history.
7. Do you or your horse have any special needs, issues or problems we should be aware of? Have you or your horse had any significant trauma?
8. What are your riding goals for this clinic?
9. What are your barn management goals for this clinic? What would you like to learn about?

2019 JHC Fees & Payment Information

Fees			
Long Format	\$1,200 <i>(\$1,150 early bird by 1/31/19)</i>	Sun, June 23- Wed, July 3	\$600 Deposit
Short Format	\$850 <i>(\$825 early bird by 1/31/19)</i>	Sun, June 23- Sat, June 29	\$425 Deposit
Late Entry Fee of \$100 applies to all entries received after deadline of April 12			
Payment Information			
Check or CC	<ul style="list-style-type: none"> 50% deposit is due with the application The remainder is due by Apr. 12. It is the responsibility of the camper/family to submit the remaining balance via check by this date. If a credit card number is given, it will automatically be run. 		
Scholarship Applicants	<ul style="list-style-type: none"> \$250 is due with completed application Any remaining balance will be due within 1 month of scholarship notification 		
Refund Policy			
<ul style="list-style-type: none"> No refunds will be given after June 1, NO EXCEPTIONS. A refund will be given prior to June 1, ONLY in the case of a verifiable medical excuse for horse or rider less a \$100 scratch fee. Switching from Short to Long or vice versa is not permitted after April 12, no exceptions. 			
Payment Method			
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Bill my Credit Card (MasterCard/ Visa only) Credit Card # _____ Expiration _____ Signature _____ CCV _____		
Amount Enclosed: \$ _____			

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. § 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 Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and any 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 horse or attendants.

I agree that if I am injured while participating in this event, the Woodstock Emergency Services personnel treating my injuries may provide a description of the accident, a description of the suspected injury, a description of the treatment administered and information about transport to a hospital to GMHA personnel for the purpose of completing the official GMHA Accident/Injury report. This authorization will expire once the information is given to GMHA personnel or at the end of the event, whichever is later.

Signature of Parent/Guardian

Date

Signature of Horse Owner

Date

FOR OFFICE USE ONLY

<input type="checkbox"/> Applicant/Horse/ Family Info	<input type="checkbox"/> Applied for Scholarship
<input type="checkbox"/> ER Authorization	<input type="checkbox"/> Scholarship Application
<input type="checkbox"/> Current Coggins	<input type="checkbox"/> 1040 Tax Form
<input type="checkbox"/> Current Rabies	
<input type="checkbox"/> Placement Questionnaire	
<input type="checkbox"/> Trainer Letter	

Confirmations and Welcome Packets will be emailed to the primary email address on the front page. This packet contains important information, please read completely.