

ROCKY MOUNTAIN HORSE ASSOCIATION YOUTH CAMP APPLICATION

Applications are due to be postmarked or emailed by: **6/01/2021**

*Camp Date is June 5th

EMAIL: Rockyyouth@yahoo.com

MAIL: Jennifer Allen, 205 Jimmy Ct, Mt. Sterling KY 40353

Date _____

Name _____

Birthdate _____

Address _____ Age _____

City _____ State ____ Zip _____ Phone ____ - ____ - _____

Male _____ Female _____

Parent's Name _____

Do you have any food allergies or dietary restrictions/preferences? Yes or No

If so please explain: _____

Horse's Name _____ Breed _____

*All Horses Attending must have a negative
coggins and health certificate

Please fill out the following skill level:
(circle your appropriate level)

English Pleasure:	Beginner	Intermediate	Advanced
Western Pleasure:	Beginner	Intermediate	Advanced
Trail Obstacles:	Beginner	Intermediate	Advanced
Drill Team Maneuvers:	Beginner	Intermediate	Advanced
Round Pen Work:	Beginner	Intermediate	Advanced
Trail Riding:	Beginner	Intermediate	Advanced

I approve of my child participating in the RMHA Youth Horse Camp. I understand that my youth/camper has agreed to abide by the rules of camp, and if a problem arises, I will make arrangements for him/her and his/her horse to be picked up upon reasonable time following notification. I agree that I will pay for any damages caused by my child to the arena or other damages caused by my child while at camp.

Parent of Guardian Signature

Date

RMHA Youth Participant Information/Enrollment Form

RMHA Youth Horse Camp

THIS FORM MUST BE COMPLETED, SIGNED AND DATED AND RETURNED WITH APPLICATION!

Participant Name

Last First Initial

Birth Date _____ Sex _____ Age _____

Parent or Guardian (or Spouse) _____

Phone: Day () _____ Evening () _____ Cell () _____

Home Address

Street & Number City State Zip

Name of Family Doctor: _____ Phone _____

Health Insurance

Company: _____ Policy _____

Name of Policy Holder/Relationship to Participant: _____

Member ID: _____

Emergency Contact #1 _____ Phone _____ Phone _____

Emergency Contact #2 _____ Phone _____ Phone _____

HEALTH HISTORY: (Check if the participant has had any of the following- giving approximate date where applicable)

Ear Infections _____

Asthma _____

Seizures _____

Diabetes _____

Behavior _____

Chicken Pox _____

Rheumatic Fever _____

Chest Pain/passing
out with exertion _____

ALLERGIES: _____

Hay Fever _____

Ivy Poisoning, etc. _____

Insect Stings _____

Penicillin _____

Other Drugs _____

Details of Above (frequency, severity, triggers) and include any additional medication or food allergies:

List and explain any restrictions (dietary, physical, etc.) _____

MEDICAL TREATMENT: All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

S I G N A T U R E O F P A R E N T / G U A R D I A N : D A T E :

RMHA Youth Code of Conduct Form

All RMHA Horse Camp youth and family/friends associated with the youth must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A camper may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the youth and/or others. The following guidelines are designated to make our program safe, meaningful, and satisfying to youth and others attending.

RMHA Horse Camp Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by their personal physician) by youth are strictly prohibited.
3. Participants are expected to be present and participate at all scheduled program activities. Participants are required to wear nametags during all camp activities.
4. No youth/camper may leave the grounds without contacting a Youth Committee Member. The parent/guardian shall accompany the youth any time he/she leaves the grounds.
5. Participants are responsible for following the instructions of all camp volunteers and presenters.
6. Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
7. Curfew hours must be strictly followed.
8. Behavior during unscheduled free time is subject to the supervision of the parent/guardian.
9. Each camper is expected to be appropriately dressed (long pants, heeled boots and helmet if required).
10. Respect towards others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
11. Dogs are not allowed in any of the workshops or areas where horses are working.
12. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.
13. Honesty is expected at all times from youth.
14. Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
15. Youth/campers are not to use cell phones when riding, in workshops, or during any activities or sessions.

Any violations of this Code of Conduct shall be reported promptly to the camp staff and to the RMHA Youth Committee. The committee shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by youth and family/friends associated with the participant may result in penalty, including, but not limited to, the following:**

- Sent home from activity or event at his/her own expense
- Barred from participation from future RMHA Youth events
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority

I HAVE READ the Code of Conduct above and discussed it with my son/daughter. I understand and agree to the conditions set forth. I accept the cost and responsibility of having my son/daughter returned in the event it is necessary.

Signature of participant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Rocky Mountain Horse Association
Release and Waiver of Liability

I hereby recognize that all equines ("horses") and/or all activities pertaining thereto are inherently dangerous and constitute a significant risk to myself and all members of my party. Such danger and significant risk also includes, but is not limited to, movement around and close proximity to said animals whether participating in equine activities or merely acting as a spectator or guest.

I am fully aware and understand that equine activities are dangerous activities which pose potential serious risks of injury and/or death to their participants. I wish to participate in these activities knowing they are dangerous. I understand that I may be injured or die as a result of my negligence, the negligence of others, or through no fault of my own or anyone else due to the dangerous nature of the equine activity in which I am engaged. I also understand and acknowledge that horse, by nature, are often unpredictable and difficult to control. I hereby accept and assume any and all risks of injury (including death) to myself and my property.

With knowledge of the foregoing, I hereby agree to waive or release any and all rights and claims of any kind that I, my heirs, guardians, legal representatives or assigns may have or may in the future have against the **Rocky Mountain Horse Association** or its owners, officers, directors, guests, agents, managers, employees, landowners, or any other persons associated with said organization, for any damages or injury (including death) to myself and/or damage to my property whether or not from my own or anyone's negligence and/or any other causes arising out of participation in and/or observation of equine or other activities associated with the **Rocky Mountain Horse Association** and all of the aforementioned parties.

I further agree to indemnify and hold harmless the **Rocky Mountain Horse Association** and all the aforementioned parties from any claims I might make or which might be made on my behalf by others, arising from any activity with the **Rocky Mountain Horse Association**. I further agree to keep all those released by this agreement free of any damages or costs because of any claim caused by my actions or the action of others which results in injury, including death, to me or others, or to any damage to property.

It is highly recommended for safety reasons that a riding helmet be worn while engaged in equine activities. Please indicate whether or not you desire to wear said riding helmet. ____ Yes. ____ No. ____ Initials. I hereby accept full responsibility for any injuries that might occur as a result of failure to wear said riding helmet. Youth 11 & under are required to wear a helmet.

I have carefully read and understand the contents of this document and agree that I am giving up any right I have or might have in the future to sue or make a claim against the Rocky Mountain Horse Association and all the parties described in this waiver and release. It is my specific intent to give up these rights and hold harmless all of the aforementioned parties and I do so knowingly and voluntarily.

If participant is under eighteen (18) years of age, this release and waiver of liability must be signed by a parent or guardian, who accepts full responsibility for the minor under the provision of this agreement.

This waiver shall remain valid unless expressly revoked, in writing, with receipt acknowledged by the Rocky Mountain Horse Association.

Participant/Minor Signature

Print Name

Parent/Guardian Signature

Print Name

Date

I ☐ grant ☐ decline permission for any photograph, digital image, video tape, or other picture to be used for promotional purposes by the Rocky Mountain Horse Association.

Signature _____
Date _____



SUPERVISION RELEASE FORM

Please check one of the following options.

☐

I _____ (parent/legal guardian) will be at the RMHA Youth Horse Camp. I will be responsible for my child/children listed below and I am aware the camp is not responsible for supervising my child/children.

☐

I _____ (parent/legal guardian), will not be at the RMHA Youth Horse Camp. I have arranged for my child/children to be under the care of _____ legal adult and I am aware that the camp is not responsible for supervising my child/children in my absence.

- *Information on legal adult in charge of watching my child/children:*

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____ CELL: _____

My Child/Children attending Camp:

LEGAL GUARDIAN SIGNATURE:

DATE: _____

HOME PHONE: _____ CELL: _____

ADDRESS: _____

This form must be on file at the time of camp, can send with registration, or bring to camp.