

TRAINER/
GROUP:

2013 YOUTH JAMBOREE – CLINIC APPLICATION

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

Forms must be postmarked by May 24, 2013

MAIL TO: Youth Jamboree c/o Robert Obermiller 112 Glenn Cove Rd Starr, SC 29684

Rider's Name _____ Age _____ Date of Birth _____

Address, City, State, Zip _____

Parent's Name _____ Parent's email _____

Parent's Day Phone # _____ Parent's Night Phone# _____

Horse's Name _____ Breed (if any) _____

_____ Yes, I will show this horse. Stalls are paid on the show entry form

_____ No, I will NOT show this horse. Check enclosed for \$70 for the stall.

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 or ability.

Trail: _____ Beginner _____ Intermediate _____ Advanced

Hunter Pleasure: _____ Beginner _____ Intermediate _____ Advanced

Western Pleasure: _____ Beginner _____ Intermediate _____ Advanced

Dressage: _____ Walk/Trot _____ Intro _____ Training _____ Beyond

English/Country: _____ Beginner _____ Intermediate _____ Advanced

Hunter over Fences: _____ Crossrails _____ 2'-2'6" _____ 3'3'-6"

Sport Horse under Saddle: _____ Beginner _____ Intermediate _____ Advanced

Sport Horse in Hand: _____ Beginner _____ Intermediate _____ Advanced

Drill Team: _____ Beginner _____ Intermediate _____ Advanced

All youth will receive a shirt included in their registration. Extra shirts may be purchased for \$10.00.

T-shirt Size: Child Small _____ Medium _____ Large _____

Adult Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

Extra shirts: Child Small _____ Medium _____ Large _____

Adult Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____



Office Use only:			Qty	Cost
Clinic stall	\$70 x	_____	=	_____
Extra t-shirts	\$10 x	_____	=	_____
Total			=	_____
Paid Cash	_____	Check	_____	Ck# _____

YOUTH JAMBOREE – LEGAL AND MEDICAL RELEASE for (child's name) _____

#1 - RIDERS MUST HAVE A PARENT'S OR GUARDIAN'S SIGNATURE AND MEDICAL RELEASE BEFORE RIDING IN ANY CLINIC OR PARTICIPATING IN ANY ACTIVITIES.

LEGAL: 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 12 Youth Jamboree. I understand and agree that my child 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 my child in the Jamboree clinics and activities and acknowledge that I have read the Region 12 Youth Jamboree booklet/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: 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 liabilities, and all claims for damages against the Arabian Horse Association, Region 12 AHA, 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 cases 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 agree to Part#2 below (do not fill out #2 if you check this)

_____ **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 Form: _____

My Child is Allergic to: _____

Other Medical Conditions: _____

My Child takes the following Medications: _____

For: _____

Jamboree Medical Staff may give my child over the counter medicines (Tylenol, Motrin, Benadryl, etc) ____ **Yes** ____ **No**

#2- RIDERS MUST HAVE A 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, in behalf of myself and this child, to comply with all of the rules and regulations for the Region 12 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 the Jamboree Clinics and Activities and acknowledge that I have read the Region 12 Youth Jamboree Booklet/Prizelist, 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 above

Adult's Signature _____ Print Adult's Name _____

Address, City, State, Zip _____

Day Phone# _____ Night Phone# _____

Email Address _____ Cell Phone# _____

PLEASE PROVIDE A LEGIBLE EMAIL ADDRESS. THANK YOU!!

YOUTH JAMBOREE 2013- NEW THIS YEAR

MEAL RESERVATIONS

Meals are included with the Clinics. We thank all of our various sponsors that enable us to offer these meals at no cost. If anyone would like to contribute, please see the Sponsorship Form.

Please indicate which meals you plan to attend and how many will be in your party so we may plan better with the caterer.

Tuesday _____ Lunch # _____ _____ Dinner # _____

Wednesday _____ Lunch # _____ _____ Dinner # _____

Thursday * _____ Lunch # _____ _____ Dinner # _____

*Thursday lunch will be our awards presentation and party

MENU IS TENTATIVE – SUBJECT TO CHANGE

Monday evening 6PM rider evaluations (mandatory) with ice cream & music to follow

Tuesday lunch - corn dogs

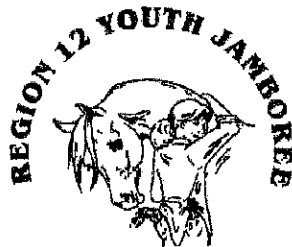
Tuesday dinner – spaghetti bake

Wednesday lunch - sandwich assortments (turkey, ham & PBJ)

Wednesday dinner – chicken nuggets with game classes to follow

Thursday lunch – pizza with awards presentation/party

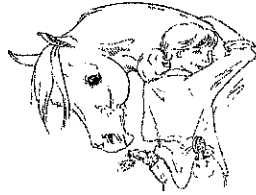
Thursday dinner – pizza with costume & other fun classes to follow.



"LEADERSHIP THROUGH HORSEMANSHIP"

2013 Region 12 Youth Jamboree
Sponsorship Form

“LEADERSHIP THROUGH HORSEMANSHIP”



Date: _____

Name: _____

Farm/Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

General Sponsorship (any amount) \$ _____

Class Sponsorship (\$15 each) \$ _____

Class Name _____

Championship Sponsorship (\$25 each) \$ _____

Class Name _____

Lunch/Dinner Sponsor (\$400 - \$600) \$ _____

T-Shirt Sponsorship (Full - \$1000) \$ _____ AgSouth –thank you for your sponsorship____
(Half - \$500) \$ _____

Total Amount: \$ _____

Signature: _____

Mail form and checks to: Region 12 Youth Jamboree, 107 Dean Street, Belton, SC 29627

Office use ck# _____ date paid _____ amt _____