



Blue Ribbon Riding Academy

2018 Spring/Summer & Holiday Camp Application

439 E. Sowell Road * Canton, MS 39046

601-842-0564 * www.BlueRibbonRidingAcademy.com

Thank you for your interest in BRRR spring/summer & holiday camps. The staff at Blue Ribbon looks forward to meeting you and your child while spending time teaching them about horse care and riding. We have a fun and informative schedule planned and can't wait to start our each camp program.

- **COST:** \$350.00 per week per camper / Daily rate is \$75
- **DEPOSITS:** \$50.00 **non-refundable** registration fee is required & must accompany Camp Application Form.
- **DATES:** Camp sessions are as follows:

___ Session 1	June 04 - 08	___ Session 4	July 09 - 13
___ Session 2	June 11 - 15	___ Session 5	July 23 - 27
___ Session 3	June 25 - 29	___ Session 6	Christmas break camp (tbd)

- **TIME: 8:30 a.m. to 2:45 p.m.**

Campers need to arrive at the farm at 8:30a.m. Early drop off is available **upon request** for a \$5.00 per day extra charge (we have to arrange for staff). **NO CHILD SHOULD BE LEFT UNATTENDED AT THE BARN BEFORE OF AFTER CAMP.**

- **FOOD:** Campers need to bring their own lunch, snacks, and drinks. Parents should provide labeled coolers to keep food and drinks cold. A microwave will be available for hot lunches. It is suggested that children bring healthy snacks and non-carbonated drinks (**NO GLASS CONTAINERS**). It gets very hot during summer days and bottled water or sports drinks are recommended. A water fountain is available. ***If offered, the Overnight camp includes all meals.*

- **CLOTHING:** Camper will need to wear long pants, comfortable shirt and protective foot wear such as boots. Campers will be allowed to wear shorts while participating in the Horse Management and arts and crafts lessons during camp. Tennis shoes are allowed (**but not recommended**) for the riding portion of camp. **NO SADDLES ARE ALLOWED IN BARN AREA EVER!** Please do not send you child in any type of open-toe shoe. If a child is sent to camp in an open toe shoe they will not be able to participate in any of the barn-type activities such as riding, bathing, or grooming horses. If a child does not have jeans or long pants and the proper footwear then they will not be allowed to ride. This precaution is for the **safety of your child**. It is recommended (but not required) that you pack extra clothing such as T-shirts, socks and shorts. **Please label all personal items** with your child's name to prevent loss. Unlabeled items left at the barn will be placed in the lost and found and become the property of the barn at the end of camp.

- **HELMETS:** All riders are **required** to wear ASTM-SEI approved headgear while riding. BRRR will provide ASTM-SEI approved headgear for riders needing helmets.

- **EXTRAS:** BRRR suggests you pack sunscreen, "Off" bug spray, towel, a sun hat, small stool or folding chair and anything else you child might need to make him/her comfortable.

Typical Daily Schedule

8:30am	Camper drop-off. (Parents, please don't be late.) Brief meeting of introduction.
9:00am	Campers placed in groups and prepare for riding by grooming & tacking up.
9:30am - 11:00am	Riding Session with instruction
11:00am	Bring ponies in, un-tacking and grooming, cooling down ponies and campers.
11:30am - 12:00am	LUNCH Time!
12:00am - 12:15pm	REVIEW: review morning session.
12:15pm - 2:00pm	Riding Session with instruction
2:00pm	Bring ponies in, un-tacking and grooming, cooling down ponies and campers
2:30pm - 2:45	REVIEW of the days skills learned
2:45pm	Pick up time. See you in the morning! Parents remember to be timely!



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Please complete the application form below **FOR EACH CAMPER** and **return it with your \$50.00 deposit** to: Blue Ribbon Riding Academy, 439 E. Sowell Rd, Canton, MS 39046 **A.S.A.P.** **Please make all checks payable to BLUE RIBBON RIDING ACADEMY.** First-come, first-served, so get your application in early to reserve your space.

PLEASE TYPE OR PRINT CLEARLY:

Name of Camper: _____ D.O.B. _____ Age: _____
 Parent Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____
 E-mail: _____

There is a limited amount of space in each camp session. Please indicate your session preference by **marking your 1st, 2nd, and 3rd choice of dates** that your child could attend camp. BRRA will strive to accommodate your 1st choice. If it is necessary to pick an alternate date, you will be notified immediately.

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|----------------|--------------|----------------|----------------------------|
| ____ Session 1 | June 04 - 08 | ____ Session 4 | July 09 - 13 |
| ____ Session 2 | June 11 - 15 | ____ Session 5 | July 23 - 27 |
| ____ Session 3 | June 25 - 29 | ____ Session 6 | Christmas break camp (tbd) |

In your opinion, can camper safely participate in strenuous exercise? Yes No

(such as riding, running, swimming, or other camp activities)

If No, please list any restrictions or special instructions:

Persons to contact in cases of emergency:

Name: _____ Relationship: _____
 Home Phone: (_____) _____ Work or Cell Phone: (_____) _____
 Name: _____ Relationship: _____
 Home Phone: (_____) _____ Work or Cell Phone: (_____) _____

Persons allowed to pick up camper:

Name: _____ Relationship: _____
 Home Phone: (_____) _____ Work or Cell Phone: (_____) _____
 Name: _____ Relationship: _____
 Home Phone: (_____) _____ Work or Cell Phone: (_____) _____

I have read the Summer Camp Application form and agree to the terms and conditions:

Parent Signature: _____ **Date:** _____



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General Guidelines:

Welcome to Blue Ribbon Riding Academy. We are hopeful that you will enjoy everything that we have to offer for both you and your horse. In order to keep everyone **safe and happy** while at our facility, we have created a few guidelines that we ask you to follow:

- 1) ASTM approved helmets **must be worn** by adults and children at all times when on horse **NO exceptions**.
- 2) Drive **SLOWLY** on the property. Please do not exceed 10 mph.
- 3) **NO JUMPING IS ALLOWED** by adults or children unless you are in a lesson or you have received special permission from a supervising trainer.
- 4) All scheduled lessons must be cancelled **24 hours** ahead of time. You will be charged for all lessons **NOT cancelled 24 hours** in advance.
- 5) Parking for clients is located in **front of the main barn ONLY**.
- 6) It has been clinically proven that smoking is dangerous to children. NO smoking allowed.
- 7) All dogs must be on a leash at ALL times.
- 8) Do not leave your horse unattended.
- 9) Always use a lead rope when leading your horse.
- 10) Please return all equipment, supplies, and tack to the appropriate place when you are finished with them. Each individual is responsible for his/her tack.
- 11) Please **clean up** after yourself and your horse. Put all trash in trash cans, and all manure in manure buckets.
- 12) Young children not participating in a lesson **must be supervised** by a parent or guardian at all times. Children may not run and make noise in or around the barn and arenas. Strollers are not allowed in the barn or grooming areas. If there is a non-riding child, sibling, or friend who needs a place to play, please ask one of the instructors.
- 13) The barn is open Monday – Friday 8:30am – 7:00pm. Saturday 8:00am – 7:00pm. Sunday 12:00pm – 7:00pm
- 14) No underage clients will be allowed to remain on the property after the barn has closed.

I have read and understand these rules. I understand that breaking these rules could cause a dangerous situation to others or myself, or I could lose privileges (as determined by management).

Boarder or Rider

___/___/___
Date

Parent or Guardian

___/___/___
Date



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Medical Release Form:

If medical care is required for _____ (Boarder, Rider, Employee) in conjunction with any BRRR activity or while Boarder, Rider, Employee is at BRRR, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician of the medical facility providing treatment.

RELATED INFORMATION

Parent(s) or Guardian: (PLEASE PRINT)

Mother's Name _____
Address _____
City, State, ZIP _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____

Father's Name _____
Address _____
City, State, ZIP _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail _____

If parent of guardian is unavailable, contact: (PLEASE PRINT)

Name _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

Name _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

Family Physician _____

Phone _____

Allergies _____

Current Medications _____

MEDICAL INSURANCE INFORMATION

Date of Birth _____

Company _____

Policy # _____

Group _____

Special Instructions

As parent or guardian of the above named child, please attempt to contact me at the time of the accident of illness without postponing medical treatment.

Other: _____

Parent or Guardian – or Self if Adult

Date



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Waiver of Liability:

WARNING

Under Mississippi Law, an equine activity or equine 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, pursuant to MISSISSIPPI CODE ANN. § 95-11-7.

YOU ARE ASSUMING ALL RISK BY PARTICIPATING IN THIS DOMESTIC ANIMAL ACTIVITY

Inherent risks of domestic animal activities include, but shall not be limited to:

1. *The propensity of a domestic animal to behave in ways i.e., running, bucking, biting, kicking, shying, stumbling, falling or stepping on, that may result in an injury, harm or death to persons on or around them.*
2. *The unpredictability of a domestic animal's reaction to such things as sounds, sudden movement of unfamiliar objects, persons or other animals.*
3. *Certain hazards such as surface and subsurface conditions.*
4. *Collisions with other domestic animals or objects and;*
5. *The potential of a participant to act in a negligent manner that may contribute an injury to the participant or others, such as falling to maintain control over the domestic animal or not action within such participant's ability.*

The undersigned for themselves and for the rider do hereby agree to assume the risk of the rider participating in the horseback riding and further do covenant and agree to hold Blue Ribbon Riding Academy, its directors, employees, and agents free and harmless from any and all claims, demands, damage, or liability, for injures sustained, or damage suffered while preparing or participating in horseback riding or from using the facilities at Blue Ribbon Riding Academy, except to the extent that such injury or damage shall be cause by the willful, wanton or intentional conduct of the directors, employees, or agents of Blue Ribbon Riding Academy.

If is further understood and agreed that Blue Ribbon Riding Academy does not insure the rider or the horse against injury and does not accept responsibility for any damages done or medical costs incurred. This agreement is binding on the heirs, executors, administrators, and assigns of the undersigned. **You are required to wear a helmet at all times when mounted upon a horse and you must wear a boot or shoe of adequate heel length (minimum one inch) while a participant in horseback riding on farm property.**

I carry accident medical insurance now in force. (circle one) Yes No

Name of my insurance company _____ Policy # _____

I have read and agree with the terms of this Waiver of Liability Statement:

Rider Signature _____ Date _____

Witness/trainer _____ Date _____

Parent Signature _____ Date _____

* If rider is under 18 yrs. of age



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Camp Riding Lesson Agreement

This Riding Lesson Agreement is made and entered into this ____ day of _____ 2018, by and between Blue Ribbon Riding Academy's Instructional Staff, hereinafter designated "Instructor" and _____, hereinafter designated "Rider", and the parents or legal guardians thereof, if a minor. In return for the use today, and on all future dates of the property, facilities and instructions of the Instructor, the Rider hereby expressly agrees to the following.

1. The Rider certifies that they have full insurance coverage on his/her children, personal property, guests, other pets and all good and valuable consideration.
2. Rider agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDERS USE OF INSTRUCTOR'S HORSES OR PRESENCE UPON INSTRUCTOR'S PROPERTY AND FACILITIES.
3. Rider agrees to hold Instructor completely harmless and not liable and releases them from all liability whatsoever and agrees not to sue them in connection with any claim, causes of action, injuries, damages, costs, or expenses arising out of Rider's use of Instructor's horses, staff, tack or presence upon Instructor's property and facilities, including, without limitation but not limited to, the risks of death, bodily injury, property damage, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosions, meals, fear to rider, the unavailability of emergency medical care, or the negligence of deliberate act of another person.
4. Rider agrees to waive the protection afforded any statute or law in any jurisdiction whose purpose, instance and/or effect is to provide that a general release shall not extend to claim, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. Any disputes by the Rider shall be litigated in, and venue shall be the country in which this Instructor legally resides. If any clause, phrase, or word is in conflict with state law, then that single part is null and void.
5. Rider agrees to indemnify this Instructor against, and hold them harmless from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from Rider's use of or presence upon the Instructor's property and facilities.
6. Rider agrees to abide by all of the Instructor's posted rules and regulations and those found in the between Blue Ribbon Riding Academy's Equine Manual.
7. Rider agrees to pay \$350.00 sum per camp week for lessons in BASIC HORSE CARE, BEGINNER HORSEMANSHIP, INTERMEDIATE HORSEMANSHIP, ADVANCED HORSEMANSHIP, WESTERN RIDING, COMPETITIVE HORSEMANSHIP, and/or TRAINING.
8. This contract is non-assignable and non-transferable. This contract represents the entire agreement between the parties. No other riding lesson agreements or promises verbal or implied are included unless specifically stated. This contract is made and entered into the State of Mississippi and will be interpreted under the laws of this state. When Instructor and Rider sign this contract, it will be binding upon both parties.

RIDE AT YOUR RISK

SIGNATURE STATEMENT OF AWARENESS

I/We, the undersigned, have read and so understand the foregoing agreement, warning, release and assumption of risk.
I/We, the undersigned, have read and so understand our financial obligation.

SIGNATURE OF RIDER (Spouse must sign for themselves)

Date

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1

Date

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #2

Date

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

ADDRESS _____

E-MAIL _____