



NJ Region Pony Club



2015 WOW Camp - July 5 to July 8, 2016 Youth Application

Our 5th joint NJ Region/Area 2 YRAP Regional Camp will again be held at the Horse Park of NJ. Horses will move in on Tuesday, July 5th, between 12 noon and 6 pm. Briefing will be held at Dinner that evening. Camp instruction will be held on Wednesday, Thursday and Friday - July 6-7-8, 2016. YRAP Camp is open to all USEA Jr/YR members & USPC members. *There is a separate application for the YRAP camp.* **The NJ Region camp is open to USPC members, members of local GMOs, 4H members and other interested youth riders. Camp will also be open to adults and Horsemaster Members. - use separate Adult Application if applying. Tracks in flat work, dressage and eventing offered.** Cost will be \$450 for the 3 days. Applications and fees received by April 1 receive a \$25 discount (\$425)

Application is for the NJ Region camp. Fee is \$450 for the camp for a rider/horse. Checks for the NJ Region camp should be made payable to **NJ Region Pony Club**. Payment can also be made online on our NJ Regional Website, NJRegionPonyClub.org, using PayPal. This fee will include simple breakfast, lunch and snacks and drinks all day. Monday's dinner only also included. No bedding is included this year. Bedding can be purchased upon arrival - \$8 for one bag, \$15 for two bags, \$20 for three bags. Applications, coggins and payments can all be done online or mailed to: Cathy Brogan, RS, 176 Barbertown Idell Road, Frenchtown, NJ 08825

Rider's Pony Club, GMO, 4H group _____ Rider's current USPC HM Certification Level is _____ USPC Riding certification level is _____

Applicant's Name: _____ Male Female

DOB _____ Age as of 1-1-16 _____ Rider's Email: _____

Address: _____

City, State, Zip _____

Phone: _____ Rider's Cell: _____

Parent/Guardian Information (Note: Parent must sign Waiver Release Form attached if applicant in not a pony club member)

Name: _____ Home Phone: _____

Address: _____ Work Phone _____

City, State, Zip _____ Cell Phone: _____

Parent Email: _____ Best way to reach parent during the day: Cell text other:

Chaperone Information (If parent not on grounds - adult on grounds who is responsible for camper) **Mandatory** - one adult chaperone/4 campers

Name: _____ Cell Phone: _____

Address: _____ Email: _____

City, State, Zip _____ Relationship to camper _____

Horse Owner information:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City, State, Zip _____ Relationship to camper _____

Horse Information:

Name: _____ Breed: _____ Gender: Mare Gelding

Height: _____ Color: _____ Age: _____ Date of Negative coggins: _____

A copy of a negative Coggins Test must be submitted with the application form.

Brief summary of NJ Region's camp details:

1. **NJ Region Camp** is open to USEA Jr/YR members, USPC members, Adult Horsemaster members and other interested adult and youth riders.

Cost will be \$450. light breakfast and lunch included. Informal dinners will be available each evening. Pay as you go.

A snack/continental breakfast area will be in front of Barn A each day.

Bedding is not included. Bedding can be purchased upon arrival. One bag \$8. Two bags \$15, three bags \$20

Fees and application should be mailed to

Cathy Brogan, RS, NJ Region, 176 Barbertown Idell Road, Frenchtown, NJ 08825

Application, copy of your coggins and payment can also be made online on the NJR website:

www.NJRegionPonyClub.org

2. **Deposit required: check one**

April 1 - \$50 to reserve your spot - early sign up - Camp fee is \$425 if paid in full by April 1, 2016.

April 30 - \$100 to reserve your spot - regular sign up

May 31st - Entire fee enclosed - *all balance payments due by May 31st*

3. **Tack Stalls** - Camp fees for both camps include all instruction and one tack stall/every 3 campers or

I prefer to pay for an individual tack stall. Please include an extra \$75 for this individual tack stall.

4. **Bedding** - Bedding can be purchased on grounds. Please bring your own hay and feed. All stalls have permanent doors.

5. **Medical Release Forms** - Each rider must have a medical release form in an armband or an approved medical bracelet with a completed, up-to-date medical information. This armband or bracelet must be worn at all times during camp and while on HPNJ grounds.

6. **Pinnies** - all campers will be given an individual pinney and this must be worn during camp hours, especially when mounted. Please return pinnies at end of camp.

7. **Camping available on grounds.** Contact Cathy Brogan, RS for more details. Cost is \$100 for the duration. All campers/horse trailers plugged into an electrical outlet anywhere will be charged this camper hookup fee regardless of where they are parked. Regular camper hookups with electric and water are located in the area behind the equine building.

8. **Housing:** Please go to website for HPNJ: HorseParkofNewJersey.com for lists of local accommodations. The Hampton Inn in Robbinsville, NJ (at exit 7 off I195 - 153 W Manor Way, Robbinsville, NJ 08691 Phone:(609) 259-0300) has a block of rooms reserved for pony club at a special rate. First come, first served.

9. **Directions to HPNJ:** Please go to website for HPNJ: HorseParkofNewJersey.com GPS location - 626 Route 524, Allentown, NJ 08501

Snack area - with coffee, drinks, breakfast items, fruit, etc will also be located in front of Barn A and available to our campers and adults attending camp with them - all day beginning on Wednesday morning.

Donations will be accepted to offset the cost of this (there will be a large jar for your donation).

Horse Management and upper level testing preps - as time permits

Sessions will be available during camp on lunging, bandaging, conformation - form fits function. HA and HB topics. More will be added to the schedule, including braiding and preparing for jog outs, etc.

HB unmounted teaching and HA teaching of mounted lesson(s) will be done if time permits.

Goal Sheet for 2016 Pony Club Camp

RIDER NAME: _____

HORSE NAME _____

I would like to sign up for the following track for camp

- flat/dressage
- flat, hunter seat equitation and show jumping
- Classic track (dressage/jumping/XC)

I currently compete at

- Starter
- Beginner Novice
- Novice
- Training

My goal this year is to

I need help with (Please check as many as apply and give brief description of help needed)

flat work

jumping

XC

My Horse has issues with _____

As a rider I have issues with _____

Please list anything else you would like to address while at camp (example - Musical for dressage Champs, Take your own line for SJ, etc.)

FOR NON-MEMBERS of USPC - only

UNITED STATES PONY CLUBS, INC.

General Activity Release, Assumption of Risk, Waiver of Liability, and Indemnity Agreement

This document waives important legal rights. Read it carefully before signing.

I AGREE for myself, and/or my child, my/our administrators and assigns, in consideration for my, and/or my child's, participation in this United States Pony Clubs, Inc. (USPC) activity to the following:

I AGREE that I choose to participate voluntarily in an USPC activity, as a rider, driver, handler, lessee, owner, agent, spectator, volunteer, and/or trainer. I am fully aware and acknowledge that horse sports and USPC activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity, including but not limited to, any of the following:

The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
Hazards, including, but not limited to, surface or subsurface conditions;
A collision with another equine, another animal, a person, or an object;
The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I AGREE to release the USPC, its successors or assigns, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes or action, obligations, debts, costs, expenses, attorneys' fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any way connected with any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the USPC or the USPC activity.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the USPC or the USPC activity, and specifically agree to the applicable state statute/law regarding equine/farm animal activity liability and signed posting (if any), in any state in which I or my child participates in a USPC activity. A true copy for all state statutes in effect at the time of the execution of this agreement is attached hereto and incorporated herein by reference as if set out fully in the text of this document.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USPC and the USPC activity and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse in the USPC activity. USPC shall promptly notify you in writing of any claim or action brought against USPC or any of its local clubs or affiliated organization in respect of which indemnity may be sought against you, setting forth the particulars of such claim or action and you will assume the defense thereof, including the employment of counsel satisfactory to USPC and the payment of all expenses.

I AGREE that neither I, nor any one claiming through me, will hereafter bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any state thereof, or elsewhere, against the USPC, its successors or assigns, for, on account of, arising out of, or in any way connected with any Harm to me or my horse, and that neither I, nor any one claiming through me, will enforce, prosecute, or recover upon, or attempt to enforce, prosecute, or recover upon, any claim or right of action whatsoever, which I, or any one claiming through me, may now have or hereafter assert, in any way connected with claims for Harm to me or my horse, and for claims made by others for any Harms caused by me or my horse at the USPC activity.

I AGREE this Agreement is the entire agreement of the parties, and supersedes all prior oral and written understandings and agreements. This Agreement may be modified only by a written amendment signed by both parties.

I AGREE that if any provision of the Agreement is found to be invalid or illegal by a court of competent jurisdiction, the remaining provisions shall be construed as if the affected provision had not been included in order to effectuate the intent of the parties.

In the event this form is signed by the parent/guardian of a child, then all representations and acknowledgements herein are expressly made by, for, and on behalf of the parent/guardian and child.

By signing below, **I AGREE** to be bound by all applicable USPC rules and all terms and provisions of the USPC activity. I acknowledge that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to the USPC that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation

REQUIRED— all signatures must be originals, not photocopies

Original Signature of Participant

Date

and

Original Signature of Parent(s) or Legal Guardian(s)

Date