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**2024 YMCA CAMP Y-NOAH**

**EQUESTRIAN SESSION REGISTRATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Gender: M or F Height:\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_

Phone: Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardians Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Rider must be under 220 lbs to participate in horseback riding at Camp Y Noah**. **Horseback riding is a physical activity that requires physical fitness, flexibility and balance. If you have any mental or physical conditions that affect your balance, ability to land on one foot with all of your weight, ability to use your arms/hands to steer a horse, if you are pregnant or have had joint surgeries or injuries, or have a cast on any part of your body. We do not recommend that you participate in this activity. If you have any questions or concerns please let a member of our staff know.**

Please check your payment method:

* **Cash**

**CHECK SESSION OF REGISTRATION**

\_\_\_\_\_ Jan. 6– February 29, 2024 $300

\_\_\_\_\_ March 2 – April 25, 2024 $300

\_\_\_\_\_ June 3 – July 25, 2024 $300

\_\_\_\_\_ Aug. 17– October 10, 2024 $300

\_\_\_\_\_ Oct 19 – Dec 5 $225 (off Thanksgiving wk)

\_\_\_\_\_ Herd 1 Student (Under Age 8)

\_\_\_\_\_ Private Lesson Student $75

**Partners With Youth Scholarship \_\_\_\_\_\_\_\_%**

 Herd # \_\_\_\_\_\_\_\_\_ Class Time & Date \_\_\_\_\_\_\_\_\_\_

**$75.00 non refundable deposit due upon registration**

**Remaining balance is due 1 week prior to session start date.**

* **Check made payable to YMCA Camp Y-Noah**
* **1 time credit card payment Visa, MC, Discover**

Name on card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp Date \_\_\_\_\_/ \_\_\_\_\_\_\_ Amt $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Weekly EFT Checking Account Bank Draft**

Bank Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount $ \_\_\_\_\_\_\_\_\_ Day to withdraw \_\_\_\_\_\_\_\_\_\_\_

* **Weekly Credit Card Drafts**

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp Date \_\_\_\_\_/ \_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_

Return to: YMCA Camp Y-Noah: 815 Mt Pleasant Rd

 Clinton OH 44216 Attn- Equestrian Dept

**Consent and Waiver**

I acknowledge and understand the inherent risks of equine activity under Ohio law, Section 2305.40 of the Revised Code, which include but are not limited to: equine’s unpredictable reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals, hazards involving surface or subsurface conditions, collision with another equine, animal, person or object; and the potential for me or my ward or others to act or fail to act in a manner that could result in injury, loss or death. I hereby, intending to be legally bound, for myself, my heirs and assigns, insurers, executors or administrators, waive and release forever all claims for damages against the YMCA its, Instructors, Employees, Volunteers for any harm to my son/ daughter/ ward, family members, caregivers or myself while participating in YMCA programs.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult Participant or Parent Signature Date**

**Printed Name**

**Photo Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant the YMCA, all authorized employees, volunteers, benefactors, representatives, donors, sponsors, and contract hires while currently employed or under contract, permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the sole property of the YMCA and will not be returned. I hereby irrevocably authorize the YMCA to edit, alter, copy, exhibit, publish, and/or distribute any and all photographs bearing my likeness for purposes of publicizing the YMCAs programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written and/or electronic copy, wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising from, or related to, the use of any photographs using my likeness. I hereby hold harmless, indemnify, release, and forever discharge the YMCA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, and/or any other persons acting on my behalf, or on behalf of my estate, have or may have by reason of this authorization. I am 18 years of age and am competent to contract in my own name. I have read this release prior to signing below and fully understand the contents, meaning, and impact of this release.

I hereby certify that I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Parent/Guardian Date

**I DENY the use of my / my child’s image \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL FORM**

Riders Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: (If none, write none) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: (If none, write none) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency please contact:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Care Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the YMCA and/or its authorized representative to give consent for treatment of my child, in the event of illness or injury.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Printed Name

**RIDER AGREEMENT**

**As a rider at YMCA Camp Y-Noah’s Equestrian Center I understand and hereby agree to the following…..**

I have read and understand all lesson policies.

**Riders must be under 220lbs and age 3yr-adult for horseback riding at Camp Y Noah’s Equestrian Facility**

I will abide by all barn rules posted at the facility.

Treat all humans and animals with proper respect and consideration.

Dress appropriately for the weather & work you will be performing. Always wear sturdy shoes or boots. If your attire is inappropriate you may be asked to change or leave the property.

If unsure of tasks to perform, ask a supervisor, instructor or staff member. If you don’t understand a procedure, ASK QUESTIONS.

Always follow directions and safety rules when riding & working on Camp Y-Noah property or with Camp Y-Noah horses.

**I understand certain behaviors are not acceptable and may be cause for dismissal from the program. These include but are not limited to:**

**NO WEAPONS**

 **LACK OF RESPECT FOR PARTICIPANTS, STAFF, VOLUNTEERS, ANIMALS AND PROPERTY**

**POSSESSION OR USAGE OF ANY ILLEGAL DRUG OR ILLEGAL SUBSTANCE**

**ANY ACTION THAT PUTS OTHERS IN DANGER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Rider Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

 Camp Y-Noah Equestrian Lesson Policies

**Equestrian Center -** 6801 Christman Rd. Clinton, Ohio 44216

 Susan Garside, Equestrian Director, 330-858-4800, susang@akronymca.org

**Curriculum-** Our curriculum follows a multi step learning plan similar to the YMCA swim program. Each level has a set list of skills students must achieve in order to safely move up through the ranks. A team of equestrian staff have collaborated and developed a curriculum of horsemanship knowledge, care, handling skills and riding skills they feel are essential. Each levels builds upon the next creating a strong foundation of overall equine knowledge. The curriculum of each level is posted in the classroom for viewing. As you will see the levels are an intense program and very in depth, we understand that each student learns in a different way and at a different pace. We also need to take into account we only see students for 1 hour, 6-8 times a session, for these reasons we do not expect students to finish one level per session. We want students to progress safely and at their own pace; our goal is to create knowledgeable, confident equestrians.

**How to register-** To secure a space in the riding schedule a student must complete the session registration form and submit a non refundable deposit of $75.00.

If you are brand new to our program you must also complete the new lesson student registration packet.

Pick up a registration form at the barn or contact: 330-896-1964 or visit our website [www.gotcamp.org](http://www.gotcamp.org)

**Final Payment Policy-** The full session balance is due 1 week prior to the session start date. Extended payment plans are available and will be accepted as “paid in full” so long as they are set up with the camp office prior to the deadline.

Within 1 week - any student with an unpaid balance will forfeit their scheduled space on the roster in order for waitlisted students to be confirmed.

**Extended Payments -** Camp Y-Noah is proud to offer a variety of extended payment options including weekly drafts from your credit card, debit card or checking account. The weekly amount & day of the week- the withdraws will be made can be worked out the with camp office.

**Outstanding Payments** - Any unpaid balances need to be paid or payment plan in place before registering for a new session.

**Scholarships-** Scholarship are available to those who qualify though our *Partners With Youth* program. Applications are available by calling the Main Camp Office at 330-896-1964. Please allow a minimum of 3 business days to process applications.

**Make Up Lessons -** If students misses a lesson, they will get a trail ride gift certificate to use within 12 months of receipt. Any absences beyond this will be forfeited.  Special circumstances may arise with injuries like broken arms/ect or severe illness that lasts multiple weeks. Contact the Equestrian director when these special circumstances arise.

**Cancellations** - On rare occasions the equestrian center is forced to cancel lessons due to extreme weather conditions (lighting, storm warnings, extreme low/high temps).  In such an event riders will be notified by the instructor or staff member and the lesson will be rescheduled for a later date.

**Where to submit payment-** Payments can be dropped off at main camp office or left in the black mailbox in Susan’s office located the classroom. Or mail to the address below:

YMCA Camp Y-Noah

815 Mount Pleasant Road

Clinton, OH 44216

Attn- Equestrian Center

**Herds & Breeds-** Students are grouped into Herds for scheduling purposes. Herds consist of 2-3 smaller groups of similar ability levels called Breeds.

**What herd do I register for?** Existing students should reregister for the same herd # unless told otherwise by their instructor. New students will be placed in the correct herd by an instructor.

**Unmounted Lessons -** We have structured our curriculum to make sure our students are well rounded equestrians. To make sure *Horsemanship* gets adequate time we will be teaching one partial or full unmounted lesson each session. This will also reduce need for weather cancellations. Therefore, if the weather is poor do not assume lessons are canceled. Please attend unless you are contacted by an equestrian staff member.

**Dress Code-** All students are required to wear an ASTM / SEI certified riding helmet. Students are welcome to bring their own. However, we do have a supply in a variety of sizes if you wish to borrow one.

Long pants – Denim jeans or riding breeches are recommended. Avoid- shorts, capris, jogging pants.

Riding boots with smooth sole no less than ½ inch heal. NO SANDALS, FLIP FLOPS, CROCS, or BACKLESS SHOES. No high heeled fashion boots.

English riders that are working on jumping should wear tall boots or half chaps with paddock boots to help with correct leg positioning.

Remove all dangling jewelry.

**Observation-** Parents are encouraged to stay and watch lessons but please do not interact with or direct the students once the lesson has begun.

**Questions-** please feel free to contact me at the following

Susan Garside, Equestrian Director

330-858-4800

susang@akronymca.org