

**2019 Application Form**

**SIGN-UP INFORMATION:**  
**50% DEPOSIT due APRIL 30**  
**BALANCE due MAY 31**

Please **CIRCLE** your clinic option and fill one application per rider:



**TRC 1Y:** Youth ~ beginner (ages 12 - 15)

June 9 - 14 Residential \$1,095 Day \$655

July 21 - 26



**ERC 2Y:** Youth ~ intermediate to advanced (ages 14-17)

July 7 - 12

**Description of levels:**

**Beginner:** A rider, who has very little experience and unable to post the trot and does not canter.

**Intermediate:** A rider, who is capable of mounting and dismounting without assistance, comfortable and in control at the walk, posts at trot or sitting trot and canters.

**Advanced:** An intermediate rider with an independent seat and light hand who rides regularly. Also capable of handling more spirited horses and is comfortable in the saddle at any pace and terrain.

**\$1,200 per rider** ~ up to two riders with BMR's horses and trailer  
**\$750** for riders bringing their own horse(s) and trailer(s).

You are responsible of your own feed, gas and health certificates if going outside Texas.



**CUSTOM TRAIL CLINIC FOR ADULTS, KIDS, FAMILIES:** Upon request.

Rider Information:	
NAME	AGE
ADDRESS	
CITY	STATE ZIP
EMAIL	
MOTHER'S NAME _____	PHONE (day) _____
FATHER'S NAME _____	PHONE (eve) _____
GUARDIAN'S NAME _____	CELL _____

Overnight clinics (Monday through Friday) include:

- 4 nights -room shared by all girls- at the farm -mountain style bunk beds-
- 1 night camp-out in tents
- All meals -breakfast, lunch and dinner-. Awards on Friday afternoon.
  - Please let us know if any eating requirements are to be considered (vegetarian or allergies)
- TRC 1Y: IF YOU PLAN ON BRINGING YOUR OWN HORSE TO CAMP AND YOU WANT US TO FEED HIM/HER, THERE WILL BE AN ADDITIONAL CHARGE OF \$50 FOR THE WEEK (5 nights stabling with 12% to 14% protein pellet and coastal hay provided)

Day clinics (Monday through Friday) include:

- Breakfast and lunch, and dinner on Thursdays. Awards on Friday afternoon.

**Please return completed forms with payment to  
BLACK MUSTANG RANCH, 1511 FM 1192, PILOT POINT, TEXAS 76258, U.S.A.**

Payment options:

Check or money order, cash or Paypal (will include 3% additional to cover their fees)

Confirmation of receipt of documents and payment will be emailed to you.

REFUNDS:

There will be no refund if cancellation takes place within two weeks prior to starting unless we find another participant to fill your spot.

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

I, \_\_\_\_\_ with address \_\_\_\_\_,  
(participant)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ am aware that horseback riding activities involve certain inherent risks of injury. Also, I am aware that the Denton Regional Medical Center is the nearest health care facility to Black Mustang Ranch. In the event that I sustain an illness or injury, which renders me unable to make or communicate my desire for or permission to receive medical treatment, I hereby authorize the officials to take me to that facility for treatment or to the nearest medical facility to the location of the accident.

I also hereby authorize the medical care providers at the health care facility and whomever they may designate as their assistants to perform such emergency treatment and procedures, as they deem advisable. I understand that a personal physician must be selected by or on behalf of a patient if hospitalization or further treatment is required.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if participant is a minor)

\_\_\_\_\_  
Date

**PARTICIPANT MEDICAL INFORMATION**

NAME _____	DATE OF BIRTH _____
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**MEDICAL INSURANCE INFORMATION:**

Primary insurance \_\_\_\_\_ Certificate nr. \_\_\_\_\_  
(i.e. Blue Cross Blue Shield, AETNA, Unicare, etc)

Other insurance \_\_\_\_\_ Certificate nr. \_\_\_\_\_

**KNOWN ALLERGIES**

TAKING DAILY MEDICATIONS AT THIS TIME? Yes \_\_\_\_ No \_\_\_\_  
Describe medications: \_\_\_\_\_

BLOOD TYPE (please circle the one that applies): O+ A+ B+ AB+ O- A- B- AB-

LAST TETANUS INJECTION? Month \_\_\_\_\_ Year \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER (day) \_\_\_\_\_ (night) \_\_\_\_\_ cell \_\_\_\_\_