**MSR TRAIL CAMP**

**Ride-in the New Year!**

4701 CR 328

Milano, TX 76556

msrministries@aol.com - 512-455-2552 - msrministries.org

**RIDER REGISTRATION FORM**

Rider Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coggins \_\_\_ Horse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coggins \_\_\_

Guest Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:**

* Please return medical releases and registration forms with $100 deposit check by December 27th.
* Make checks to Morning Star Ranch Ministries.
* Checks will be deposited after the ride. If event is canceled for weather, we will tear up your check.
* Arrive any time after 2:00pm Thursday, Dec. 29, 2016. We will not serve an evening meal on Thursday.
* Clinics are a rotation of four 75-minute Clinics by top authorities, coaches and competitors in the trail world.
* We will have activities for guests who are not riding - TBA

Day of arrival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approx. arrival time \_\_\_\_\_\_\_\_\_\_\_ Day of departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include any non-rider guests as you specify how many of each item below:**

**Friday Events** (Thursday night) Cowgirl Cowboy

\_\_\_ Pens $20 \_\_\_ Hook-up FREE \_\_\_ Bunk FREE \_\_\_ Bunk FREE \_\_\_ 4 Clinics $80

\_\_\_ Breakfast $ 8 \_\_\_ Lunch $ 9 \_\_\_ Supper $ 8 \_\_\_ Under 16 $50

 **Saturday Events** (Friday Night) Cowgirl Cowboy

\_\_\_ Pens $20 \_\_\_ Hook-up $25 \_\_\_ Bunk $20 \_\_\_ Bunk $20 \_\_\_Competition $40

\_\_\_ Breakfast $ 8 \_\_\_ Lunch $ 9 \_\_\_ Supper $ 8 \_\_\_ Under 16 $20

**Sunday Events** (Saturday Night) Cowgirl Cowboy

\_\_\_ Pens $20 \_\_\_ Hook-up $25 \_\_\_ Bunk $20 \_\_\_ Bunk $20 \_\_\_Competition $40

\_\_\_ Breakfast $ 8 \_\_\_ Lunch $ 9 \_\_\_ Under 16 $20

**First come - first serve on hook-ups. Please circle preference.** If taken, may we place you elsewhere? yes no

 Fence South of Pole Barn (2) - Round Pen (2) - Mt Olive (4) - Dining Hall (1) - Cindy's Cabin (2)

**Extra Studies/Activities That Can Impact Your Life:**

|  |  |
| --- | --- |
| * Power of a Spoken Blessing / Lines of Authority
 | * Personal Temperament Study
 |
| * Power of Praise in Your Life
 | * Power of the Cross / Louie Giglio Universe
 |
| * Proven Way to Bring Peace to Your Life
 | * Prayer Time with Andy
 |

**Morning Star Ranch Ministries Retreat & Conference Center, Inc.**

**MEDICAL RELEASE FOR MINORS**

**This form will be used to obtain medical treatment for any injury or illness.** A medical release form is required for every guest while at Morning Star Ranch Retreat and Conference Center, Inc. in order to participate in all ranch activities.

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (Male / Female)

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_ Zip\_\_\_\_\_\_\_

Emergency Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MORNING STAR RANCH RANGER / STAR PROGRAM (including Horseback Riding)**

 (name)

I, the undersigned parent or guardian, do hereby grant full permission for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to participate in all activities including work projects at Morning Star Ranch. In order that my son/daughter may receive necessary medical treatment (surgery in emergencies) from qualified medical personnel or institutions, I hereby authorize the officials who are directing these activities to obtain medical treatment for my son/daughter for such injury, illness, or emergency during any activity. I further acknowledge, understand and agree that if my son/daughter requires medical treatment for illness or accident, I will assume responsibility for the cost of the treatment.

Parent or Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF LAST TETANUS SHOT** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (required to enter 7th grade)

Medications currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**LIST OF KNOWN ALLERGIES: ANY KNOWN MEDICAL PROBLEMS:**

Medicines: Convulsions:

Insects/Plants (especially poison ivy): Diabetes:

Foods: Other:

**INSURANCE COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Morning Star Ranch Ministries Retreat & Conference Center, Inc.**

**RELEASE, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

**LIABILITY RELEASE**

I hereby acknowledge that I have voluntarily applied to participate in all activities including but not limited to horseback riding, riding competitions and work projects at Morning Star Ranch.

I understand that all activities listed above and all other hazards and exposures connected with the activities conducted outdoors do involve risk and that I am cognizant of the risks and dangers inherent with the activities that I and/or my family, including any minor children, willingly assume the risk of injury as my responsibility, including loss of control, collisions with other participants, trees and other man made or natural obstacles, whether they are obvious or not obvious.

I acknowledge the physical nature of participating in outdoor activities and state that I am physically fit and fully capable to meet the physical demands of the activities I have enrolled to participate in.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said activities.

**MEDICAL RELEASE**

**This form will be used to obtain medical treatment for any injury or illness.** A medical release form is required for every guest while at Morning Star Ranch Retreat and Conference Center, Inc. in order to participate in all ranch activities.

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (Male / Female)

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_ Zip\_\_\_\_\_\_\_

Emergency Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, do agree to participate in all activities including horseback riding, riding competitions and work projects at Morning Star Ranch. In order that I may receive necessary medical treatment (surgery in emergencies) from qualified medical personnel or institutions, I hereby authorize the officials who are directing these activities to obtain medical treatment for myself for such injury, illness, or emergency during any activity if unable to reach said person listed as my emergency contact. I further acknowledge, understand and agree that if I require medical treatment for illness or accident, I will assume responsibility for the cost of the treatment.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF LAST TETANUS SHOT** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Medications currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF KNOWN ALLERGIES: ANY KNOWN MEDICAL PROBLEMS:**

Medicines: Convulsions:

Insects/Plants (especially poison ivy): Diabetes:

Foods: Other:

**INSURANCE COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**