



Dear Parent/Guardian:

Thank you for your interest in the **CHRIS COX HORSEMANSHIP LEADERSHIP YOUTH CAMP** scheduled in June 2019, at the Triangle C Ranch, Dubois, WY. Please read all pages carefully and complete all pages.

You can **scan and email** the completed forms to:

[info@trianglec.com](mailto:info@trianglec.com)

**or**

**mail to:** CHRIS COX HORSEMANSHIP  
5309 W. FM 1885  
Mineral Wells, TX 76067  
Attn: 2019 CCFY Youth Camp

Once we receive your child's camp registration forms, we will give you a call or email you to finalize your son's or daughter's (or sponsored youth's) reservation.

A deposit of \$975.00 is due at that time. Final payment is due in May 2019; 30 days prior to their arrival date in June. Credit cards and personal checks are accepted.

**(checks payable to:** Chris Cox Family Foundation)

We hope that your son/daughter/sponsored youth will join us for the 2019 Chris Cox Horsemanship Leadership Youth Camp here at the Triangle C Ranch, and if you have any questions, please feel free to contact me!

Happy Trails,

*Kim*

**KIM CRUTCHFIELD**  
Office Manager

**Triangle C Ranch**  
**3737 US HWY 26**  
**Dubois, WY 82513**  
**307 455-2225**  
**info@trianglec.com**  
**www.trianglec.com**



## Horsemanship Leadership Camp info:

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: MALE or FEMALE (circle one)

Birth date: \_\_\_\_\_ What grade is he/she in now? \_\_\_\_\_

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

\_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ Work \_\_\_\_\_

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

Father/Legal Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

Emergency Contact & Phone (in the absence of parents/guardians who cannot be reached)

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

Relationship to the child: \_\_\_\_\_

**\*\*\*Please attach a copy of your insurance card (Front & Back)**

**ALLERGIES** (food and/or medical):

\_\_\_\_\_

\_\_\_\_\_



Please indicate symptoms your child has had within the last year and describe below:

Recent change of weight? \_\_\_\_\_

Insomnia, Fatigue, Nervousness? \_\_\_\_\_

Dizziness, unconsciousness, headaches? \_\_\_\_\_

Impairment of sight, hearing, speech? \_\_\_\_\_

Chronic cough or coughing up blood? \_\_\_\_\_

Contact with tuberculosis? \_\_\_\_\_

Allergies to penicillin or other drugs? \_\_\_\_\_

Recurring abdominal pain, diarrhea? \_\_\_\_\_

Albumin, sugar, or blood in urine? \_\_\_\_\_

Muscle, joint, or back pain? \_\_\_\_\_

Benign or malignant growth tumor? \_\_\_\_\_

Allergies (Hay fever, food, bees or other)? \_\_\_\_\_

Is he/she taking any medication now? (Please list all) \_\_\_\_\_

\_\_\_\_\_

Does he/she have any medical condition that should cause his/her activities to be limited? (explain) \_\_\_\_\_

Has the child had any difficulties in his/her social adjustment or emotional conflicts? (explain)

\_\_\_\_\_

\_\_\_\_\_

We would appreciate any additional information which might be helpful to us in meeting the needs of your child: \_\_\_\_\_

\_\_\_\_\_

Persons treating my child should be aware of the following medic alert or conditions for treatment:

\_\_\_\_\_

\_\_\_\_\_



# Medical Release Form

In the event of a medical emergency,  
I/we \_\_\_\_\_

Parent(s)/Legal Guardian(s) of:

(child's name): \_\_\_\_\_, give my

permission to obtain such diagnostic, therapeutic, and  
operative procedures as may be deemed necessary for my/our  
son/daughter/youth, with the understanding that no  
operation will be performed, except in extreme emergency,  
without a reasonable effort on the part of Triangle C Ranch,  
CCFF, or its staff, to contact the responsible parent and/or  
guardian.

Parent or Guardian Signature(s):

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

Print Name(s) \_\_\_\_\_

Dated: \_\_\_\_\_



# Vaccinations

Is the child current on all vaccinations? \_\_\_\_\_

Has your child had a Tetanus booster? \_\_\_\_\_ If yes,  
what was the date? \_\_\_\_\_

Riding Experience (circle one): Beginner Intermediate Advanced

How long have you been riding? \_\_\_\_\_

How often do you ride? (times per day/week/year) \_\_\_\_\_

How Did You Discover Us? \_\_\_\_\_

Will you be bringing your child to camp? YES or NO (fly/drive?)

Will your child be flying into Jackson Hole, WY by themselves?  
(circle one) YES or NO

\*\*If your child is flying in by themselves, please complete the  
Transportation Form (included in packet) and scan and email  
it to: [info@trianglec.com](mailto:info@trianglec.com)



## WAIVER

**First**, I completely understand that travel and living in the country can be risky and dangerous. For example, I realize that the weather can drastically change, trails may not be maintained, horses are unpredictable, travel and conditions are rough, dangerous, tiring, and my child may be many miles from roads where help and medical attention would be available.

**Second**, I understand that these risks, dangers and hardships cannot be controlled or eliminated, even with careful planning, experience, foresight, and alertness on anyone's part. I understand that you cannot guarantee my child's safety or well-being, and the ranch does not provide helmets, and I am responsible for bringing my own, and agree child will wear it, without the supervision of any staff member. Completely understanding this and more, I assume all dangers and risks involved in my child's trip with you.

Furthermore, I totally release and discharge you, your business, employees (paid or volunteer) and the like, from liability and/or damages as a result of any bodily or personal injuries, or property damage, or death incurred, in connection with my child's trip, regardless of whose fault or negligence, if any, it is and even if the fault or negligence is yours, or that of your business, employees, agents, staff or volunteers. **WARNING:** Under Wyoming Law, an equine professional 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 *W.S. 1-1-126*.

Additionally, Triangle C Ranch and/or CCFF, or anyone under its direction, are not responsible for lost or damaged belongings. *Check your homeowner's insurance policy for coverage or buy trip insurance.*

**Parent/Guardian has read and *fully understands waiver and deposit policy.***

(Parent/Guardian and minor child/youth, both sign.)

Youth Signature \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_

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



## HORSEMANSHIP LEADERSHIP CAMP PACKING LIST:

- |  |   |
|--|---|
| _____ Long sleeve shirts                   | _____ Mosquito repellent                |
| _____ Sweatshirt                           | _____ Flashlight & Batteries            |
| _____ Fleece/wool Sweater                  | _____ Hiking Boots/rubber boots         |
| _____ Heavy jacket                         | _____ cowboy boots ( <u>mandatory</u> ) |
| _____ Long underwear Top & Bottom          | _____ Cowboy hat                        |
| _____ Blue Jeans                           | _____ Riding Helmet                     |
| _____ Toiletries (toothbrush/shampoo, etc) | _____ Gloves —fleece/wool/leather       |
| _____ Chapstick                            | _____ Sunscreen                         |
| _____ Rain gear – jacket/pants             |   |

This list is essential to have for camp; **riding helmets are required, please bring with you!** Our priority for head cover is sun and rain protection and warmth, (i.e., a cowboy hat.) Gear should be rugged and functional. Layers of "moisture wicking" fibers (wool, polypro, polar tec, fleece, Dacron) are essential in the mountains to stay warm and dry, as is a good two-piece set of rain gear. All outer wear jackets, hats and helmets must be labeled with permanent marker or name labels. We are not responsible for lost/stolen/forgotten property.



## Photo/film/video Personal release

I give my permission for my child/name: \_\_\_\_\_, to be photographed, filmed, and/or videotaped by Chris Cox Horsemanship and/or Triangle C Ranch (“the Production Company”) while attending the Horsemanship/Leadership Youth Camp, and its successors, and that the Production Company will own any, and all rights in said photography, filming, and/or videotaping, and the undersigned now waives, as to the Production Company and its successors, assignees, and licensees, all personal rights and objections to any use to be made of such photography, filming, or videotaping of my child or my child’s personality in connection with the use of the photography, filming, or videotaping containing likeness of my child for any and all motion picture, radio, and/or television purposes, and performances thereof, accompanied by any narration and dialogue whatsoever, and the publicity in connection therewith, and/or any other trade and advertising purposes. The undersigned hereby represents that he/she understands that in proceeding with said photography, filming, or videotaping, the Production Company will do so in full reliance on the foregoing permission.

**Camp: Horsemanship/Leadership Youth Camp at Triangle C Ranch – Dubois, Wyoming**

**Date: Boys Camp – June 2<sup>nd</sup>-8<sup>th</sup>, 2019    and/or    Girls Camp – June 16<sup>th</sup>-22<sup>nd</sup>, 2019**

**Dated:** \_\_\_\_\_

**Print Name of Child:**

\_\_\_\_\_

**Signature of Parent/Guardian:**

\_\_\_\_\_

**Print Name of Parent/Guardian:**

\_\_\_\_\_

**Received by Authorized Staff of Triangle C Ranch/Chris Cox Horsemanship on**

**Date:** \_\_\_\_\_





## Camper's transportation form

We are looking forward to having your son/daughter/sponsored youth at the Triangle C Ranch for the Horsemanship – Leadership Youth Camp – June 2019. Please complete the following information to help us accommodate his/her transportation needs if you are not bringing them to camp.

NAME OF YOUTH CAMPER(S) TRAVELING:

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HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT'S CELL: \_\_\_\_\_ PARENT'S HOME: \_\_\_\_\_

PARENT'S CELL: \_\_\_\_\_ CAMPER'S CELL: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

**CHILD MUST FLY INTO JACKSON HOLE, WYOMING AIRPORT (JAC), if flying alone.**

ARRIVAL DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_ AM or PM

NAME OF AIRLINE: \_\_\_\_\_ FLIGHT#: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_ AM or PM

NAME OF AIRLINE: \_\_\_\_\_ FLIGHT#: \_\_\_\_\_

PARENTS: **DO YOU PLAN TO STAY IN THE AREA DURING THE YOUTH CAMP WEEK?**

HOTEL/Location NAME&ADDRESS: \_\_\_\_\_

HOTEL/Location PHONE#: \_\_\_\_\_



# **PARENT/FAMILY DAY**

## **AT HORSEMANSHIP-LEADERSHIP YOUTH CAMP**

The last day of camp will be on **Saturday** and we invite the parents, guardians and family members to join us here at the Triangle C Ranch on **Saturday morning at 10 a.m. to 12-noon** for a very special closing ceremony. There will be refreshments served and you will have time to visit Triangle C Ranch and help your youth load up for departure.

**PLEASE DO NOT SCHEDULE A FLIGHT HOME BEFORE 2 PM, IF POSSIBLE, as you will need to allow driving and check-in time at the airport!**

Please let us know if you or any family member will be attending, and how many will be in your party.

If your son/daughter/sponsored youth is not being picked up by a parent or family member on the last day of camp, please be sure to make your transportation arrangements ahead of time. The ranch shuttle will not leave until 12-noon on Saturday, please keep that in mind when you make your transportation and flight reservations.

If you have any questions or need to change any transportation information for your youth camper, please feel free to contact me at **(307) 455-2225**.

Safe travels & Happy Trails,

**KIM CRUTCHFIELD**

Office Manager

3737 US HWY 26

Dubois, WY 82513

Email: [info@trianglec.com](mailto:info@trianglec.com)

Website: [www.trianglec.com](http://www.trianglec.com)