

# Rider Application

**Lisa Wilcox Clinic    October 23 & 24**  
at Dream Street Dressage, Elverson, PA 19520



Closing Date: October 9, 2021(received by)

**\$275/ride for members**  
**\$325/ride for non-members**

**Rider Information** (please print legibly)

FCEA Member# \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Rider's Highest level ridden: \_\_\_\_\_

Name of groom: (Sat.) \_\_\_\_\_ (Sun.) \_\_\_\_\_

Special Requests:(Ride time, day, etc.) \_\_\_\_\_

FEES for lessons		Days	Sat	Sun
Rider Fee(s)	Member	\$275/ride	\$	\$
	Non-member	\$325/ride		
FCEA \$50 Grants may submit 1/lesson/day			\$	\$
Checks payable to: <b>French Creek Equestrian Assoc.</b>		Total Enclosed	\$	

**NOTE: Please send a short video clip of you and your horse to [kmk0906@aol.com](mailto:kmk0906@aol.com)**

**Horse Information**

Horse's Name: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Highest Level Shown: \_\_\_\_\_ Avg Score: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

**My Goals for this Clinic; (attach separate sheet if needed):** \_\_\_\_\_

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

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**Biographical Information on Horse and Rider** ((250-400 words) Attach separate sheet if needed))

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**I understand and agree that entry into this clinic gives FCEA permission and right to use photographs of me, my child (if applicable), and/or my property and to use these for their respective websites, social media, and/or educational promotional materials. I further consent that my name and identity may be revealed therein or by social media tagging, descriptive text or commentary.**

Initials: \_\_\_\_\_

I enclose herewith a total of \$ \_\_\_\_\_ for the aforementioned entry, which is made at my own risk and subject to the conditions of the organizer and the sponsoring French Creek Dressage Association/French Creek Equestrian Association. I agree to abide by the rules which cover this event as set forth by the USA Equestrian.

**I understand** that this is a high risk sport, and that my participation in this activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity **I agree** to assume responsibility for those risks, and **I release** and agree to hold harmless the activity organizer, organizing committee, officials, the FCDA/FCEA, their officers, agents, employees and the volunteers assisting in the conduct of this FCDA/FCEA activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

**I understand and agree** that the organizer of this activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

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

*(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)*

# Stabling and Emergency Information

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## **Rider Information** (please print legibly)

Rider Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Horse Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_

In case of Rider Emergency Contact:  
Name & Emergency Phone #: \_\_\_\_\_

In case of Horse Emergency Contact:  
Name & Phone: \_\_\_\_\_

Veterinarian Info:  
Name & Phone#: \_\_\_\_\_

## **Horse Information**

Horse's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Any special info that should be known about your horse? [Click or tap here to enter text.](#)

**Date of negative coggins drawn in 2021 and send a copy.** \_\_\_\_\_

**Date of Equine Influenza Virus and Rhinopneumonitis Vaccinations** \_\_\_\_\_  
(Must be dated within 6 months)

## **STABLING INFO**

\$40/night - dry stall

\$70/night - bedded and water

Please indicate interest in stabling Yes  \$40  \$70

Would you consider nearby stabling? Yes  No

**PLEASE Note:** On site stabling is very limited.  
Distance traveled will be considered.

# *Rider Information*

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## **Rider Check List**

### **Have you enclosed:**

- Coggins
- Certificate of Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis) vaccinations within six months
- Check for rider fees made out to **French Creek Equestrian Association**
- All three (3) completed pages of the **Rider Application** Form and **Release of Liability**. Additionally, upon arrival at facility, an additional rider release may need to be completed.
- Completed & Signed the **Emergency & Stabling Info** sheet.

**Have you submitted video clip to: [kmk0906@aol.com](mailto:kmk0906@aol.com)**

### - **OTHER INFO:**

**\*\*Members of FCEA receive priority when applying to the clinic\*\***

**Clinic Info:** Lunch, Snacks & Drinks provided for participants during the day. Please bring a chair. Appropriate schooling show attire is requested, braiding is optional. Horses may wear boots or wraps. Videotaping is allowed. Rider is permitted to have a groom in attendance at the clinic. If you have any dietary concerns, please let us know.

**Cancellation Policy:** In case of rider cancellations, rides will be filled from the waiting list. If a replacement rider cannot be found, the clinic fee will be forfeited. Refunds if allowed, will be minus \$25 office fee.

**Application Dates:** Opening Date: 08/22/21    Closing Date: 10/09/21 (*received by*) Riders will be notified by 10/12/21 of application acceptance. Ride times will be posted on FCEA's website [www.frenchcreekequestrian.com](http://www.frenchcreekequestrian.com) and the club's Facebook page [www.facebook.com/frenchcreekequestrian](http://www.facebook.com/frenchcreekequestrian)

**VIDEO REQUIREMENT:** Needed for selection, a short video of horse and rider. Video should show rider & horse riding a test or showing what you would like to work on during your lesson time. Videos must be received by 10p.m. 10/08/21

Send application & payments to:

**Organizer**  
**c/o French Creek Equestrian Assn**  
**P.O. Box 335**  
**Elverson, PA 19520**

If you have any questions: Feel free to call Michelle at 610-469-0111