



CNYD&CTA CLINIC ENTRY FORM



CLINIC NAME / LOCATION: _____ DATE: _____

RIDER: _____ Age (if under 18): _____

ADDRESS: _____

Phone #: _____ E-Mail _____ CNYD&CTA Member: Y or N (Circle One)

SECTION I – RIDER/HORSE EXPERIENCE (must be completed for all clinics)

Rider Experience

	Dressage	Eventing	Hunter/Jumper	Other Experience
Yes or No				
If yes, level?				

Horse Experience

Horse's Name _____ Age: _____

	Dressage	Eventing	Hunter/Jumper	Other Sports
Yes or No				
If yes, level?				

Is your horse difficult to control in the open? Y or N (Circle One)

Indicate what fence heights you and your horse are comfortable jumping: N/A 18" 2' 2'6" 3' 3'+

Select the area of instruction you would like to receive at this clinic:

Dressage only q Stadium only q XC only q Combo (indicate) _____ q
 Private q Semi-private q Group q Unmounted Only

If semi-private or group, identify other rider(s), if known _____

Date(s) you are requesting to ride _____

Entries: Include full payment, proof of current Negative Coggins test or previous year (if NYS)] and current rabies certificate (within 1 year of clinic date) with this form, and mail to clinic organizer listed in announcement. Clinic closing date is 10 days prior to clinic date. Incomplete entries will not be processed until complete. Preference given to CNYD&CTA members unless otherwise stated.

Make checks payable to CNYD&CTA. \$ _____ Amount enclosed

SECTION II – RELEASE (must be completed for all clinics)

I understand that horseback riding, and in particular jumping, is a high-risk sport and I am participating in this clinic at my own risk. I hereby assume this risk, and further do hereby release and hold harmless CNYD&CTA, the Organizer, the Organizing Committee, judges, officials and all volunteers, the host and property owners from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself and to my property, including the horse I will ride in this clinic. I understand appropriate headgear must be worn at all times while the horse is being exercised or ridden.

Rider's signature: _____ Date: _____

Parent's Signature, if rider is under 18 years of age: _____

SECTION III – EMERGENCY MEDICAL RELEASE FORM (for use by minor participants – optional)

If emergency medical care is required for _____
(name of participant)

in conjunction with this clinic and if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Related Information:

Parent / Guardian / Contact: _____ Phone #: _____

Address: _____

Family Physician: _____ Phone #: _____

Participant is allergic to: _____

Participant takes the following medications/for: _____

Medical Insurance Company: _____ Policy #: _____

I have read this entire medical release and agree to it:

Date: _____

Signature of Parent or Guardian: _____