CNYD&CTA CLINIC ENTRY FORM



	/ LOCATION:			DATE:
			P	Age (if under 18):
Phone #:	E-Mail		CNYD&CTA Member: Y or N (Circle One)	
SECTION I -	RIDER/HORSE EXF	PERIENCE (must b	e completed for all o	clinics)
Rider Experien	<u>1Ce</u>			
	Dressage	Eventing	Hunter/Jumper	Other Experience
Yes or No				
If yes, level?				
Horse Experie	<u>nce</u> Hors	se's Name		Age:
	Dressage	Eventing	Hunter/Jumper	Other Sports
Yes or No				
If yes, level?				
s your horse di	ifficult to control in the	open? Y or N (Circle One)	
	ence heights you and y of instruction you wou		table jumping: N/A 18 is clinic:	3"2'2'6"3'3'+
Dressage only Private	q Stadium or q Semi-priva			dicate) q ed Onlv
f semi-private or	group, identify other ride	er(s), if known	·	-
		rrent Negative Cagains t		
Entries: Include t certificate (within date is 10 days p CNYD&CTA men	full payment, proof of cu 1 year of clinic date) with rior to clinic date. Incom nbers unless otherwise s	rrent Negative Coggins to h this form, and mail to c aplete entries will not be p stated.	est or previous year (if NY linic organizer listed in ani processed until complete.	S)] and current rabies nouncement. Clinic closing
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Income nbers unless otherwise se hyable to CNYD&CTA.	rrent Negative Coggins to h this form, and mail to c aplete entries will not be p stated. \$A	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed	S)] and current rabies nouncement. Clinic closing
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – Understand that own risk. I hereb Organizing Comm resulting in accide clinic. I understand	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Incom- mbers unless otherwise s hyable to CNYD&CTA. RELEASE (must b horseback riding, and in by assume this risk, and f mittee, judges, officials an ents, damage, injury, los nd appropriate headgean	rrent Negative Coggins to h this form, and mail to c splete entries will not be p stated. \$A b completed for all n particular jumping, is a further do hereby release nd all volunteers, the hose so or illness to myself and	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed I clinics) high-risk sport and I am pa e and hold harmless CNYE st and property owners fro d to my property, including es while the horse is being	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my D&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden.
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that own risk. I hereb Organizing Comm resulting in accide clinic. I understan Rider's signatu	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Income nbers unless otherwise s by able to CNYD&CTA. RELEASE (must b horseback riding, and in by assume this risk, and f mittee, judges, officials and ents, damage, injury, los nd appropriate headgean ure:	rrent Negative Coggins to h this form, and mail to complete entries will not be p stated. \$A be completed for all n particular jumping, is a further do hereby released nd all volunteers, the hoses is or illness to myself and r must be worn at all time	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed <u>clinics</u> high-risk sport and I am pa e and hold harmless CNYE and property owners fro d to my property, including es while the horse is being	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my D&CTA, the Organizer, the m all liability for negligence the horse I will ride in this
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that bwn risk. I hereb Organizing Comn resulting in accide clinic. I understan Rider's signatu	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Incom- mbers unless otherwise s hyable to CNYD&CTA. RELEASE (must b horseback riding, and in by assume this risk, and f mittee, judges, officials an ents, damage, injury, los nd appropriate headgean	rrent Negative Coggins to h this form, and mail to complete entries will not be p stated. \$A be completed for all n particular jumping, is a further do hereby released nd all volunteers, the hoses is or illness to myself and r must be worn at all time	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed <u>clinics</u> high-risk sport and I am pa e and hold harmless CNYE and property owners fro d to my property, including es while the horse is being	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my D&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden.
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that bwn risk. I hereb Organizing Comn resulting in accide clinic. I understan Rider's signatu Parent's Signa	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Income mbers unless otherwise s hyable to CNYD&CTA. RELEASE (must b horseback riding, and in by assume this risk, and f mittee, judges, officials and ents, damage, injury, los and appropriate headgean ure:	rrent Negative Coggins to h this form, and mail to c pplete entries will not be p stated. \$A be completed for all n particular jumping, is a further do hereby release nd all volunteers, the hos is or illness to myself and r must be worn at all time r 18 years of age:	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed I clinics) high-risk sport and I am pa e and hold harmless CNYE st and property owners fro d to my property, including es while the horse is being	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my 0&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden. Date:
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that own risk. I hereb Organizing Comm resulting in accide clinic. I understan Rider's signatu Parent's Signa	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Income mbers unless otherwise s mable to CNYD&CTA. RELEASE (must b thorseback riding, and in py assume this risk, and f mittee, judges, officials an ents, damage, injury, los and appropriate headgean ure: ature, if rider is under EMERGENCY ME	rrent Negative Coggins to h this form, and mail to c splete entries will not be p stated. \$A be completed for all the particular jumping, is a further do hereby release nd all volunteers, the hose so or illness to myself and r must be worn at all time r 18 years of age: DICAL RELEASE F	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed L <u>clinics)</u> high-risk sport and I am pa e and hold harmless CNYE at and property owners fro d to my property, including es while the horse is being correct the horse is being	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my D&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden.
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that own risk. I hereb Drganizing Comn esulting in accide clinic. I understan Rider's signatu Parent's Signa SECTION III – f emergency medic	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Incom- mbers unless otherwise so pable to CNYD&CTA. RELEASE (must b RELEASE (must b) this risk, and f release (must b release (must b) release (must b) release (must b) relea	rrent Negative Coggins to h this form, and mail to c pplete entries will not be p stated. \$A be completed for all n particular jumping, is a further do hereby release nd all volunteers, the hos is or illness to myself and r must be worn at all time r 18 years of age: DICAL RELEASE F	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed I clinics) high-risk sport and I am pa e and hold harmless CNYE st and property owners fro d to my property, including es while the horse is being to my property, including es while the horse is being	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my 0&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden. Date:
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that bwn risk. I hereb Organizing Comn resulting in accide clinic. I understan Rider's signatu Parent's Signa SECTION III – f emergency medical Related Informa	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Income mbers unless otherwise is pable to CNYD&CTA. RELEASE (must b chorseback riding, and in py assume this risk, and f mittee, judges, officials an ents, damage, injury, los ind appropriate headgean ure: ature, if rider is under EMERGENCY ME cal care is required for this clinic and if normal perri- l care as deemed necessar	rrent Negative Coggins to h this form, and mail to complete entries will not be p stated. \$A e completed for all particular jumping, is a further do hereby release nd all volunteers, the hose is or illness to myself and r must be worn at all time r 18 years of age: DICAL RELEASE F (name (name)	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed Clinics) high-risk sport and I am pa e and hold harmless CNYE st and property owners fro d to my property, including es while the horse is being Sorre (for use by minor Torme of participant) timely manner, the undersign rsonnel, a physician or the mage	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my D&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden. Date:
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that own risk. I hereb Organizing Comme resulting in accide clinic. I understan Rider's signatu Parent's Signa SECTION III – f emergency medical Related Informa Parent / Guardian / Co Address:	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Incom- mbers unless otherwise s pable to CNYD&CTA. RELEASE (must b thorseback riding, and in py assume this risk, and f mittee, judges, officials and ents, damage, injury, los nd appropriate headgean ure:	rrent Negative Coggins to h this form, and mail to c splete entries will not be p stated. \$A be completed for all a particular jumping, is a further do hereby release nd all volunteers, the hose or illness to myself and r must be worn at all time r 18 years of age: DICAL RELEASE F (namission is not available in a y by emergency medical pe	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed Clinics) high-risk sport and I am pate e and hold harmless CNYE at and property owners fro d to my property, including es while the horse is being Sorreget to the horse is being at and property owners from to my property, including es while the horse is being at and property owners from to my property, including at and property owners from to my property, including at and property owners from to my property owners from to my property owners from to my property owners from to my property owners from to my property owners from to my propery owners from to my property owners from to my p	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my D&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden. Date:
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that own risk. I hereb Organizing Comm resulting in accide clinic. I understan Rider's signatu Parent's Signa SECTION III – f emergency medical Related Informa Parent / Guardian / Co Address: amily Physician:	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Incom- mbers unless otherwise s pable to CNYD&CTA. RELEASE (must b RELEASE (must b) RELEASE (must b)	rrent Negative Coggins to h this form, and mail to c splete entries will not be p stated. \$A be completed for all n particular jumping, is a further do hereby release nd all volunteers, the hose or illness to myself and r must be worn at all time r 18 years of age: DICAL RELEASE F (naming the second secon	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed Clinics) high-risk sport and I am pa e and hold harmless CNYE at and property owners fro d to my property, including es while the horse is being Sorreget in the second second second to my property owners fro d to my property owners fro d to my property, including es while the horse is being Sorreget in the second second second second for use by minor me of participant) timely manner, the undersign rsonnel, a physician or the me 	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my D&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden. Date:
Entries: Include f certificate (within date is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that own risk. I hereb Organizing Comme sulting in accide clinic. I understan Rider's signatu Parent's Signa SECTION III – f emergency medical Related Informa Parent / Guardian / Co address: amily Physician: Participant is allergic t	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Incom- mbers unless otherwise s pable to CNYD&CTA. RELEASE (must b RELEASE (must b) RELEASE (must b)	rrent Negative Coggins to h this form, and mail to c splete entries will not be p stated. \$A be completed for all a particular jumping, is a further do hereby release nd all volunteers, the hose as or illness to myself and r must be worn at all time r 18 years of age: DICAL RELEASE F (naming the second s	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed Clinics) high-risk sport and I am pa e and hold harmless CNYE at and property owners fro to my property, including es while the horse is being so while the horse is being correctly owners fro to my property, including es while the horse is being so while the horse is being correctly owners fro to my property owners fro to my propery	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my D&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden. Date:
Entries: Include f certificate (within late is 10 days p CNYD&CTA men Make checks pa SECTION II – understand that own risk. I hereb Organizing Comme sulting in accide clinic. I understan Rider's signatu Parent's Signa SECTION III – f emergency medical SECTION III – f emergency medical Related Informa Parent / Guardian / Co address: Camily Physician: Participant is allergic to	full payment, proof of cur 1 year of clinic date) with prior to clinic date. Incom- mbers unless otherwise so pable to CNYD&CTA. RELEASE (must b chorseback riding, and in by assume this risk, and f mittee, judges, officials and ents, damage, injury, los and appropriate headgean ure:	rrent Negative Coggins to h this form, and mail to c pplete entries will not be p stated. \$A be completed for all a particular jumping, is a further do hereby release nd all volunteers, the hos is or illness to myself and r must be worn at all time r 18 years of age: DICAL RELEASE F (naminission is not available in a y by emergency medical pe	est or previous year (if NY linic organizer listed in an processed until complete. mount enclosed Clinics) high-risk sport and I am pa e and hold harmless CNYE at and property owners fro to my property, including es while the horse is being so while the horse is being correctly owners fro to my property, including es while the horse is being so while the horse is being correctly owners fro to my property owners fro to my propery	S)] and current rabies nouncement. Clinic closing Preference given to articipating in this clinic at my O&CTA, the Organizer, the m all liability for negligence the horse I will ride in this exercised or ridden. Date: participants – optional) ed authorizes appropriate edical facility providing treatmen whone #:

Date:

Signature of Parent or Guardian: