



Central New York Dressage & Combined Training Association Clinic Entry Form

Clinic name: _____
 Location: _____ Clinic Date(s): _____
 Rider: _____ DOB (Jr/YR only): _____ CNYD&CTA Member? Yes No
 Address: _____
 Phone: _____ E-mail: _____

Please complete the following (required for all clinics).

Rider Experience

	<u>Dressage</u>	<u>Eventing</u>	<u>Hunter/Jumper</u>	<u>Other</u>
Yes or No				
If yes, level schooling/competing?				

Horse's Name: _____ Horse's Age: _____
 Date of Negative Coggins: _____ (Also include a copy of Negative Coggins)

Horse Experience

	<u>Dressage</u>	<u>Eventing</u>	<u>Hunter/Jumper</u>	<u>Other</u>
Yes or No				
If yes, level schooling/competing?				

Is your horse difficult to control on the open? Yes or No (Check 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 Stadium Cross Country Combo (Indicate) _____
 Private Semi-Private Jr/YR Semi-Private Group (3-4) Unmounted Only
 (Must be at least 2 riders)

If Semi-Private or Group, list other rider(s), if known: _____

Date(s) and times you are requesting to ride: _____

RELEASE- Must be completed by all riders

I understand that horseback riding, 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, 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 an ASTM/SEI approved helmet must be worn at all times while the horse is being ridden.

Rider's Signature: _____ Date: _____

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

Emergency Contact Name: _____ Phone: _____

Relationship to Rider: _____



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Please complete the checklist below before submitting your application.

- Include full payment, via check, made out to CNYD&CTA (See Prize List for prices)
- Proof of current Negative Coggins (or within previous year in NYS)
- Proof of Current Rabies vaccination
- Must be postmarked 10 days prior to clinic date
- To take advantage of CNYD&CTA member clinic pricing, a one-year CNYD&CTA individual membership can be included for \$40.