



# Northern Ohio Dressage Association's

## Free Jr/YR Dressage Clinic for NODA Youth Members

### Rider Registration Form (Type & Print Format)

**When:** September 29, 2018  
**Clinicians:** Betsy Rebar Sell, USDF Gold Medalist & Kristin Stein, USDF Silver Medalist  
**Where:** Shade Tree Farm, 3420 Shade Road, Bath OH 44333  
**Time:** 9 am – 3:00 pm **Registration Deadline Date: September 22**

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#### RIDER INFORMATION (please print)

RiderName \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Do you receive regular instruction from an Instructor/Trainer Yes or No Frequency \_\_\_\_\_

#### HORSE INFORMATION (please print)

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_ Sex (Mare, Gelding, Stallion) \_\_\_\_\_

Owner's Name \_\_\_\_\_

At what level are you working with this horse? Schooling \_\_\_\_\_ Competing \_\_\_\_\_

If clinic is filled are you willing to be put on a wait list? \_\_\_\_\_

#### Important Information & Clinic Requirements

Photo release: Yes \_\_\_\_\_ No \_\_\_\_\_ (This is permission to use photos taken during the clinic for NODA publications.)

Clinic Attire: A clean professional appearance, with riding attire appropriate for your discipline, is appreciated.

Applications reviewed on a first come, first serve basis. Private lessons only. No stabling available.

All riders must wear ASTM/SEI Certified Safety Helmet at all times when mounted.

**Registration Application Requirements:** Completed Registration Form AND 1 - 2 Paragraph bio about yourself and horse, AND Proof of Negative Coggins within one year of clinic

#### WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

A waiver of liability will be required by the organization and the facility. Rider/owner will accept full responsibility for themselves and the horse regarding risk of injury. Rider/owner will abide by all facility regulations.

Thank you in advance for your interest in this clinic. Your application will be reviewed, and you will be contacted with a confirmation.

**Please send this Registration Form, Bio, and Negative Coggins BY SEPTEMBER 22 to:** Christa Sandy, NODA Jr/YR Liaison, 20099 Parklane Drive, Rocky River, OH 44116. Questions? Call Christa at 216-314-4871 or Email [Jr-YR@nodarider.org](mailto:Jr-YR@nodarider.org).

Rider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If rider is under 18)

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_