

Rider Application

**Lessons are \$140 per ride for VADA/Nova members; \$200 for non-members
You must sign up for both days**

RIDER INFORMATION

Rider Name _____

VADA/Nova Member _____yes _____no

If yes membership # _____

Address _____

Phone (home & cell) _____

E-mail _____

HORSE INFORMATION

Horse's Name _____

Breed _____ Age _____

Sex (Mare, Gelding, Stallion) _____

BACKGROUND INFORMATION

At what level are you currently working with this horse?

Schooling _____ Showing _____

How long have you and this horse been working at this level?

What are your short and long term goals for this horse?

STABLING REQUESTS

I want a stall:

_____ For the weekend (Sat am through Sunday pm, \$60, includes bedding)

_____ I do not need a stall

If a stall is requested, any special needs: _____

Riders for this clinic are being selected in order that their application is received, after the opening date. To be considered, you must submit a complete application, which must include the following:

- Full **payment** (lesson fees plus stabling, if needed)
- Negative **coggins (current through May 11)**
- Signed **release** (see below)

In addition:

- By **April 11th**, participants **MUST** provide a **shot record** (from veterinarian) which must include the following shots not more than 6 months preceding the clinic date: Rabies, 3-way (EEE,WEE, Tetanus), EHV1, Flu, Potomac Fever, West Nile and Strangles. Failure to timely submit a complete shot record will result in withdrawal from the clinic, with an alternate being selected instead.
- Before being allowed on the clinic premises, participants will be required to provide a **current Health Certificate**.

Once the clinic fills, we identify a number of alternates. Please indicate whether you are interest in being an alternate, and if so, the latest you could be notified and still participate

If you are not selected to ride, and wish to audit, go to www.vadanova.org for the auditor information and the registration form.

LIABILITY RELEASE AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I understand that the Northern Virginia Chapter of the Virginia Dressage Federation, Inc., its staff, the clinic organizer, volunteers, clinician, facility, facility staff, hosting organization, sponsors or anyone acting on their behalf are not responsible for accidents, damage, injury or illness to the horses, riders, spectators, or any other person in connection with this clinic. By signing this form, I agree to abide by all USDF rules and fulfill all financial commitments related to this clinic. **Regardless of any agreements between the rider and the horse’s owner, the rider, as the clinic participant, is ultimately responsible for paying all applicable fees to VADA/Nova and any related fees to the facility hosting the clinic.**

Rider’s Signature
Date

Please return this completed form to:

Michelle King
684 N. Armistead Street
Alexandria, VA 22312

If you need additional information or have any questions, please contact Sheli at amking91@verizon.net or 703-256-8582

FOR OFFICE USE ONLY

Date received _____

<p>Membership Verified</p> <p>Check (amt _____)</p> <p>Coggins (date _____)</p> <p>Selected _____ yes _____ no</p> <p>Health Certificate (to be provided prior to arrival)</p>	<p>Shot Record – due by 4/11</p> <p>Release Form</p> <p>Stabling Requested _____ yes _____ no</p> <p>Notified</p>
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