

CHA STANDARD CLINIC REGISTRATION FORM

Which Clinic are you interested in? May June

Please return this form no later than 10 days before the clinic start date to: Miracle Mountain Ranch
101 Rodeo Dr
Spring Creek, PA. 16436

Please includes a deposit of \$100.00 with the balance of \$550.00 is due upon arrival.

Name: _____ Date of Birth: ____ / ____ / ____ Gender: M / F

Address: _____ Phone: (____) ____ - ____

City: _____ State: ____ Zip: _____

Cell or work: (____) ____ - ____ E-mail: _____

Complete the following if you are being sent by a camp, stable, or organization.

Sponsoring camp/ organization: _____

Address: _____

City: _____ State: ____ Zip: _____

Contact Person: _____ Phone: (____) ____ - ____

Who is financially responsible for the clinic fees? _____

(Participant must sign a permission slip if we are to send a copy of your evaluation to any organization.)

Who should we contact in an emergency? _____

Phone: (____) ____ - ____

In case the above person cannot be reached, please sign if you authorize the above clinic to arrange for emergency medical treatment. (Parent or guardian must sign if applicant is under 21 years of age.)

Signed: _____ Date: _____

Do you have any medical/physical problems that might affect your riding or that we should be aware of?

I will be arriving by: Car: _____ Bus: _____ Plane: _____ Other: _____

I am most comfortable riding: English: _____ Western: _____ Both: _____

On a separate sheet or back of this paper, briefly describe the type of riding that you do and your riding experience; include horse care and management experience.

Please describe your experience in teaching, riding, and/or other forms of teaching or work with young people (teaching school, swimming, camp counselor, work with youth groups, etc.)

If you plan to teach riding this year, please describe the type and size program you plan to work with and what your duties will be.

What do you hope to accomplish by attending this clinic? Do you have any special problems or interests that you would like to see covered in this clinic? Feel free to use the back of this paper if needed.