

4-H Gymkhana District Qualifying Clinic Registration Form
Green Pastures Stables, Clarksville, VA
June 21, 2008 (rain date: June 28, 2008)

Name of Participant: _____ Date of Birth: _____
First MI Last

Address: _____ Phone: () _____

_____ Email: _____
City State Zip

4-H Club Name: _____ County: _____

Horse's Name: _____ Age: _____ Height: _____

Please circle one section, AND if measurement is need:

If you are registering more than one horse, please complete another form!!

Novice Advanced

Please describe your riding ability and show experience below, and let us know if you have any needs that we should be aware of: _____

Briefly describe your horse's level and show experience: _____

I agree to participate under the rules of 4-H and this clinic and agree that neither the clinic nor sponsors will be responsible for any accident or injury to the person or property of any participant or other person. The participant agrees to indemnify the clinic organizers, instructors and Green Pastures Stables, employees, property, owners and heirs against any claim or liability for damage caused by him or her animal. The applicant and/or representative hereby agree to abide by all rules for this 4-H Clinic including the entry system. Exhibitor and parent or guardian hereby attests that they have read the rules for this event and that applicant and entry meet all rules and regulations for this event.

Participant Signature: _____ date: _____

Parent/Guardian Signature: _____ date: _____

Printed Name Parent/Guardian: _____

Club Leader Signature: _____ date: _____

(If unable to obtain club leader signature by registration deadline, please provide a signed copy of your horse project registration form)

Please include the following with this REGISTRATION FORM:

- *CURRENT NEGATIVE COGGINS *HEALTH HISTORY FORM
- *CODE OF CONDUCT FORM *EQUINE WAIVER
- *CHECK FOR FEE (\$20.00) MADE OUT TO: **THE HAYBURNERS 4-H CLUB**

MAIL COMPLETE PACKET TO:

Barbara Learned
1050 Hwy 15
Clarksville, VA 23927

