



# AREA VI YOUNG RIDER Clinic's

Led by our very own, Bec Braitling, Lauren Billys and Chris McNabb And special guest instructors.

Name (camper) \_\_\_\_\_

Date of Birth \_\_\_\_\_ USEA # \_\_\_\_\_

Home Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Email \_\_\_\_\_

Trainer \_\_\_\_\_

Trainer Phone# \_\_\_\_\_

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

Level currently competing \_\_\_\_\_

Vet's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Parents Phone# \_\_\_\_\_

**I recognize that the Young Rider Clinics are a privilege and I agree to abide by the "Code of Conduct" for Young Riders. I further recognize that any misconduct will result in immediate expulsion from Camp and termination of my Young Rider membership. I accept full financial responsibility for any damages caused by my misconduct.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

As Parent/guardian, I acknowledge & accept these conditions of participation in any Young Rider Clinics.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Deadline for application Postmark, **THREE WEEKS** prior to clinic date.

**STABLING ON SITE EACH STALL TO BE CLEAN ON DEPARTURE**

**Shavings available @ \$10.00 per bale, orders in upon sign up**

Checks to Area VI Young Riders \$300.00 \_\_\_\_\_ (members)

\$475.00 \_\_\_\_\_ (Non-Members)

I wish to order \_\_\_\_\_ bales @ \$10.00 = \_\_\_\_\_ (include in total below)

\_\_\_\_\_  
**USEA Educational Activities Release, USEA Emergency Medical Release & YR Code of Conduct** Payments, & all 3 forms must accompany this application. (forms available from [www.areavi.org](http://www.areavi.org))

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Arbuckle, Ca. 95912

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