



Cesar Torrente Clinic -Rider Application

51031 Range Rd. 252

Leduc County, AB T9G 0B7

Phone: 780-955-7608 Fax: 780-955-7755

admin@amberleameadows.com

Amberlea Meadows Equestrian Centre

July 15 & 16 Application Deadline: **July 1 /2018**

Registration		
Name: _____		
Phone Number: _____		
Email: _____		
Emergency Contact Information:		\$260.00 Per day (Includes Lunch)
Name: _____ Phone Number: _____		
<input type="checkbox"/> Monday July 15 <input type="checkbox"/> Tuesday July 16	Dietary/Medical Info (if necessary):	
Stabling		
Number of nights required: _____		\$50.00 per night
Bedding (please circle): shavings (\$9.00/bag) straw (\$5.00/bale)		Bedding Cost:
# of bags: _____ # of bales: _____		
<input type="checkbox"/> Day Stalls available: \$40.00/day <input type="checkbox"/> Haul-In Cost: \$30.00/day <input type="checkbox"/> Lunch Parent/Coach (see page 2)		
(Haul-In fee applies if not stabling)		
GST 5%		
TOTAL		

Payment can be made by cheque (to Amberlea Meadows), e-transfer

(admin@amberleameadows.com) or credit card:

Credit Card # _____ mastercard visa exp: _____ cvs: _____

Please complete page 2 & 3 (Riders Information) and attach to registration form



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July 16 & 17/2018

Registration Information: Name: _____

Level You are Showing/schooling: Age of Rider: _____

Training Level

Horses Name: _____

First Level

Age of Horse: _____

Second Level

Gender of Horse: _____

Third Level

Years of Riding Experience: _____

Fourth Level

Do you currently ride with Coach:

Prix St. George

Yes No

Intermediate

What do you hope to achieve and/or take away from the clinic?

Are you having any specific difficulties that you are hoping to work on at this clinic?

Will your parents be watching the Clinic? Yes No

If yes please add on \$20.00 for lunch

Will your coach be watching the Clinic? Yes No

If yes, please add on \$20.00 for lunch (Please remit payment with clinic application page 1)

Dietary Information (if necessary):



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1. Any horses causing a problem and being a danger to itself, or other animals or persons must be removed.
2. An approved safety helmet must be worn at all times while mounted.
3. Clinic participants should wear appropriate clothing. Show clothing is not required but we ask that all clothing and equipment be clean and in good condition to show the appropriate respect to the clinician.
4. All stalls will be assigned. Stall changes will not be permitted.
5. Amberlea Meadows does not accept any responsibility for lost or stolen items. All items including horses, tack, equipment, vehicles, trailers are left at your own risk.
6. Riders/handlers are responsible for providing additional bedding and necessary feed. Two bags of shavings are provided by Amberlea Meadows for each stall.
7. I release and agree not to make or bring any claim of any kind against Amberlea Stables Ltd., or its owners, officers, directors, members, employees, instructors, agents or guests including any land owner, land holders or any other persons or corporations making property available to Amberlea Stables Ltd. for any injury, including death, to myself or any damage to my property, whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous horseback riding activities or other activities at this location; and I also agree that if anyone makes any claims because of any injury to myself, including death, or for any damages to my property, I will keep all those related by this agreement free of any damages or costs because of those claims.
8. During the clinic, a parent and the coach of the rider have complimentary access; a \$20 per day fee will apply for lunch.
9. You are responsible for being at the venue and in the ring at your scheduled time; there will be no delays or refunds for late participants. Ride Time Schedule available July 9/2018.
10. Cancellation is required at least 48 hours in advance and a refund will only be issued with a doctor's or veterinarian's certificate received prior to the 48 hour cut-off.

Please check the box below to confirm you have read the Rules and Conditions for the clinics.

I have read and agree to the Rules and Conditions above:

I have read and agree to the Rules and Conditions above. Date: _____

Applicant Name: Applicant Signature: _____

If applicant is under the age of 18, signature is required on behalf of the applicant.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____