



PAID _____
DEPOSIT _____
RELEASE & CONSENT FORM _____
COGGINS TEST _____

HEALTH FORM _____
CARDIAC ARREST FORM _____
CONCUSSION FORM _____
BEHAVIORAL FORM _____

**HARFORD COUNTY 4-H HORSE CLINIC
REGISTRATION FORM
August 7 – 11, 2022**

**Heavenly Waters Equestrian Center
608 North Tollgate Road in Bel Air, MD 21014**

Registration fees: **Registration deadline July 19, 2022**

_____ \$ 200.00 per 4-H member

Deposit and registration checks made payable to: **Harford County Friends of Extension**
and mailed to: **4-H Office, 3525 Conowingo Road, Suite 600, Street, MD 21154**

Clean Stall Deposit on a separate check for \$25

(Check will be held and returned at the end of the program after final stall clean-out is checked and approved)

All participants must provide their own bedding and feed.

Participant Information:

Name _____ 4-H Age _____ Male _____ Female _____

Address _____
(Street) (City) (State) (Zip code)

Club _____

Parent name: _____ Email _____

Phone (Home) _____ (Cell) _____ (Work) _____

Do you have any special dietary needs? Yes _____ No _____

(If you mark yes, event coordinators will contact you for more information)

T-Shirt size: YS YM YL AS AM AL AXL

Who would you like to share a tack stall with?

1st Choice _____ **2nd Choice** _____

Participant riding experience:

Circle: English Western Do you take riding lessons Yes _____ No _____
If yes, how long? _____

Instructor's name _____ Phone _____

Do you consider yourself a: Beginner _____ Intermediate _____ Advanced _____
How long have you been riding? On flat _____ Jumping _____ How high? _____
Do you ride: Show _____ Pleasure _____ Do you trail ride your horse? _____

Horse information:

Horse's experience: Large group _____ Small group _____

Horse's name _____

Age _____ Sex _____ Height (hands) _____

Is your horse: Green _____ Experienced _____
Does it jump? _____

How many times has your horse been off your farm in the past 12 months? _____

Can you safely handle your horse by yourself? _____

How long have you been riding this horse? _____

Veterinarian's name _____ Phone _____

Farrier's name _____ Phone _____

Does your horse have any vices, special needs or require special care? Explain:

Feeding Instructions: _____

Parent Signature: _____ Date: _____

Parent name printed: _____