



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 21, 2023**  
**8am - 8pm**

**at Molly Hill Farm**  
**2022 Whiteford Road, Whiteford, MD**

**Register by August 7, 2023**

\$95.00 per 4-H member

\$25.00 Clean Stall Deposit on a separate check (Check will be returned after stall clean-out is checked and approved)

Make checks payable to: **Harford County EAC**

Send Registration fee, Clean Stall deposit & Forms to:

4-H Office, 3525 Conowingo Road, Suite 600, Street, MD 21154

All participants must provide one bag of Pine Shavings.

### Participant Information:

Name \_\_\_\_\_ 4-H Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Club \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Do you have any special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Participant's T-Shirt size: YS YM YL AS AM AL AXL



**Participant Riding Experience:**

Riding Style: English \_\_\_\_\_ Western \_\_\_\_\_

Do you consider yourself a: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

How long have you been riding? On the flat \_\_\_\_\_ Over fences \_\_\_\_\_

Riding Discipline(s): \_\_\_\_\_

**Horse Information:**

Horse's name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height (hands) \_\_\_\_\_

Is your horse: Green \_\_\_\_\_ Experienced \_\_\_\_\_

Can you safely handle your horse by yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed: \_\_\_\_\_

***Send the following forms with Registration & Checks:***

\_\_\_\_\_ Coggins                      \_\_\_\_\_ Liability Release Form                      \_\_\_\_\_ Health Form