



U.S. National PARA-Dressage Training Symposium 2013 Registration Form



Registration Due Date: Friday, May 10, 2013

Train the Trainer Workshop *(Please complete applicable sections—contact info, t-shirt size this page; meal info on page 2 and payment form page 3)*

- ☐ I am registering for the Train the Trainer Workshop – Day one
☐ I am registering for the Train the Trainer Workshop – Day two

Para-Dressage Rider Symposium *(please complete entire registration form)*

- ☐ I am registering as a Rider
☐ I am registering as an Active Auditor ____Thursday ____Friday ____Saturday
☐ I am registering as a Lesson Auditor (Fri/Sat only) ____Friday ____Saturday
☐ I would like to be considered as a demo rider for Train the Trainer program on Thursday, May 30th
☐ I am registering to take a single lesson with a clinician (non-symposium participant, considered on a special basis) *Please complete name and contact info below, then skip to tuition page 3.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Age: _____

Riders Only – Grade: _____ Current Trainer: _____

My T-shirt size is (circle one): Adult S M L

RIDERS:

Please schedule my mounted sessions with: ☐ Hanneke Gerritsen (competitor restrictions apply)

☐ Catherine Haddad Staller ☐ Clive Milkins ☐ Gil Merrick

☐ I have no preference for clinicians during mounted sessions

Optional activities: I would like to sign up for:

☐ OT consult ☐ PT consult

☐ I will bring a video of me and my horse for critique by Gil Merrick on Friday, May 31.

☐ **I would like to be nationally classified/reclassified while at the camp.** If yes, what is diagnosis? _____
(The National Classifier will contact riders ahead of time to request appropriate diagnosis documentation from their doctor).

Do you use a wheelchair or other assistive technology? If yes, please specify: _____

Will you need a personal assistant for riding? If yes, what specifically do you need assistance with? _____

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Please complete with the names of any support people who will be attending with you.

Primary Support Person: _____

Trainer: _____

Other Family member(s): _____

Other: _____

Horse Information (riders only)

☐ **I am bringing my own horse (stabling fees are included in rider tuition)**

*You must supply your own food, hay and water buckets. Bedding and daily stall cleaning is provided; morning and evening feeding is done by barn staff. Please note: Daily turnout is limited; turnout needs will be determined per horse. * Must send in advance copies of current Coggins and vaccination records.*

Horse's Name: _____ Breed: _____ Color: _____

Sex: _____ Age: _____ Height: _____ Horse's Owner: _____

Currently training with: _____ Level currently competing: _____

Anticipated Truck-in/truck-out days and times: _____

☐ **I will need to borrow a horse (horse use fee included in rider tuition)**

Please describe the horse you are presently riding, and include any specific information that will help us make the best match to suit your needs:

Attire

- You must wear an ASTM/SEI approved or standard exceeding helmet with fastened harness at all times while mounted.
- Breeches, half-chaps or boots are appropriate attire. Shirts should be neat and workmanlike.

Meals

- Rider Symposium Tuition includes the following meals for riders and active auditors: Symposium Banquet, one lecture night dinner and all lunches. Train the Trainer Tuition includes two lunches and the Symposium Banquet. All other meals are on your own.
- Lunch tickets for support people, trainers, and auditors can be purchased for \$15 per person per day.
- Individual Symposium Banquet tickets (Wed eve, \$35) and Friday Night Lecture Dinner (\$30) can be purchased per person for non-Symposium participants.

Special Dietary Requirements

Please specify who requires special meals, e.g. rider name, support person, or trainer.

- ☐ No special meal requirements for (names): _____
- ☐ Vegetarian for (names): _____
- ☐ Gluten-free for (names): _____
- ☐ Dairy-free (names): _____
- ☐ Other (specify requirement): _____ (name): _____

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Payment Form

- | | | |
|---|---------|---------|
| • Train the Trainer, <u>Day One</u> only (trainers/coaches) | \$250 | \$_____ |
| • Train the Trainer, <u>Day One</u> only (Symp. riders & active auditors) | \$150 | \$_____ |
| • Train the Trainer, <u>Day Two</u> only (trainers/coaches only) | \$200 | \$_____ |
| | | |
| • Rider Full Symposium Tuition, (three days) | \$1,500 | \$_____ |
| • Active Auditor (three days) | \$500 | |
| • Active Auditor (day rate) Thurs.____ Fri.____ Sat.____ | \$200 | \$_____ |
| • Lesson Auditor (day rate) Fri.____ Sat.____ | \$30 | \$_____ |
| | | |
| • Single lesson for non-symposium participant (considered on special basis) | \$250 | \$_____ |
| | | |
| • National Classification Fee | \$15 | \$_____ |

Additional Meals – (Support person, family, trainers)

Lunch: Thurs. _____ Fri. _____ Sat. _____ x number of people _____ \$15 \$ _____

Symposium Banquet: (Wed Eve) x number of people_____ \$35 \$_____

Friday Lecture & Dinner x number of people_____ \$30 \$_____

Total Fee \$_____

Deposit, Final Payment & Cancellation Fee

50% deposit needed with your registration by May 10, 2013. Balance due on May 24; a 20% cancellation fee applies. Space is limited; preference is given to Horse & Rider combinations.

Paying by Check: Please make check payable to Carlisle Academy, and mail to Joyce Brown, Carlisle Academy, 65 Drown Lane, Lyman, ME 04002.

Paying by Credit Card: ☐ Mastercard ☐ Visa

Credit Card# _____ V Code (3-digits on back of card) _____

Expiration Date: _____ Authorized Amount: \$ _____

Signature: _____

You may also call the office at 207-985-0374 to make a credit card payment over the phone.

PLEASE NOTE: Carlisle Academy reserves the right to cancel this symposium if it doesn't fill to 80% capacity by the deadline. In that event, full refunds will be honored.

I have read and understand this Registration form and all of the attached documents. These include the Carlisle Academy & Spring Creek Farm Release & Waiver. I have completed these documents where required. By providing my electronic signature below, I acknowledge the aforementioned and agree to be bound by the governing rules and jurisdiction stated in these documents, and I fully understand and accept my responsibilities as a participant in the Para-Equestrian Symposium, May 29 – June 1, 2013. I further understand and agree that my signature if my legal and binding signature.

Rider/Trainer Signature _____

Date _____

Please return completed registration, payment/deposit, and other required documents, by May 10, 2013 to: Joyce Brown, Carlisle Academy, 65 Drown Lane, Lyman, Maine 04002.