



## Clive Milkins, Para-Dressage/Dressage Clinic

**May 28, 29... 2016** Rain or Shine !!

Location: Wodloe Park and Willis Arena, Vinita OK

(Covered arena and bleacher area)

24683 S. 4400 Rd. Vinita OK 74301

Sponsored by: Green Country Chapter Of The Oklahoma Dressage Assoc.

For Information: Call, Text > Marsha Cullen Cell # 918-805-3760

or e-mail > [marshagcc@gmail.com](mailto:marshagcc@gmail.com)

### RIDER and AUDITOR INFORMATION

**What is a Para-Equestrian ? Equestrians with physical disabilities. This includes equestrians with mobility disabilities due to disease or amputations.**

**What is Dressage ? A French term meaning “training” and its purpose is to develop the horse's natural athletic ability and willingness to work making him calm, supple and attentive to his rider.**

Para-Dressage Riders as well as Able Bodied Dressage Riders are invited to attend the Clinic with Mr. Clive Milkins from Carlisle Academy, Maine

This is an incredible opportunity to ride one-on-one under the supervision/instructions of an internationally recognized Paralympics winning coach and able-bodied coach getting specific feedback on exercises to increase your dressage riding ability as well as instruction on how to work with your horse.

#### About Coach Clive Milkins:

Clive is a leading international Paralympics coach and able-bodied dressage coach from Great Britain with 25 years of experience. Clive is a British Horse Society Instructor, Fellow and Senior Coach of RDA (Riding for the Disabled), and Graduate of the U.K. Sport Elite Coaching Program. Past Head Coach at South Bucks RDA in Buckinghamshire, U.K. for 20 years. Clive was the personal trainer of “Sophie Christiansen”, Great Britain's triple gold medal winning rider at three Paralympics and has coached several other para-equestrians competing at the international level.

**Clive is the Sport Director at Carlisle Academy Integrative Equine Therapy & Sports in Lyman, Maine.**

*\*\* Note: We may be able to offer a loaned horse to ride in this clinic if you do not have one and are an accomplished intermediate or advanced rider.*

*\*\* Please call to discuss in more detail if you may be interested. The added horse fee will be \$35.00\**

**CLINIC FORMAT – For Riders: the arena grounds will be open at 8:a.m. both Saturday and Sunday.**

**Saturday – Day 1** will consist of up to 7 riders beginning at 9:45 a.m. to 12:15 - Lunch 1 Hr. resume riding @ 1:15 to 3:30 p.m.

4:00 - 6:00 p.m. Discussion to follow the clinic in Conference Room at the Arena (Food Available for purchase)

**Sunday – Day 2** will be up to 3 riders beginning at 9:45 to 11:15 a.m.

11:30 – 12:30 Discussion and Lunch in the Conference Room at the Arena

**Each session will be 45 minutes which will follow the above format.**

**Ride times will be assigned by order of receipt and will be announced on Monday, May 23, 2016**



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**RIDER REGISTRATION FORM (Due By Sat. May 21, 2016)**

Rider Information:

Name: \_\_\_\_\_ Para-Equestrian  YES  NO

How many years as a Para-Equestrian \_\_\_\_\_ Grade \_\_\_\_\_ How many years as an Able Bodied Equestrian \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Horse Information:

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Color: \_\_\_\_\_ Sex:  Mare  Gelding  Stallion)

**\*\* Proof of Negative Coggins is required. Date of Negative Coggins: \_\_\_\_\_**

**\*\* Proof of Equine Influenza Virus and Equine Herpes Virus (Rhinoepneumonitis) vaccinations within six months: \_\_\_\_\_**

Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Please complete the following:

I am applying to be a Clinic Rider on : Please check Day 1  and or Day 2

I agree to be open and willing to learn and to make adjustments as suggested by the clinician. I am willing to take constructive criticism and will not be offended by remarks made about my riding or my horse in front of an audience. I can accept the clinician's comments without becoming upset.

**Clinic Fee Per Ride \$ 135.00.....TOTAL \$ \_\_\_\_\_**

Make checks payable to: **GCC**

Please send payments to: Marsha Cullen 11301 S. 4220 Rd., Claremore, OK 74017

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY:

A waiver of liability will be signed by all riders and owners. By signing this form, I / we agree to abide by all rules and fulfill all financial commitments related to this symposium and clinic. No refunds of fees unless a veterinarians authorized note due to illness or injury or a Doctor's note for a rider.

\_\_\_\_\_  
Rider's Signature Date

\_\_\_\_\_  
Horse Owner's Signature Date

This clinic has a very limited space for overnight boarding. Covered Corrals with common fence or pasture is available. Local boarding stables may have availability if needing to stall overnight.



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**AUDITOR .....Registration must be paid by Thursday May 26, 2016**

**(Audit Fee will be accepted at the arena with a late fee of \$ 5.00 added)**

**Paid auditors will be given identification to wear during the event.**

Both Days Auditor Fee: \$35.00

Both Days Family Audit Fee: \$ 45.00

One Day Auditor Fee: \$ 20.00

One Day Auditor Family Fee: \$ 30.00

Refreshments and snacks will be available for purchase.

### Clinic Format: Sat. and Sunday grounds open for Auditors @ 9 a.m.

The focus of the clinic will be instruction for the riders on both days. Maximizing riders' ability in different segments and movements of dressage or a dressage test. Clinic riders must be open and willing to learn and to make adjustments as suggested by the clinician. Riders must also be able to take criticism and not be offended by discussion of their horse or their riding being discussed in front of an audience.

**Para-equestrian and able-bodied rider topics to be discussed: Athlete Development Plan for Riders & Coaches, Training of the Therapy/Para Horse, Adaptive Equipment/Compensating Aids. Para-equestrian and dressage information will be available to take home for further research.**

**Auditor questions may be answered at the discussion at the end of the day.**

### Audit Registration

Name(s):

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Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Total Auditors \_\_\_\_\_

**Total Fee \$ \_\_\_\_\_**

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