

HREC SHOW PRE-REGISTRATION

RIDER INFORMATION

Rider's Name:		Rider's Birthdate:	
Address			
City, State, & Zip:		Home Phone:	
Email Address:		Cell Phone:	
Date of Show:			

High Points award at the end of each show day. 6 ribbons awarded for each class.

SHOW REGISTRATION*

Classes are \$10 each \$8 for HREC Students

Please check which classes you would like to register for:	
Select Classes (place X in box)*	Select Classes (place X in box)*
1. Dressage (Intro B and Beg. Novice A) <input type="checkbox"/>	6. X-Country (11 jumps, course to be posted) <input type="checkbox"/>
2. Pleasure w/ GAYP <input type="checkbox"/>	7. Vaulting <input type="checkbox"/>
3. Pleasure W,T,C <input type="checkbox"/>	
4. Jackpot (1 min with 50 pt clear jump at end) <input type="checkbox"/>	
5. Chase me Charlie (Optional no stirrups) <input type="checkbox"/>	
*Any class may be subject to change or cancelled (Judge's discretion).	
High Point Awarded at the End of Each Show	

SIGNATURE (Guardian's signature required if Rider is under 18)

I do hereby certify that all of the information listed above is complete and correct.	
*** Signature:	Date:
*** Guardian's Signature:	Date:

CONSENT AND RELEASE

As the participant OR legal guardian/parent of this rider, I hereby consent to his/her participation in the show conducted at Hunter's Ridge Equestrian Center. I recognize that any activity in a barn or around a horse could result in injury, and I hereby release Hunter's Ridge Equestrian Center, Kathy Pitt, her officials, employees and volunteers of any and all liability for any accident or loss which may occur to any participant, pectator, rider, guest, groom, attendant or other employee, animal or equipment at this event. No equine activity, sponsor or equine professional is liable for any injury to, or death of, any participant in any activity at this center. VA Code Ann. 53.1-796.130 (1994).

Medical Treatment Information

If emergency medical care is required for in conjunction with their participation in this activity, and if normal permission is not available in a timely manner, the undersigned authorizes emergency medical personnel to provide emergency medical personnel to provide emergency medical care and consents to treatment by a physician and medical facilities, if deemed necessary.

In the event of an Emergency, Please Contact: _____

Phone: _____ Relationship to Rider: _____

Physician's Name: _____ Preferred medical facility: _____

Health Insurance Company _____ Policy #: _____

Participant is allergic to: _____ Participant takes the following medication(s) _____