

# Clinic Registration Form



Date(s) of Clinic: \_\_\_\_\_

Location of Clinic: \_\_\_\_\_

Please check only one:  Participant / Rider  Auditor

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

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information (everyone attending)

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## Horse Information

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

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Horsenality: \_\_\_\_\_

Any known safety issues/concerns? \_\_\_\_\_

Any known medical conditions? \_\_\_\_\_

Please describe your current activities with your horse and your current Level on Ground Skills and Riding, as well as any issues you have with specific tasks (continue on a separate page if you need more room): \_\_\_\_\_

## Payment Information

All Participants and Auditors MUST have their registration form and fee submitted prior to the clinic date unless previous arrangements were made with Kelly Sigler.

### Clinic Registration Fee Amount:

\$ \_\_\_\_\_ Participants/Riders in Full

\$ \_\_\_\_\_ Auditors must be paid in Full

\$ \_\_\_\_\_ Applicable Deposit Amount - for Participants

\$ \_\_\_\_\_ Payment Amount

\$ \_\_\_\_\_ Balance Due

**Pay by Check/Money Order:** "Pay to the Order Of - Kelly Sigler" with "Clinic Name, Date, and Location" Check # \_\_\_\_\_

**Pay by Credit Card:** Payment can be made via Kelly's PayPal Account. Email Kelly if you would like to do this, and she can send you a link to PayPal to make this easy!

**Please mail the completed registration form and signed liability waiver with fee deposit/payment (if not paid by credit card) to:**

**Kelly Sigler, 289 Daytona Road Wagener, South Carolina 29164**

Please contact the clinic host/coordinator for any questions regarding the facility, stabling, overnight trailer parking and hook-up, meals, directions, or lodging accommodations. Additional information about the clinic can be found at [kellysigler.com](http://kellysigler.com)

Contact Kelly Sigler if you have any further questions.

803-522-4395 • [Kelly1@kellysigler.com](mailto:Kelly1@kellysigler.com) • [www.kellysigler.com](http://www.kellysigler.com)

### Parelli Information (if applicable)

Member Number: \_\_\_\_\_

Level with Participating Horse: \_\_\_\_\_

Self-Assessed Level: \_\_\_\_\_

Official Certified Level: \_\_\_\_\_

**Note:** If Kelly Sigler deems a horse too unsafe to participate, she reserves the right to ask the student to no longer participate with that equine. If you are pregnant, please notify Kelly prior to registering for a clinic/workshop. Please remember to bring your horse's Coggins and Health Certificate.

Deposit amount to be paid at time of registration with balance due to be paid no later than 30 days prior to the clinic date. Additional fees for the Facility, Stabling, Meals, Lodging, Hook-ups, etc. are to be paid upon arrival at the check-in area.



3 Star Licensed Parelli Professional  
1 Star ISRB Instructor