To: C level Pony Club Members

From: **Meg Holden, VRS-Instruction, ODRPC**

Subject: Upper Level One-Day Clinic Series

Date: August 10, 2019

*\*\*\*Old Dominion Region members desiring to apply for a National level certification(s) are expected to attend at least one regional test preparation clinic specific to the certification sought by the candidate within one calendar year of the test for which the candidate will apply. If the member is unable to attend an official regional prep, they must contact the RS for approval and submit to the VRS Instruction a written plan to obtain an equivalent evaluation.*

ODRPC is offering a series of one-day clinics to help prepare candidates for the Upper Level Mounted Certifications. These clinics are designed to build skills required to be successful at Upper Level Certifications. Members planning to test within the year are urged to take advantage of these opportunities as it has been shown that those who participate in such clinics are more likely to succeed in certifications. And as stated above, one is expected to attend one test preparation before participating in an UL certification.

**Participants:**  Clinics are open to all C level members with priority given to C2 or higher members who are eligible to pursue an Upper Level Certification (at least 13 years old as of January 1, 2019.) First consideration will be given to those intending to test in 2019 or 2020. The clinic will be open to neighboring Pony Club Regions as well. **Registrations are accepted on a first come, first served basis, so register early.** Those accepted will be notified shortly after the clinic closing date. *There will be a full refund of clinic fees for those who are not accepted into the clinic.* All clinic participants under the age of 18 (as January 1, 2019) must have a responsible adult with them at the clinic site.

**Clinicians:** TBD – likely Mark or Mimi Combs

**Closing Date: All forms and payments must be submitted to Meg Holden at 5756 Rockfish Gap Tpke, Crozet, VA 22932 by August 2, 2019, but please let me know ASAP if you plan to attend the clinic so I can watch for forms in the mail.**

**Clinic Fee:** Clinic fee is $100 ($125 for out of region.) (25.00 late fee if entry not received by deadline). This includes instruction, facility fee, snacks and drinks. There is a $25 fee per additional mount per rider.

**Refund:** Refunds will be available with a doctor or vet note only, minus a $25 administration fee, **AND** *only if space can be filled.*

**Phases Covered:** Clinics will build from flat work in accordance with the Standards of Proficiency. Each one-day clinic will focus on specific skills with each subsequent clinic building on those skills in accordance with the participants needs. Not all areas will be covered in each clinic but the goal of the series is to familiarize participants with the requirements and expectations of Upper Level Certifications. Areas to be covered over the series include, flat work, switch rides(where appropriate), over fences, riding in the open and cross country (ground and weather permitting), longeing, and bandaging. Mount(s) must be appropriate for the level, and individuals must be willing to allow switch rides.

**Lodging: We can recommend local hotel options as well you can possibly stay with other pony club families. As for stabling, this is a one day clinic and there are no stalls available on site so all will be working off of trailers. If you need an overnight stall we have some possibilities close by so let us know as soon as you can so we can help you book one.**

**Meals:** Meals are on your own unless otherwise noted by the organizer. This will be determined once we have a number of participants, but I am working to make this a fun day as well as educational.

**What to Bring:** Water buckets with double-ended snaps, hay, grain and any necessary supplements you may feed on site or if you are laying over, muck bucket and stall cleaning tools, bandaging materials appropriate for the certification you are seeking, Longeing equipment, breeches and boots or smooth leather half chaps with matching paddock boots, appropriate tops (with sleeves and collar), and an ASTM-SEI helmet. Correct footwear and USPC/USEA Medical armbands or approved medical bracelet must be worn at all times.

**Directions to Chapel Springs Farm:** Best to use a map program or call me as there are a number of ways to go. The address is 2787 Chapel Springs Farm Lane, Free Union, VA.

Tentative start for clinics will be 8:30 AM unless otherwise noted. Plan accordingly. If you have any questions, contact Meg Holden at mwholden@me.com , 434-242-6515 or Juliana Benner at benfielda@mgwnet.com , 540-939-4608.

**Completed Clinic Registration Includes:**

* Clinic Registration Form and payment
* Signed waiver (attached)
* Current negative Coggins for each mount attending

Attendance to clinic must be reserved via email or USPS by the deadline stated and paperwork and payment must be received by closing date to meet the discounted application fee. All paperwork and payments must be received by August 2, 2019 as outlined above. Send to: **Meg Holden** at 5756 Rockfish Gap Tpke, Crozet, VA 22932.

**Clinic Registration**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Certification \_\_\_\_\_\_\_ Club \_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mounts: I will be bringing \_\_\_\_\_\_ mounts to this clinic— $25 charge per additional mount

The name of my mount(s) is (are) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have enclosed a copy of the current negative Coggins – Assencion #’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Draw date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2017 Testing Intentions: Are you planning to test in 2018 \_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_ What level? \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Date: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Traditional\_\_\_\_\_ Dressage\_\_\_\_\_ Show Jumping\_\_\_\_\_

**Waiver -- Virginia Statement of Inherent Risks:**

Inherent risks of equine activities include, but are not limited to, the following: the propensity of an equine to behave in dangerous ways which may result in injury to the participant, the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; and hazards of surface or subsurface conditions. It is agreed that the Organizers of the Old Dominion Region Pony Clubs’ C2 and Up Clinic, its officials, all clinicians, facility and owners, volunteers, and the Old Dominion Region Pony Clubs will not be held liable for any loss, accident, injury, illness to horses, clinic participants, attendants, spectators, or any other person, corporation or property whatsoever. I hereby give permission for me/my child to participate under this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant if 18 or older Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian if participant is under 18 Date

Horse Owner’s Emergency Release: (must be signed by horse owner as listed on Coggins)

Horse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_

I declare my horse to be in good health and condition. However, I give permission, in case of emergency, for immediate treatment by a licensed veterinarian.

Horse Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use: Date Received: \_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_

Signatures: Indv/Parent/Guard ­­­\_\_\_\_\_\_\_ VHC Waiver signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_