



2011 CPJHSA FALL CLINIC

Proudly Presents
KAREN HEALEY

Saturday, November 26, 2011
Sunday, November 27, 2011
Monday, November 28, 2011 (3'6" only)

The Central Pennsylvania Horse Show Association is pleased to announce Karen Healey as our Annual Fall Clinician for 2011! This will be a three-day clinic held at McDonough School, Owings Mills, Maryland.

Karen Healey grew up riding and showing in South Central Pennsylvania and was an early member of the CPJHSA. She has a successful training operation in Californian and is recognized as a one of the leading equitation trainers on the West Coast.

In addition to the riding clinic, we are excited to be running a concurrent USHJA Trainer's Certification Clinic, which will also expand the number of equestrians that can learn from one of the best.

Schedule

- 7:00 – 8:00 a.m. **Registration and Light Breakfast – provided**
- 8:00 – 10:00 a.m. **Limited Section – designed for Children's Pony Section (fences 2'-2'6")**
- 10:15 – 12:15 p.m. **TBD or Intermediate Section – designed for Children/Adult Horse Section (3' range)**
- 12:15 – 1:15 p.m. **LUNCH BREAK – lunch provided. Trainer's Certification Discussion Group**
- 1:15 – 3:15 p.m. **TBD Section – will hold an additional 2'6". 3' or 3'6" division, based on requests**
- 3:30 – 5:30 p.m. **Advanced Section – designed for A0/Jr/EQ (3'6") Sat and Sun, 9am on Monday
(Sections are split by RIDING ABILITY, fences heights actually will be determined by clinician)**

2-DAY CLINIC FEE - \$400 CPJHSA MEMBERS (3-DAY FEE is \$500)

Non-Member 2-Day Fee is \$500 (3-Day Fee is \$600)

TCP Auditor fee for credit is \$150

- ❖ The clinic will be open to current CPJHSA members (as of June 1) and non-members that forward their completed registration form and payment. Preference will be given to CPJHSA members until October 1, 2011. All registrations post marked after October 1, 2011 will incur a \$50 late fee.
- ❖ For maximum benefit, this is designed as a 2-day or 3-day (for 3'6") clinic. If all spaces do not fill, 1-day participation will be allowed at a cost of \$250/day.
- ❖ Groups will consist of a maximum of 8 riders – no exceptions!
- ❖ Auditing fee \$25 for CPJHSA members. \$50 a day -or- \$75/ for all days of the clinic for non-members. Auditors may pre-register or sign up during the clinic.
- ❖ \$150 fee for TCP Auditor's requesting credit for the clinic. TCP is Saturday and Sunday, optional Monday participation. . TCP Auditor's must pre-register by November 1, 2011 to avoid a late fee of \$50.
- ❖ *Registration fee/deposit is non-refundable, unless the clinic is cancelled. It is transferrable.*
- ❖ CPJHSA reserves the right to consolidate the clinic or adjust the schedule based upon registrations received prior to November 1, 2011.

PLEASE MAIL THE COMPLETED REGISTRATION FORM AND SIGNED RELEASE FORM ALONG WITH PAYMENT TO CPJHSA. REGISTRATION DEADLINE IS OCTOBER 1, 2011 TO AVOID LATE FEE. PAYMENT MUST BE INCLUDED FOR THE REGISTRATION FORM TO BE CONSIDERED COMPLETE.

Mail to: Donna Bernini
2521 Cousler Circle
York, PA 17404

Questions? Call Erin at 717-424-3246 or email the
CPJHSA at CPJHSA@hotmail.com

CPJHSA KAREN HEALEY CLINIC REGISTRATION AND RELEASE

Rider Fee - due by October 1, 2011 *Rider Late Registration Fee (postmark after 10/1//11) – \$50*

TCP Auditor Fee – due November 1, 2011 *TCP Late Registration Fee (postmark after 11/1//11) – \$50*

Member Auditor Fee - \$25 member (as of June 1, 2011) Non-Member \$50/day -OR- \$75/ for all days

Rider/Auditor Name: _____ USHJA # _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-mail address: _____

Barn Name/Trainer: _____ Need Stall (\$100/each) How many? _____

Riding Experience: (current showing level) _____

Section (Please Circle One)- Make checks payable to CPJHSA

Each rider fee includes audit fee for one other person, NOT for Trainer's Certification Program credit.

	3'6" 3-days	3' 2-days	2'6" 2-days	Auditor	TCP Auditor
Member fee	\$500	\$400	\$400	\$25	\$100
Non-member	\$600	\$500	\$500	\$50/day \$75/all days	\$150
					Amount Enclosed \$ _____

- ❖ I agree, in consideration for my participation in this Central Pennsylvania Junior Horse Show Association (CPJHSA) riding clinic at McDonogh School, to the following:
- ❖ I fully assume the risk of personal injury arising from equine activities pursuant to Pennsylvania law.

Warning – In accordance with PA Act #93 of 2005 you assume the risk of Equine Activities Pursuant to Pennsylvania Law.

- ❖ I agree that I choose to participate voluntarily in the CPJHSA clinic with my horse, as a rider, handler, lessee, owner agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the riding clinic involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").
- ❖ I agree to wear protective equipment including an approved helmet (as defined by USEF Rule Book) at all times while mounted on the grounds. I acknowledge that the CPJHSA and McDonogh School strongly encourages me to do so while warning that no protective equipment can guard against all injuries.
- ❖ If I am a parent or guardian of a junior rider, I consent to the child's participation and agree to all of the above provisions and agree to assume all of the obligations of this release on the child's behalf.
- ❖ I agree that the CPJHSA and McDonogh School as used above includes all of their officials, officers, directors, employees, agents, personnel, and volunteers.

The undersigned, individually and as parent and guardians of any minor, assume all risks involved with participation in the CPJHSA Karen Healey Clinic held at McDonogh School and agree to release, discharge, and hold harmless Karen Healey, McDonogh School, CJHSA, and/or any employees, officers or agents of the foregoing, of and from all causes, liabilities, damages, claims or demands on account of personal injury, accident, or property damage involving named rider or undersigned or horse or pony arising out of attendance at the CPJHSA Clinic or in the course of activities held in connection with the Clinic. I acknowledge, for myself and my child, that I am fully aware of the normal hazards encountered in such a riding clinic to persons, properties, and ponies or horses.

I represent that I have the requisite training, coaching, and abilities to safely participate in this clinic. By signing below, I agree to be bound by all applicable rules and all terms and provisions of this release form.

Signed: _____
(Adult Participant/Minor's Guardian)

Date: _____

Printed Name: _____

Emergency Contact Name and Phone Number: _____

Check _____

Date _____