



NDA Youth Clinic with Missy Fladland

An Educational Event sponsored by the NDA Youth & Education Committees

RIDER APPLICATION

RIDER INFORMATION (Must be 21 or under)

Rider Name _____ NDA Member? Y N

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Current regular instructor _____

HORSE INFORMATION

Horse's Name _____

Age _____ Breed _____

Schooling at what level? _____ Competing at what level? _____

SELECTION CRITERIA

First come, first served. Please include \$70 payment, check made out to NDA. There are eight spaces in the clinic at Middle Cross Stables, September 12, 2020.

WAIVER OF LIABILITY AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

(An additional waiver of liability will be required by the facility.)

I, as rider and/or owner, accept full responsibility for the ability of myself and the horse I will be riding to perform in the clinic with risk of injury or re-injury.

I agree to abide by all NDA rules and fulfill all financial commitments related to this clinic.

Rider's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Application is due on or before September 4, 2020.
Schedule finalized by September 7, 2020

PLEASE RETURN THIS COMPLETED FORM TO:

NDA via Heidi Helmer
8383 Pioneers Blvd.
Lincoln, NE 68506

***Please send payment with your application. \$70/ride.**

For additional information or questions, please contact Heidi Helmer at 402-580-4616 or hjhelmer@gmail.com.

