

**DRESSAGE WINNIPEG
THROUGH THE EYE OF THE JUDGE WITH ELAINE
POTTER
REGISTRATION FORM**

Monday June 25th, 2018 – 5:30pm - 8:30pm – West Wind Stables
Please arrive between 5:00pm and 5:25pm to sign in

Please note that registration is on a first come – first serve basis and only the first 10 registrants will be selected to take part in the clinic. Additional applicants will be put on a waiting list once the clinic is full

Rider Information

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

DW #: _____ MHC#: _____ EC#: _____

JUNIOR OR SENIOR
(circle one)

Horse Name: _____ Test Level and Number: _____

(MANDATORY – if left blank, registration will be invalid; NO FREESTYLE TESTS)

Registration Deadline: Friday June 8th, 2018 at 11:59pm

Please send completed registration form and signed consent form via mail or email to:

Katie Webb
11 Westbourne Cr.
Winnipeg, Manitoba
R2N 2R7
dressagewinnipegeducation@gmail.com

DRESSAGE WINNIPEG - THROUGH THE EYE OF THE JUDGE
with ELAINE POTTER CONSENT FORM

Consent to Copied Tests:

I, _____, hereby consent to allowing Dressage Winnipeg to make a copy of test sheet that will be used by judge Elaine Potter at the Through the Eye of the Judge Clinic with Elaine Potter on June 25th, 2018. I understand that if I do not identify on the registration form which test I would like to use for the clinic that I will not be registered for the clinic and will only be registered once I have identified both the horse and test I would like to have videoed. Once the test has been identified, the test will be recorded on both Saturday and Sunday of the show and the higher scored test will be used for the clinic. Upon determining the highest test from the weekend, only the test sheet from the highest scored test from the weekend will be used and kept and all other copied test sheets will be destroyed. I understand that the scores and comments from the test sheet may be read out loud to other participants participating in the clinic. I understand that the copied test sheets will only be used for the purpose of this clinic and will be destroyed following the clinic.

Rider Signature: _____

Parent/ Guardian Signature: _____

(If participant is under 18 years of age)

Consent to Recording of Ride:

I, _____, hereby consent to allowing Education Chair Katie Webb of Dressage Winnipeg to video my selected ride from letter C during the show the weekend prior to the clinic. I understand that the video that will be taken will only be used for the purpose of this clinic. I understand that if I do not specify which test I would like to have recorded for the clinic that my registration will be invalid and my ride will not be recorded. Rides of the selected test will be recorded for both Saturday and Sunday of the show and the highest scored test of the two will be selected and used for the clinic. I understand that the video will be played in front of participants and auditors during the clinic in a group setting.

Rider Signature: _____

Parent/ Guardian Signature: _____

(If participant is under 18 years of age)