

Registration for the Flying Duchess Mounted Archery Clinic

Name: _____ Phone: _____

Are you coming from out of state? _____ Do you need accommodation? _____

Which clinic date are you registering for? _____

Age: _____ Weight: _____ Height: _____

(This is to help me match riders to horses. Fill this out only if you are borrowing a horse)

Previous horse riding experience: _____

Previous archery experience: _____

Do you own a horse? _____ Are you bringing your own horse to the clinic? _____

Are you bringing your own bow and arrows to the clinic? (if not you will need to rent some from the ranch). _____

Do you have allergies or other medical histories that we should know about that could be worsened by horse riding or outdoor physical activities? If so, will you have your medications on hand incase of an emergency? (Ex: inhalers, Epi-pens, etc.)

Emergency Contact:

Name: _____ Phone: _____

All students are required to show proof of medical insurance covering the dates of the mounted archery clinic. Please attach a photo copy of your medical insurance card, or other proof of insurance, to this forum.