

# Clinic Registration Form



**Kelly Sigler**  
3 Star Parelli Professional

## Clinic Information

Date(s) of Clinic: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_

## Student Information

Please check only one:  Participant / Rider  Auditor  
Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

Phone Number(s): \_\_\_\_\_

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

\*Participants/Riders may bring one auditor free of charge to this clinic\* Auditor Name - \_\_\_\_\_

## Emergency Contact Information (for Participants with and without horses while at event)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Contact Number(s): \_\_\_\_\_

## Equine(s) Information (Only if Participant / Rider)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Horsenality: \_\_\_\_\_

Any known safety issues/concerns? \_\_\_\_\_

Any known medical conditions? \_\_\_\_\_

Please describe your current activities with your equine and your current Level on Ground Skills and Riding as well as any issues you have with specific tasks (continue on a separate page if you need more room): \_\_\_\_\_

*If Kelly Sigler deems an equine too unsafe to participate, she reserves the right to ask the student to no longer participate with that equine. If you are pregnant, please notify Kelly prior to registering for a clinic/workshop. Please remember to bring your equine's Coggins and Health Certificate (if applicable).*

## Parelli Information (if applicable)

Member Number: \_\_\_\_\_ Level Achieved with Participating Equine: \_\_\_\_\_

Self-Assessed Level: \_\_\_\_\_ Official Certified Level: \_\_\_\_\_

## Payment Information

All Participants / Riders and Auditors **MUST** have their registration form and fee submitted prior to the clinic date unless previous arrangements were made with Kelly Sigler

Clinic Registration Fee Amount - \$ \_\_\_\_\_ for Participants/ Riders \$ \_\_\_\_\_ for Auditors

Applicable Deposit Amount - \$ \_\_\_\_\_ for Participants/ Riders \$ \_\_\_\_\_ for Auditors

Payment Amount - \$ \_\_\_\_\_ Balance Due - \$ \_\_\_\_\_

Deposit amount to be paid at time of registration with balance due to be paid no later than 30 days prior to the clinic date.

Additional fees for the Facility, Stabling, Meals, Lodging, Hook-ups, etc. are to be paid upon arrival at the check-in area.

## Pay by Check/Money Order:

Please indicate "Pay to the Order Of - Kelly Sigler" with "Memo - the Clinic Name, Date, and Location" Check # - \_\_\_\_\_

**Pay by Credit Card:** Payment can be made via Kelly's PayPal Account. Email Kelly if you would like to do this, and she can send you a link to paypal to make this easy!

Please mail the completed registration form and signed liability waiver with fee deposit/payment (if not paid by credit card via PayPal) to:

Kelly Sigler 289 Daytona Road Wagener, South Carolina 29164

Please contact the clinic host(s)/coordinator(s) for any questions regarding the facility, stabling, overnight trailer parking and hook-up, meals, directions, or lodging accommodations.

Please refer to the Clinic Flyer and Clinic Information Sheet available on the website for more clinic information.

If you have any additional questions or need any additional information regarding the clinic, please contact:

Kelly Sigler at: 803-522-4395 or email: Kelly1@kellysigler.com www.kellysigler.com