

**CCASH BRANCH
TEENA BRIDGE CLINIC**

Please complete the information below

Name.....

Address.....

Contact number.....AGE(U18 only).....

Riding ability.....Experienced/ Intermediate

Medical conditions we need to be aware of.....

.....

Person to contact in case of emergency.....

.....

I will be attending as a rider....Yes/No Fence Sitter...Yes/No

I have sent my full payment via EFT Deposit/Cheque

**I understand the risk of participating in this clinic and will not hold the
County of Cumberland ASH Branch responsible if I incur an injury or loss.**

.....
Signature or participant

.....
Date

.....
**Signature of Parent/Guardian
(if rider u18yrs)**

.....
Date

