



David O'Connor Clinic  
Valley View Farm  
4606 W Leestown Rd  
Midway, KY 40347

David is a renowned Olympian who needs no introduction. David is the driving force of the Young Rider Emerging Athlete 21 and Under, and a much sought after clinician. Area 8 is proud to offer this clinic with David at the beautiful Valley View Farm.

Cost: Young Rider members of Area VIII \$350.00

Auditing Fee: \$25/day No fee for Area 8 Young Riders

Lunch available Saturday

This will be a Mini-Camp format with small groups of 4 or 5 riders each

Saturday evening will include pizza and unmounted discussions

Levels: Beginner Novice, Novice, Training, Preliminary, Intermediate, Advanced

**Entries to: Shelley Ryan, 1558 Player Dr., Lexington, KY 40511**

No refunds for scratches after closing date unless the scratch can be filled from wait list.

Make check payable to Area VIII Young Riders.

**Limited stabling is available for \$50/day at Valley View, payable to Three Creeks Farm. Bedding provided.**

**Off site stabling available at Heronwood Farm located on Midway Rd. \$35/night payable to Heronwood Farm. Please bring your own bedding, feed and buckets.**

Stalls must be stripped before you leave. Deposit check for \$35 required and will be shredded as long as your stall has been left clean.

**Accommodations:**

**Best Western, 80 Chenault Rd, Frankfort, KY 40601 502-695-6111**

Questions? Call or email: Shelley Ryan 859-224-3411 [shelleywryan@gmail.com](mailto:shelleywryan@gmail.com) or

Each horse must have a current negative coggins.

Dogs must be leashed.

Release forms to be signed at Valley View

USEA Educational Activity Release

USEA Medical Release

**\*\*Due to implementation of SafeSport regulations any participant under the age of 18 must have a parent or guardian in attendance.**

# David O'Connor Young Rider Clinic Registration form

Valley View Farm, Midway, KY July 1 – 2, 2023

**Entry Deadline: June 12, 2023 No refunds after this date unless your spot is filled from the wait list.**

## PARTICIPANT INFORMATION

Rider Name \_\_\_\_\_ Age \_\_\_\_\_ USEA # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent Phone \_\_\_\_\_ Other Phone? \_\_\_\_\_

Email (rider) \_\_\_\_\_ Email (parent) \_\_\_\_\_

Horse's Name \_\_\_\_\_ Highest level horse has competed \_\_\_\_\_

Level at which you are currently competing \_\_\_\_\_ Highest level you have competed \_\_\_\_\_

Rider's Trainer Name \_\_\_\_\_ Email \_\_\_\_\_

Stabling Required? Valley View \_\_\_\_\_ Heronwood Fram \_\_\_\_\_

Emergency Contacts (for the duration of camp)

Primary Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

**Please complete the following forms:**

"C:\Users\User\Downloads\EmergencyMedRelease06.pdf"

<https://useventing.com/safety-education/educational-activities/educational-activitv-release-form>

