

# 2013 Participant Application

## 3 Day Fundamentals Clinic

**APPLICANT INFORMATION: Complete a Separate form for each participant. Limited to 1 horse per Clinic**

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

First Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Female Male

*(Applicants must be 18 years of age or older)*

Participated in Previous Downunder Horsemanship Clinics? Or Private Lessons? Y or N

If Yes, Date(s) Participated: \_\_\_\_\_ NWC Member? Y or N

How did you hear about the clinic: Clinician Website / DUH Website / Facebook / NWC Forums /  
*(Please circle any/all that apply)*

E-Mail / Other: \_\_\_\_\_

3 Day Fundamentals Clinic Details (50% of fee due at sign up)			
Dates:	Location:	Price:	Stall Needed?
		\$750/person	# of Nights
I understand that I am responsible for all stall fees, bedding, feed and all of my (and my horse) personal travel expenses			

Horse Information:		
Name _____	Gelding <input type="checkbox"/>	Mare <input type="checkbox"/>
Age _____	Breed: _____	

### Policies

Personal Photos: Photos are meant to be for your personal use only, not for commercial purposes or public viewing.

**Absolutely No Video Cameras**

Other Policies: No Dogs permitted. No Stallions, Mules or Donkeys allowed. Appropriate footwear is required at all times during the clinic. Applicants must be a minimum of 18 years of age at the start of the 3 day Fundamentals Clinic.

**By Signing here, I acknowledge and agree to the above policies.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## 3 Day Fundamentals Clinic Medical History and Emergency Contact

Please complete 30 days prior to the clinic.

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

### Who to Contact in Case of Emergency

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has your Doctor place any restrictions on your activities? Yes  No

If Yes, please explain: \_\_\_\_\_

Are there any reasons why you should not participate in the clinic offered?

If Yes, please explain: \_\_\_\_\_

Current Medications: (name/dose/frequency): \_\_\_\_\_

Do you have any allergies?

If Yes, please explain: \_\_\_\_\_

### Do You Have or Have You Had Any of The Following in the Last 12 Months? (If Yes, please explain)

	Yes	No	Explanation		Yes	No	Explanation
Anemia				Hypoglycemia			
Asthma				Impaired Hearing			
Blood Clots				Impaired Vision			
Convulsions				Infectious Disease			
Depression				Mental Illness			
Diabetes				Muscle/Joint Disorders			
Emphysema				Neck/Back Injuries			
Epilepsy				Need Special Equipment			
Fainting				Pregnancy (currently)			
Head Injury				Severe Pain			
Skin Disorders				Heart/Cardiac Condition			
Surgeries				High Blood Pressure			
Unconsciousness							

**I acknowledge the clinic will be physically demanding and I am able to participate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2013 Participant Application

## 3 Day Fundamentals Clinic Requirements and Checklist

My Personal Details: (Enter Y or N)	
	I understand that this is a physically demanding clinic. I am healthy and able to participate in the clinic.
	I am responsible for the health, care and feeding of my horse throughout the entire clinic
	I am at least 18 years of age
My Riding Ability: (Enter Y or N)	
	I am confident riding my horse on a loose rein at the <b>walk, trot</b> and <b>canter</b> in a group setting.
	I am confident cantering my horse on a loose rein in a group setting with other horses. <i>(Important note: If you are not able to confidently canter your horse on a loose rein in a group environment, you may be asked to sit out for a portion of the clinic. No refunds will be given.)</i>
Date I last cantered my horse on a loose rein:	
My Horse: (Check all that apply)	
	I am participating with a horse, not a donkey or a mule.
	My horse is a mare or gelding.
	My horse is not a stallion
	My horse that I am participating with has had at least 60 rides.
	My horse is reasonably manageable, both on the ground and under saddle
Required Documentation: (Enter Y or N)	
	I agree to bring with me a photocopy of my horse's current Negative Coggins test. This copy will be retained by the Certified Clinician. (required regardless of crossing state lines)
	I agree to bring with me a photocopy of my horse's current Health Certificate. This copy will be retained by the Certified Clinician.
Required Equipment: (Enter Y or N) <i>I understand that I need to have the following equipment in order to participate in the clinic. I understand that the Certified Clinician will not bring product that is available for purchase.</i>	
	Riding boots. Proper riding boots with a heel are required. No flip flops, tennis shoes or footwear other than approved riding boots will be allowed in the arena.
	Downunder Horsemanship Rope Halter and 14' Lead rope
	Handy Stick and String
	Bridle with Snaffle Bit and chin strap (Mecate reins or loop reins with a spanker are highly recommended). NO SHANK BITS
	Well fitting saddle and saddle pad with correctly sized girth.
	By checking here I certify that I have read the requirements and information presented to me above.
Signature:	

JDJ Ranch, P.O. Box 1215, Conifer, CO 80433  
303-816-1399 Fax

# 2013 Participant Application

## 3 Day Public Clinic Policies

### Personal Photos:

Photos are meant to be for your personal use only, not for commercial purposes or public viewing.  
**Absolutely no video cameras.**

### Other Policies:

No dogs permitted at the clinic facility at any time. No Stallions, Mules or Donkeys allowed. Appropriate footwear is required at all times during your clinic. The same horse and rider combination who sign up for the lesson is to participate in the entire clinic. There will be no changes of riders and horses during the clinic. Applicants must be a minimum of 18 years of age.

### Payment Policy:

50% of fees are required at sign up. Clinic must be paid in full 60 days prior to start date or the reservation may be turned over to the next student on the waiting list. Payments must be made to JDJ Ranch, P.O. Box 1215, Conifer, CO 80433

### Cancellation Policy:

JDJ Ranch reserves the right to cancel a clinic due to unforeseen circumstances beyond our control. Such decisions will be made at least two weeks before the scheduled clinic date. If a clinic is canceled by JDJ Ranch, you will be entitled to a full clinic fee refund.

### Refund Policy:

Cancellation prior to 60 days before the clinic: 50% deposit refunded.  
Cancellation 30 – 60 days before the clinic: 25% deposit refunded.  
Cancellation 30 days or fewer before the clinic: No refund

Efforts will be made by JDJ Ranch to fill your reservation with another participant. JDJ Ranch reserves this right. If your reservation is filled, your fees will be returned minus administration fees. All cancellations are subject to a \$35 administration fee and will be deducted from the fees paid.

### Auditor Tickets:

Auditors are welcome. Prices are \$25/day or \$50 for the weekend prepaid or \$35/day or \$70 for the weekend at the gate.

### Helper Policy:

Each clinic participant is permitted to have one helper accompany them at the clinic. Your helper needs to be registered during check in with the Certified Clinician. They should be someone who is supportive of your horsemanship needs and can help with tacking, grooming, cleaning stalls, etc. Helpers are not allowed to ground work or ride your horse at any time during the clinic.

**I agree to the above policies by initialing here: \_\_\_\_\_**

### Application Policy:

Acceptance is subject to application and review and approval. A full refund will be given if the application cannot be accepted. This application must accompany the deposit.

By signing, I acknowledge and agree to the above policies.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

JDJ Ranch, P.O. Box 1215, Conifer, CO 80433 / 303-816-1399 Fax

## **Fundamentals Groundwork**

1. Desensitizing with the Lead rope
2. Desensitizing with the Stick and String – all 3 sides
3. Yield the Hindquarters
  - a) Stage 1
  - b) Stage 2
4. Backing Up
  - a) Method 1
  - b) Method 2
  - c) Method 3
  - d) Method 4
5. Yield the Forequarters
6. Lunging for Respect Stage 1
7. Flexing
8. Sending Exercise
9. Circle Driving
10. Lunging for Respect Stage 2
11. Leading Beside
12. Fundamental Desensitizing
  - a) Slap and Walk
  - b) Headshy Exercises
  - c) Helicopter

## **Fundamentals Riding**

1. Flexing with Bridle on the Ground
2. Flexing at a Standstill (under saddle)
3. One Rein Stops
4. Cruising Lesson
5. Follow the Fence
6. Diagonals Across the Arena
7. Touch and Rub Exercise (on the ground)
8. Yield the Hindquarters at a Standstill
9. Yield to a Stop
10. Bending at the Walk
11. Bending Transitions
12. Vertical Flexion at a Standstill
13. Draw to a Stop
14. Yield the Hindquarters and Back Up