

# Doug Tooley Clinic Registration Form

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of horse: \_\_\_\_\_

## Emergency Contact Information:

Person's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Information:

What do you hope to achieve from the clinic?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Clinic: \_\_\_\_3-15-2025\_\_\_\_\_

**Cost:** \$175 per horse/handler combination, LIMIT TO 10 RIDERS. \$50 to audit LIMIT TO 15 AUDITERS. Payment should be made payable to Doug Tooley and mailed with this application along with a negative Coggins. You are also required to sign an Equine Activities Waiver at the clinic.

**In the event of an emergency:** By signing this form I understand that horseback riding and equestrian related activities can be dangerous. I hereby give permission that I (my child) may be administered first aid by any clinic personnel should the need arise. I also give permission that I (my child) may be transported to a hospital chosen by any clinic personnel, treated by a medical professional, given injections, medication, and/or anesthesia and/or surgery as deemed necessary. I agree to be responsible for any cost that may occur as a result of being treated for any medical condition.

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

Mail this form to: Doug Tooley 635 Shawano Ave. Oshkosh, WI 54901. For more information call: 920-810-7113.