

ICE BREAKER SPRING CLINIC

MAY 9 - 11, 2014 REBECCA LEE & AMY WEST ALHAMBRA STABLES, RED DEER, AB

Canadian **Rebecca Lee**, International Event rider and assistant trainer to US Olympian Stephen Bradley, has ridden Advanced through the three star level and has been long listed for the Canadian Equestrian Team. Rebecca has competed all over North America including such sites as Galway Downs, Fair Hill International and The Event at Rebecca Farms. Rebecca and Stephen train out of Longbranch Farms in Millwood, VA the majority of the year, and spend the remaining months in Aiken, SC. Rebecca is passionate about teaching and has developed riders to the CCI** level. A trained clinical psychologist, Rebecca incorporates sports psychology with confidence building techniques to enhance the learning experience. Rebecca welcomes Eventers, Jumpers, and Dressage riders as well as all levels of horse and rider pairs to join her clinics.

Amy West rides and trains out of Extreme Stables near Ponoka, Alberta, with a large group of competitive students. She has students competing from Starter through to Preliminary. Amy has been training and developing young horses for several years, as well as managing a horse boarding facility. Amy has taught several pony clubs in Central Alberta, including Blindman Valley, Red Deer and Clearwater Valley, as well as teaching camps and clinics to various other clubs and organizations. She understands the importance of developing confidence and a solid foundation for both horse and riders, allowing them to progress through the levels. Amy competes at all of the Alberta Horse Trials as well, competes in the US. She plans to compete at the FEI levels this coming show season with her horse. Amy is currently working towards completing her EC competitive coach certification.

CLINIC DETAILS:

FRIDAY- 50 MIN PRIVATE AND SEMI-PRIVATE SESSONS IN SHOWJUMPING/DRESSAGE

SAT/SUN - CROSS COUNTRY SESSIONS IN GROUPS OF 6 RIDERS MAXIMUM. GROUPS WILL BE BASED ON LEVELS OF EXPERIENCE

SPORTS MENTORING AND PERFORMANCE PSYCHOLOGY - INDIVIDUAL SESSIONS AT 30 MIN OR 60 MIN

All Sport mentoring sessions include hand outs and a follow up phone call. The exercises listed below are three of the most common formats to meet a rider's needs for competition or recreation. I am also open to other topics or unstructured sessions if that is a better fit for the individual. 30 min sessions are \$40. and 60 min sessions are \$65 for a semi-private; \$85 for a private. Sessions 1 and 2 can be combined into 60 min.

- 1. A pre-competition plan: A specific exercise based on breaking down past successful lessons, clinics or competitions to examine what the rider needs in warm-up and in the ring to be confident and achieve their goals at their next competition. 30 min
- 2. General relaxation and focusing: This exercise is very helpful if a rider feels they are not quite getting what they want out of their lessons, clinics, and general riding due to feeling unfocussed, experiencing some tension and nervousness, mental fatigue or distractions.

 30 min
- 3. Overcoming fear and other challenges. This exercise touches on the causes of the rider's fear, problem solving, realistic goal setting and understanding how anxiety affects us. 60 min

I have a Masters Degree in Clinical Psychology with 10 years experience practicing as a Clinical Therapist specializing in the area of anxiety and trauma. I have spent the last few years combining my experience as a professional coach and athlete with psychology and am excited to help riders get the most out of their time in lessons and competition by working with them to improve focus, relaxation, confidence, and achieve goals.

When signing up for these sessions, if you don't have a goal or challenge in mind that you would like to work on or have questions, don't hesitate to contact Darla and she will forward your questions to me.

ICE BREAKER SPRING CLINIC - MAY 9 - 11, 2014 CLINICIANS: REBECCA LEE & AMY WEST ALHAMBRA STABLES, RED DEER, AB REGISTRATION DEADLINE IS APRIL 30, 2014

ONE REGISTRATION FORM PER HORSE/RIDER COMBINATION

| FRIDAY- SHOWJUME | PING/DRESSAGE 50 MINUTI | E SESSION | | | |
|---|--|----------------------|-----------|---|--|
| REBECCA LEE | PRIVATE (\$85) SEMI-PRIVATE (\$65) (if enough interest) | AMY WEST | S | RIVATE (\$65) EMI-PRIVATE (\$50) f enough interest) | |
| SAT/SUN - CROSS CO | DUNTRY | | | | |
| REBECCA LEE | \$210 | AMY WEST | \$ | 175 | |
| Experience/Competi | tion level of Rider:tion level of Horse:_ problems you wish to work | | | | |
| SPORTS MENTORING | G SESSION | | | | |
| REBECCA LEE 30 MINUTE SESSION (\$50) 60 MINUTE SESSION (\$85) | | | | | |
| STABLING | | | | | |
| · · | \$30/DAY \$30/DAY 30.00 O BE PAID ON SEPARATE CHEQUES PA | VARIE TO: AI HAMRR | A STARIFS | | |
| RIDER INFO | O DE LIVIDO ON SELIVIDADE CHEQUES IVA | TABLE TO: ALTA WINDS | N STREES | | |
| NAME: PH. NO.: | | | | | |
| ADDRESS: | | | | | |
| EMAIL: | | | | | |
| EMERGENCY CONTA | CT: | | | | |
| HORSE NAME: | | GENDER: | А | GE: | |
| PAYMENT DETAILS | | | | | |
| CHEQUES FOR REBEC | CCA LEE MADE PAYABLE TO: | REBECCA LEE | | TOTAL | |
| CHEQUES FOR AMY | WEST MADE PAYABLE TO: A | MY WEST | | TOTAL | |
| CHEQUES FOR STABL | ING MADE PAYABLE TO: AL | HAMBRA STABL | .ES | TOTAL | |
| CHEQUE FOR STABLING DEPOSIT MADE PAYABLE TO : ALHAMBRA STABLES TOTAL | | | \$30.00 | | |
| **COMPLETED FORMS AND PAYMENT IN FULL MUST BE RECEIVED BY APRIL 30, 2014** | | | | | |
| LATE APPLICATIONS ARE SUBJECT TO A \$25 LATE FEE (PAYABLE TO YOUR CLINICIAN) | | | | | |
| NO REFUNDS WITHOUT VET OR MEDICAL LETTER | | | | | |
| CLINIC WILL RUN REGARDLESS OF INCLEMENT WEATHER MAIL REGISTRATION FORMS, PAYMENT AND WAIVERS TO: | | | | | |
| DARLA MITCHELL Questions? Call Darla Mitchell at 780-699-0657 | | | | | |
| 4610-76 Avenue NW or email: darla@arkam.ca | | | | | |
| Edmonton, AB | | | | | |
| T6B 0A5 | | | | | |

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY - "FOR PARTICIPANTS 18 OR OLDER"

PLEASE PRINT CLEARLY

| PARTICIPA | PANT 'S NAME: | DATE OF BIRTH: | | | |
|------------|---|--|--|--|--|
| ADDRESS | S: | <u> </u> | | | |
| PROV: | POSTAL CODE: | <u> </u> | | | |
| | PERSON MUST READ AND UNDERSTAND THIS FORM | | | | |
| То: | Alhambra Stables | | | | |
| | (Name of Person, Organization or Comp | pany providing the Equine Activities) | | | |
| their dire | ectors, employees, officers, volunteers, business operators, and s | ite property owners. (collectively called the HOST) | | | |
| INITIAL | EACH ITEM BELOW AFTER READING AND UNDERS | TANDING THE ITEM | | | |
| 1. | I Understand there are DANGERS, HAZARDS and RISKS, (co injuries resulting from these "RISKS" are a common occurrence. | llectively called RISKS) associated with Equine Activities and | | | |
| 2. | I Acknowledge that the Inherent "RISKS" of Equine Activities mean those DANGEROUS conditions which are an integral part of Equine Activities, including but not limited to: | | | | |
| | and to potentially collide with, bite or kick other and The unpredictability of an equine's reaction to unfamiliar objects, persons or other animals and haz | such things as sounds, sudden movement, tremors, vibrations, cards such as subsurface objects. Regligent manner that might contribute to injury to themselves or | | | |
| 3. | | Accept and Fully Assume All Responsibility for the Inherent "RISKS" and the possibility of personal injury, death, lamage or loss resulting from my Participation in Equine Activities. | | | |
| 4. | I Acknowledge that it remains my Sole Responsibility to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits. | | | | |
| 5. | In addition to consideration given for my Participate in Equino (collectively called my "Legal Representatives") agree | e Activity, I and my heirs, executors, administrators and assigns | | | |
| | Representatives" might suffer as a result of my Part NEGLIGENCE ON THE PART OF THE "HOS | lity for any loss, damages, injury, or expense that I or my "Legal icipation due to any cause whatsoever including any IT", and E "HOST" from any and all liability for property damage or | | | |
| | igning this form I read it (as indicated by my initials above) and ertain legal rights I or my "Legal Representatives" might have a | | | | |
| SIGNED ' | This day of | | | | |
| (Prin | NT NAME OF HOST WITNESS TO SIGNING & INITIALING) | (SIGNATURE OF PARTICIPANT) | | | |
| | (SIGNATURE OF HOST WITNESS) | | | | |

DO NOT SIGN UNTIL YOU UNDERSTAND ALL ITEMS ABOVE