



Equestrian Team Registration 2017

Campus:

Year level:

Student/Competitor Name:.....

Address:.....

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Ph:..... Mobile:..... Work:.....

Email:.....

Age:..... D.O.B:.....

Parent/Guardian Names:.....

Pony Club Member Number:

Equestrian Victoria Member Number:.....

Gradings: S/J..... CT..... Dressage..... Horse

Trials.....

Horse's Name:..... Height:.....

If ungraded, please write a short description of your capability and experience:

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.....

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Please Note: If any of your details change please make sure you fill in a new form.

Return forms to:

Jackie Hanslo – Equestrian Coordinator

Mobile: 0401 259 078

Email: fccet@hotmail.com (preferred method)

Mail: 36 Jayco Drive, Dandenong South 3175



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Equestrian Release & Waiver Form
(one form per rider)

Horse sports are a dangerous activity.

I understand and acknowledge that horse sports are dangerous activities and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I understand and acknowledge that serious INJURY or DEATH may result from horse sports activities.

I agree that I PARTICIPATE at MY OWN RISK.

Name of competitor and Parent/Guardian (If under 18 Years)

Competitor:

Parent/Guardian:
(if competitor is under 18 years)

Address:
.....

Ph: Mobile:

Age: D.O.B:

Occupation:

Effect of this document

I understand that my signature to this document constitutes a complete and unconditional release of all liability to Flinders Christian Community College and the Equestrian Federation of Australia Ltd including all of its affiliated bodies, to the greatest extent allowed by the law in the event of me and/or the children under my care, suffer injury or death.

Signature of Competitor/Parent/Guardian

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(Parent to sign if competitor is under 18 years)

Date: