



## BALDIVIS EQUESTRIAN & PONY CLUB DRESSAGE EVENT ENTRY FORM

Sunday 12<sup>th</sup> July 2020

All tests are qualifiers for the PCWA Dressage Series Leader board and age groups will be run as follows  
10 & Under, 11 – 13yrs, 14 – 16 yrs, 17 & Over, Elementary; 11 – 15yrs, 16 – 25yrs, Medium; 9 – 25yrs  
Open Classes by test.

**CLOSING DATE: Sunday 5<sup>th</sup> July AT 9PM!**

**Please fill out one form per horse, place a tick beside tests being ridden:**

Dressage Test	Number of tests being ridden	Non-Member of BEPC	Member of BEPC	Total
Prep A (2013)		\$30 per test	\$20 per test	
Preliminary 1A (2019)		\$30 per test	\$20 per test	
Novice 2A (2019)		\$30 per test	\$20 per test	
Elementary 3A (2019)		\$30 per test	\$20 per test	
Medium 4A (2019)		\$30 per test	\$20 per test	
	<b>Ground Fee</b> <i>*Members of BEPC do not pay the Ground Fee</i>	\$5.00		
	<b>Yard Fee</b>	\$10.00 per yard		
			<b>Amount Payable</b> <i>*Please pay by EFT, Cheque or Cash</i>	

**Electronic Funds Transfers:** Account Name: BEPC

BSB: 036-060

Account Number: 128991

EFT Receipt No: \_\_\_\_\_

\*Please use your Surname in the reference box and Dress2 ie *Jones Dress2*

**\*Please ensure that the Disclaimer Form is returned with your entry form or you will not be permitted to ride on the day!**

Name of Rider: \_\_\_\_\_

Age as at 1<sup>st</sup> January & Date of Birth (if under 18): \_\_\_\_\_

Rider EWA (with PCWA insurance)#: \_\_\_\_\_ PCWA #: \_\_\_\_\_

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

Telephone #: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**\*You must be able to provide proof of membership/insurance on the day**

Name of Horse: \_\_\_\_\_

Pony Club: \_\_\_\_\_

Email **REQUIRED AS DRAW WILL BE EMAILED:** \_\_\_\_\_

Name of Helper: \_\_\_\_\_ Contact #: \_\_\_\_\_

**It is a condition of entry that you provide a Helper for this event. Please number your preferred helper duties from 1 -3. Every effort will be made to accommodate your request but we cannot guarantee that you will receive your preferred helper duty.**

Marshall \_\_\_\_\_

Gear Checker \_\_\_\_\_

Dressage Penciller \_\_\_\_\_

Runner \_\_\_\_\_

Set-Up \_\_\_\_\_

Pack Away \_\_\_\_\_

(Saturday afternoon)

(Sunday afternoon)

# PONY CLUB OF WESTERN AUSTRALIA INC (PCWA)



## PCWA DISCLAIMER STATEMENT

CLUB NAME: **Baldivis Equestrian and Pony Club**

CLUB ADDRESS: **Lugg Road, Baldivis WA**

I acknowledge and agree as a condition of participating in any PC or PCWA event that neither the Club/Coach, participants, PCWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENTS, shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

**Print Name Here**

**Sign Here**

**Dated**

\_\_\_\_\_

### PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS:

I, \_\_\_\_\_ being the parent/guardian of the above named,

\_\_\_\_\_, confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the above named, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the club/coach, participants, PCWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the above named or by me in or being present at any PC or PCWA EVENTS except for any rights the above named or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCWA EVENTS THAT I AND MY DEPENDANT ABOVE NAMED ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

\_\_\_\_\_  
NAME (BLOCK LETTERS)

\_\_\_\_\_  
SIGNED

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2020