# Baldivis Equestrian & Pony Club Show Jumping 25<sup>th</sup> July 2021



Rider or parent (if under 18 yrs) name

Email Address

PCAWA Member No. PCAWA Open No.

Pony Club Age (as at 1/1/21)

Pony Club:

DOB:

Class	Riders Name	Horse Name	Pre entry Fees
No.			\$15 per round
	Ground fee (\$10 per		
TOTAL			

<u>Send Entry form and waiver to – showjumping@baldivisponyclub.com</u>

Bank details; BSB 036-060

ACC 128991

EFT reference used (e.g. <u>SJsmithj)</u>:

EFT receipt no \_\_\_\_\_

Name of Helper \_\_\_\_\_

Mobile contact number of Helper \_\_\_\_\_

Would you prefer your helper job (circle) before/during /after

your riders classes?

Please **number** in order of preference\*.

Canteen	Gear Check	Penciller	
Marshall	Arena Crew	Practice Jump steward/crew	
<u>Set Up</u>	Pack Up		

\*Please note that the Organisers will try and accommodate preference but this may not be possible. First nominations received get priority.

If your helper does not report to the office or do their duty, the rider may be disqualified from any **future** event at Baldivis. Please do your duty as required.

With everyone's helper duty being completed the day runs quicker and there are happy riders, parents and horses!

The Baldivis Show Jumping Committee thank you all for your support!

## PONY CLUB ASSOCIATION OF WESTERN AUSTRALIA INC (PCAWA)

### PCAWA 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 PCAWA event that neither the Club/Coach, participants, PCAWA 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 PCAWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

Print Name Here Sig	gn Here	Dated

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

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 PCAWA 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	2019
-------------------	------