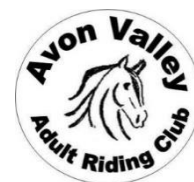


# AVON VALLEY ADULT RIDING CLUB INC

Box 224 NORTHAM 6401 ([avonvalleyarc@outlook.com](mailto:avonvalleyarc@outlook.com))



## 2021 HUNTER TRIALS ENTRY FORM

### Rider Details

Name:

Phone number:

Email address:

EWA Member Y/N?:

EWA Member number:

### Horse Details

Horse Name:

OTT – Yes/No :

OTT Passport ID:

**\*\*This is required to enter OTT classes\*\***

**\*\*All riders (except AVARC) must complete & attach a Day Membership waiver form with their entry. \*\***  
**Yards are available – no reservations.**

### Classes

Max of 2 classes/rounds per horse/rider combination. Two rounds may be chosen at the same height, however only the first round will be eligible for placings.

Height	mark "X"
Poles	
30cm	
45cm	
65m	
80cm	
95cm	

Fees	Cost	mark "X"	
1 Round	\$30.00		\$
2 Rounds	\$50.00		\$

Day Insurance (Non AVARC/EWA)	\$10.00		\$
Ground Fee	\$10.00		\$
Camping	\$10 per family		\$
Raffle Ticket	1 =\$5.00 3 =\$10.00		\$
Total Cost			\$

### Helper Duties (Please tick Preferred option)

- Gear Checker
- Marshall
- Score Sheet Runner
- Starter/Timer
- Penciller
- Height Changes
- Pack Up

**\*\*Entries close 10pm Friday 15<sup>th</sup> October 2021\*\***

### Refund of Entry Fees:

After closing date – No refund unless a Medical/Vet certificate is provided.

**Payment can be made to:**

Account Name: Avon valley Adult Riding Club Inc

**BSB:** 036107 **ACCOUNT No:** 117844

**REF:** HT21 + Name

Please forward entries with a copy of payment to: [avonvalleyarc@outlook.com](mailto:avonvalleyarc@outlook.com)

**NOTE:** Our Club is covered for Public Liability. No personal accident insurance is provided under this cover and it is recommended that you join Equestrian Western Australia, Pony Club of WA, or arrange your own personal accident cover especially if you wish to compete. It is not a requirement of the club for you to have private insurance, however it is strongly advised that you do so. We also recommend you have ambulance cover.



## AVON VALLEY ADULT RIDING CLUB INC

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### Day Membership Form - Competition

**Event:** 2021 Hunter Trials 08/08/2021

#### Rider Details

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

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

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Personal Riding insurance: EA / PCAWA /other \_\_\_\_\_ /none (circle)

Membership number of above: \_\_\_\_\_

#### Medical Information (confidential):

FULL NAME: \_\_\_\_\_ This information is confidential, but will be passed on to the treating medical officer(s) in the event of an accident

Do you have any allergies? Yes / No

If yes, please list: \_\_\_\_\_

Do you have any of the following:

Heart Problems: Yes / No

Diabetes: Yes / No

Respiratory Problems (inc. asthma) Yes / No

Anything else that medical attendants should be aware of:

\_\_\_\_\_

**I understand that in the event of an accident or incident, if the decision is made to call an ambulance on my behalf, I will be responsible for any fees incurred.**

*(It is recommended but not mandatory all members have ambulance cover & personal insurance)*

Do you hold a current Senior First Aid Certificate? Yes / No

#### Emergency Contact — in case of accident:

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Anything further you would like the Event Organisers to know:

\_\_\_\_\_

NOTE: Our Club is covered for Public Liability. No personal accident insurance is provided under this cover and it is recommended that you join Equestrian Western Australia, Pony Club of WA, or arrange your own personal accident cover especially if you wish to compete. It is not a requirement of the club for you to have private insurance, however it is strongly advised that you do so. We also recommend you have ambulance cover.

**WAIVER**

Club Avon Valley Adult Riding Club Inc. Northam Equestrian Park Northam

Event: any event in which the club is involved either at club grounds or any other venue

I acknowledge and agree as a condition of participating that neither the Club, coach, participants, EA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors and advertisers, owners and lessees of premises used to conduct the event/s shall be under any liability for any death or 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 have arising under the Trade Practices Act 1974. I acknowledge that equestrian activities are dangerous and the accidents causing death bodily injury disability and property damage can and do happen.

I agree to wear an approved helmet at all times while participating in the sport where this is relevant to the EA and FEI rules and regulations.

I understand that in the event of an accident or incident, if the decision is made to call an ambulance on my behalf, I **will be responsible for any fees incurred.**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_