2021 ENTRY FORM

If competing in BOTH show horse and dressage,
mark which tests you will ride and pay day fee

Please complete one form per horse

EXHIBITOR			Armband	Breastplate
ADDRESS				
CONTACT NUMBER	EMAIL			
Perth H&PC MEMBER Yes No	SHCWA NUMBER	EWA NUMBER		
HORSES NAME		HORSES HEIGHT		Sighted Office Use
RIDER'S NAME (IF DIFFERENT TO EXHIBITOR)		DATE OF BIRTH If under 18	_____/_____/_____	

Please tick which ring you will be competing in:-

☐ Show Horse ☐ Show Hunter ☐ Official Leading Rein ☐ Official First Ridden

☐ Encouragement Leading Rein/Walk/Trot ☐ Unofficial ☐ Dressage

Please tick which tests you will ride:-

Prep C ☐ Prelim 1B ☐ Novice 2B ☐ Elementary 3B ☐ Medium 4B ☐

FEES	PERTH H & P CLUB MEMBERS		NON-MEMBERS	
Hacking	$35.00		$50.00	
Dressage *(per test)*	$20.00		$30.00	
Day Fee per horse (Hacking & 2 dressage tests)	$55.00		$80.00	
Fancy Dress *(Free if entering hacking/dressage)*	$ 5.00		$10.00	
Armband Deposit *(Only pay if armband is required and you don't have a breastplate)*	$ 5.00		$ 5.00	
Ground Fee	N/A		$10.00	$10.00
EA Levy *(only payable by EA members that are competing in official hacking)*	$ 7.00		$ 7.00	
Dressage Helper Fee *(compulsory if entering dressage)*	$25.00		$25.00	
Membership Fee (Riding $20, Family $30, NR $10) *If joining with entry you qualify for members rates.*				
	Total		Total	

Bank Deposit – NAB – PERTH HORSE & PONY CLUB INC.
BSB:- 086-488 Account No:- 508293537 Reference SC & your Surname
OR Mastercard/Visa payment slip on following page

Email completed entry form and proof of payment (copy of deposit receipt must be included) to:-
secretaryphpcinc@gmail.com

NON-MEMBERS OF PERTH HORSE AND PONY CLUB MUST SIGN THE DISCLAIMER STATEMENT BELOW

DRESSAGE HELPER DUTY ** This page must be included with entries

All dressage riders must pay the $25 helper fee. This will be refunded by Direct Deposit after you have been seen to have done your helper duty. Report to office once duty is complete.

HELPER DUTY
Helper Name _____
Mobile Number _____
Helper Email _____
Bank details for helper refund **ACCOUNT NAME:** _____ **BSB:** _____ **ACC:** _____

Please indicate preferred duty:- Please mark 2 in order of preference

Setup dressage arena (approx. 8.00am) _____

Setup hacking arenas (approx. 8.00am) _____

Dressage arena pack up at end of show _____

Hacking arena pack up at end of show _____

Dressage runner _____ (Can be mounted)

Dressage penciller _____ Hacking penciller _____

Dressage marshall/gear checker _____

MINIMUM AMOUNT OF TIME REQUIRED BETWEEN TESTS IF RIDING 2 TESTS? (Tick box)

15 – 30 Minutes		30 – 60 Minutes		60 + Minutes	

Helper duties will be allocated and test times allocated to allow you to complete both.

Bank Deposit – NAB – PERTH HORSE & PONY CLUB INC.

BSB:- 086-488 Account No:- 508293537 Reference CC21 & your Surname

OR

CREDIT CARD DETAILS

I/We wish to pay by Mastercard ☐ Visa ☐ CCV __ __ __ Tax Receipt Yes/No

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Amount: _____ Expiry Date: __ __ / __ __

Card Number - Please print clearly

I hereby authorise the Perth Horse & Pony Club Inc. to debit the credit/debit card noted for the amount listed.

Cardholders Name:_____ Cardholders Signature:_____

Perth Horse & Pony Club Inc.
Jon Sanders Drive,
Osborne Park WA 6017

Disclaimer Statement

I,....., ACKNOWLEDGE AND AGREE AS A CONDITION OF PARTICIPATING that neither the Perth Horse & Pony Club inc., nor its agents, officials, volunteers, medical personnel, nor any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT 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.

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

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA/SHC rules and regulations.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

SIGNATURE..... DATE.....

FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.

If participant is UNDER 18 years, PARENT or GUARDIAN MUST SIGN this disclaimer.

Name of Child.....Date of Birth.....

THE PERTH HORSE & PONY CLUB INC.
2021 RIDING MEMBERSHIP APPLICATION

SURNAME:		FIRST NAME/S	
ADDRESS:			
SUBURB:			POSTCODE:
EMAIL ADDRESS:			PHONE:

Date of Birth (if under 18)	

MEMBERSHIP RATES: PH&PC Riding Membership entitles the rider to receive members nomination rates at PH&PC events, and riding members will accumulate points towards annual awards. Junior members are ineligible to vote at Annual General Meetings.

RIDING MEMBERSHIP $20.00

Please list any ALLERGIES OR DISABILITIES:- *(Name of member and details)*

EMERGENCY CONTACT:
In the event of an emergency, if the Parent/Guardian can not be contacted quickly, please nominate another person who could be contacted.

NAME OF CONTACT: _____

TELEPHONE: _____

In consideration of the PERTH HORSE AND PONY CLUB Inc (hereinafter called "The Club") accepting my child/myself as a member (hereinafter called "The Member") and enrolling the member and keeping the member enrolled, I, the undersigned agree to the member attending and participating in all club activities and agree to and do indemnify the club, its officers, instructors and helpers are not entitled to be indemnified under a policy of insurance whatsoever from and against any damages, compensation claims of demands arising out of any accident, injury, disease or illness which may befall or occur to the member during the members participation in any club activity or function connected with the club or when travelling to or from such activity or function. I further authorise any officers, instructors and helpers of the club in the event of such accident, injury, disease or illness to obtain the necessary medical assistance or treatment and for this purpose engage any medical, ambulance and nursing assistance and/or hospital treatment and in this event, I agree to pay all such fees and expenses, these said fees to be paid to the club on demand.

I hereby agree to my child/myself applying for membership of the Perth Horse & Pony Club Inc. and I/WE agree to abide by their rules and regulations, and indemity as listed above.

SIGNATURE: _____ **DATE:**_____

NAME (Please Print): _____

Send to: The Secretary
230 Ayershire Loop
LOWER CHITTERING WA 6084

Direct Deposit:-
BSB; 086-488
A/C: 508293537
Ref - Surname

Office Use	
Receipt No.	
Member No.	

or email to - secretaryphpcinc@gmail.com

THE PERTH HORSE & PONY CLUB INC.
2021 FAMILY MEMBERSHIP APPLICATION

SURNAME:		
(Name you would like correspondence sent to eg SMITH FAMILY)		
ADDRESS:		
SUBURB:		POSTCODE:
EMAIL ADDRESS:		PHONE:

RIDERS NAMES:	Date of Birth:	HORSE/PONY NAMES:
NON-RIDER NAME:		

MEMBERSHIP RATES: PH&PC Family Membership entitles the famiy to receive members nomination rates at PH&PC events, and riding members will accumulate points towards annual awards. To be eligible to vote, family membership must have a person over 18 years as their guardian/proxy.

FAMILY MEMBERSHIP (Discounted 1/2 year) **$30.00**
(Up to 3 Riders plus 1 Non Rider)

Please list any ALLERGIES OR DISABILITIES:- *(Name of member and details)*

EMERGENCY CONTACT:
In the event of an emergency, if the Parent/Guardian can not be contacted quickly, please nominate another person who could be contacted.

NAME OF CONTACT: _____

TELEPHONE: _____

In consideration of the PERTH HORSE AND PONY CLUB Inc (hereinafter called "The Club") accepting my child/myself as a member (hereinafter called "The Member") and enrolling the member and keeping the member enrolled, I, the undersigned agree to the member attending and participating in all club activities and agree to and do indemnify the club, its officers, instructors and helpers are not entitled to be indemnified under a policy of insurance whatsoever from and against any damages, compensation claims of demands arising out of any accident, injury, disease or illness which may befall or occur to the member during the members participation in any club activity or function connected with the club or when travelling to or from such activity or function. I further authorise any officers, instructors and helpers of the club in the event of such accident, injury, disease or illness to obtain the necessary medical assistance or treatment and for this purpose engage any medical, ambulance and nursing assistance and/or hospital treatment and in this event, I agree to pay all such fees and expenses, these said fees to be paid to the club on demand.

I hereby agree to my child/myself applying for membership of the Perth Horse & Pony Club Inc. and I/WE agree to abide by their rules and regulations, and indemity as listed above.

SIGNATURE: _____**DATE:**_____

NAME (Please Print): _____

Send to: The Secretary
secretaryphpcinc@gmail.com

Direct Deposit:-
BSB; 086-488
A/C: 508293537
Ref - Surname

Office Use	
Receipt No.	
Member No.	