

Marshall \_\_\_\_\_

Set-Up \_\_

(Saturday afternoon)

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

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

(Sunday afternoon)

# **BALDIVIS EQUESTRIAN & PONY CLUB DRESSAGE EVENT ENTRY FORM**

Sunday 17<sup>th</sup> July 2022

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 – 24yrs, Novice; 8 – 13yrs, 14 – 16yrs, 17 – 24yrs, Elementary; 8 – 16yrs, 17 & over, Medium; 8 – 24yrs

Open Classes by test.

# CLOSING DATE: Sunday 10th July 2022 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 E (2013)		\$30 per test	\$20 per test		
Preliminary 1C (2019)		\$30 per test	\$20 per test		
Novice 2C (2019)		\$30 per test	\$20 per test		
Elementary 3C (2019)		\$30 per test	\$20 per test		
Medium 4C (2019)		\$30 per test	\$20 per test		
*Members of BEPC do not	<b>Ground Fee</b> pay the Ground Fee	\$5.00			
	Yard Fee	\$10.00 per yard			
*Please pay by EFT, Cheque or Cash					
*Please use your Surname  *Please ensure that the D ride on the day!  Name of Rider:  Age as at 1st January & Dat Rider EWA (with PCWA ins	BSB: 036-060 Account Num in the reference isclaimer Form is	ber: 128991 box and Dress1 ie returned with you	ur entry form or you v	will not be permitted to	
Address:					
Telephone #: Home:		Mobile	:		
*You must be able to prov	vide proof of me	mbership/insurand	ce on the day		
Name of Horse: Pony Club: Email <i>REQUIRED AS DRAV</i>	V WILL BE EMAIL	ED:			
Name of Helper:		Contac	ct #:		
It is a condition of entry tha 1-3. Every effort will be ma preferred helper duty.	•	•	•	-	

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

Canteen

Runner \_\_\_\_\_

### 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 PCAWA 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 CO	ONSENT FOR UNDER 18 Y	YEAR OLD PARTICIPANTS:	
I,	being the parent/guar	dian of the above named,	
consent to him/her participal accidents causing death, bodi club/coach, participants, PCW promoters, sponsors, advertise liability whatsoever for the dean named or by me in or being promoters.	am aware of the activity which ting. In doing so, I acknowled by injury, disability and proper A or any subdivision thereof ers, owners and lessees of present or any bodily injury, loss or	read the whole of this documenth the above named, will be asked dge that equestrian activities are ty damage can and do happen. It is, officials, volunteers, medical permises used to conduct the EVENT damage which may be suffered or ITS except for any rights the above ate legislation).	I to participate in and de dangerous and that agree that neither the rsonnel, any persons, (S) shall be under any incurred by the above
ACKNOWLEDGE THAT THIS DIS	CLAIMER IS VALID FOR ALL AUT NAMED ATTEND WITHIN THE T	DERSTOOD THE CONTENTS OF THIS THORISED CLUB, ZONE AND STATE WELVE MONTH PERIOD INCLUSIVE	PCAWA EVENTS THAT
NAME (BLOCK LETTERS)		SIGNED	

DAY OF\_\_\_\_\_