

BALDIVIS EQUESTRIAN & PONY CLUB DRESSAGE EVENT ENTRY FORM

Sunday 19th February 2023

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 12th February 2023 AT 9PM!

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

	Number of tests being ridden	Non-Member of BEPC	Member of BEPC	Total
Prep 1 (2023)		\$30 per test	\$20 per test	
Preliminary 1.1 (2023)		\$30 per test	\$20 per test	
Novice 2.1 (2023)		\$30 per test	\$20 per test	
Elementary 3.1 (2023)		\$30 per test	\$20 per test	
Medium 4.1 (2023)		\$30 per test	\$20 per test	
*Members of BEPC do not p	Ground Fee ay the Ground Fee	\$5.00		
	Yard Fee	\$10.00 per yard		
			Amount Payable by EFT, Cheque or Cash	
	Account Num	her: 128991	FFT Receint No:	
Please ensure that the Di	in the reference	box and Dress1 ie		
Please ensure that the Diide on the day!	in the reference	box and Dress1 ie	Jones Dress3	
Flease ensure that the Diride on the day! Name of Rider:	in the reference	box and Dress1 ie	Jones Dress3 ur entry form or you v	will not be permitte
Please ensure that the Diride on the day! Name of Rider: Age as at 1st January & Date Rider EWA (with PCWA inst	in the reference sclaimer Form is e of Birth (if und urance)#:	box and Dress1 ie se returned with you er 18):	Jones Dress3 ur entry form or you v	will not be permitte
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*Please use your Surname *Please ensure that the Di ride on the day! Name of Rider: Age as at 1st January & Date Rider EWA (with PCWA inst Address: Telephone #: Home: *You must be able to prov Name of Horse: Pony Club: Email REQUIRED AS DRAW	in the reference sclaimer Form is e of Birth (if und urance)#:	box and Dress1 ie se returned with you er 18): Mobile mbership/insurance	Jones Dress3 ur entry form or you ver the property of the day	will not be permit

Marshall _____ Gear Checker _____ Dressage Penciller _____ Runner _____

Set-Up	Pack Away	Canteen
(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 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	CONSENT FOR UNDER 18 YE	AR OLD PARTICIPANTS:	
l,	being the parent/guardia	an of the above named,	
consent to him/her partial accidents causing death, club/coach, participants, promoters, sponsors, adv liability whatsoever for the named or by me in or being	, confirm that I have readere I am aware of the activity which icipating. In doing so, I acknowledg bodily injury, disability and property PCWA or any subdivision thereof, certisers, owners and lessees of preme death or any bodily injury, loss or daing present at any PC or PCWA EVENTS ractices Act 1974 (Cth) (or similar States	ge that equestrian activities are dan damage can and do happen. I agree officials, volunteers, medical person isses used to conduct the EVENT(S) samage which may be suffered or incuted accept for any rights the above nare	participate in and ngerous and that e that neither the nnel, any persons, shall be under any urred by the above
ACKNOWLEDGE THAT THIS	I CONFIRM HAVING READ AND UNDER S DISCLAIMER IS VALID FOR ALL AUTH OVE NAMED ATTEND WITHIN THE TW THIS FORM.	ORISED CLUB, ZONE AND STATE PCA	WA EVENTS THAT
NAME (BLOCK LETTERS)		SIGNED	

DAY OF_____