

EQUESTRIAN AUSTRALIA (NSW)

16TH NSW VAULTING CHAMPIONSHIPS

Conducted by National Equestrian Centre on behalf of NSW Vaulting Committee
 Saturday 30th & Sunday 31st March, 2009

STABLING AND CAMPING

Please fax/email to Bronwen Lowe by Friday 1st May, 2009
 Original and cheque to be received by 5pm Monday 4th May, 2009

CLUB

[Please advise any later additions direct to Bronwen]

STABLING/YARDS [please specify stable \$25, yards \$20] \$20 cleaning deposit per horse. Please tick nights needed.					\$
Horse name (photocopy of papers incl)	Fri	Sat	Sun	No. Nights @\$25or \$20	
Cleaning deposits					
No of horses		@	\$20	Total deposits	
Total stabling					
CAMPING \$10 per night per person					
Campers name	Fri	Sat	Sun	No. nights @\$10 ea	\$
Total camping					
Total camping + stabling					

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TEAMS ENTRY FORM – Horse

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CLUB:

Vaulter Name	Class	Horse	Horse Points	Lunger	\$
1					
2					
3					
4					
5					
6					
R					
1					
2					
3					
4					
5					
6					
R					
TOTAL					

Club Secretary/Coach: _____

Date: _____

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PAS DE DEUX ENTRY FORM – Horse

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CLUB:						
Vaulter Name	Class	Horse	Horse Points	Lunger		\$
1						
2						
1						
2						
1						
2						
1						
2						
1						
2						
1						
2						
1						
2						
1						
2						
1						
2						
1						
2						
TOTAL						

Club Secretary/Coach: _____

Date: _____

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BARRELS ENTRY FORM – Teams

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CLUB:				
Vaultler Name		Name of team	Class	\$
1				
2				
3				
4				
5				
6				
R				
1				
2				
3				
4				
5				
6				
R				
1				
2				
3				
4				
5				
6				
R				
TOTAL:				

Club Secretary/Coach: _____

Date: _____

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PAS DE DEUX ENTRY FORM – Barrel

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CLUB:			
Vaultler Name		Class	\$
1			
2			
1			
2			
1			
2			
1			
2			
1			
2			
1			
2			
1			
2			
1			
2			
TOTAL:			

Club Secretary/Coach: _____

Date: _____

NATIONAL EQUESTRIAN CENTRE - K•E•R•R•A•B•E•E

VAULTING REGISTRATION & WAIVER 2009

Personal Details

Name: Date:
Address: Postcode:
Telephone Numbers: home work
Age (if under 18yrs): D.O.B.:
Parents/Guardians if under 18 years:
Mother's Name: Phone (H) (W)
Father's Name: Phone (H) (W)
EMAIL ADDRESS (Vaulteer: (Mother: (Father:

MEDICAL INFORMATION

Are there any medical, physical, intellectual or social problems, which may affect your ability to compete, about which the National Equestrian Centre should be made aware? (eg Asthma, Diabetes, Epilepsy, Allergies, Attention Deficit Syndrome or Behavioural difficulties etc). If so, please supply particulars:

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I agree that equestrian activities can be a dangerous. I hereby agree to the abovenamed attending the National Equestrian Centre and agree in attending the Centre that the proprietors, operators and their employees and agents including volunteers shall not be liable in any way for any injury (including death), damage or loss to the abovenamed or persons accompanying them which may occur or happen from any cause whatsoever, including breach of contract, when attending the Centre. The abovenamed person whether participating in any of the activities of Kerrabee or not, agrees to attend Kerrabee only on this basis. The Parent/Guardian/Person by signing this form, agrees to indemnify the proprietors, operators and their employees and agents including volunteers against any claim or demand whatsoever made for or on behalf of the abovenamed person or any person accompanying them or in respect of any horse or property owned or used by them or by those accompanying them. By remaining at the Centre the abovenamed individuals agree they are accepting the above conditions.

WARNING: Under the Civil Law (Wrongs) Act 2002, an equine professional is not liable for injury to, or the death of, a participant in an equine activity that results from an inherent risk of the activity.

ROAD USE AGREEMENT

I agree to comply with the directions by the National Equestrian Centre to use the access road in accordance with the various ACT Road Rules and Regulations in place at the time and in addition to not exceed the speed limit of 40 km/hr on Kerrabee at any time. In addition I agree to specifically request any friends, suppliers or farriers or associates using the road such as for servicing my horses to similarly comply. I understand that if these road rules and speed limit are not followed by myself or associates that I may have my entry and usage rights to Kerrabee forfeited. In addition I agree to pay any penalties or fines which might be levied by NEQC as an alternative.

Signature:(Self/Parent/Guardian)

Witness: Date: