



**Northern Metropolitan Zone of P.C.A.V.  
BRENDA MITTON 2 DAY EVENTING CLINIC  
FOR PRE 5, GRADE 5, GRADE 4 AND TRAINING GRADE 3 RIDERS**

AT NORTH EASTERN PONY CLUB



<b><u>DATE</u></b>	Wednesday 4 <sup>th</sup> and Thursday 5 <sup>th</sup> July 2018
<b><u>TIME</u></b>	9am – 3pm approx.
<b><u>VENUE</u></b>	North Eastern Pony Club, Corner Henderson & Banyule Rds, Viewbank. Mel Ref: 20 H10
<b><u>COST</u></b>	\$100.00 for 2 days instruction (includes \$1 zone levy) EFT North Eastern Horse Pony Club BSB 083 269 Acc. No. 515631434 Reference: 'Rider surname' Clinic. <b>OR</b> Send cheque with entry. Cheque made out to North Eastern Horse & Pony Club
<b><u>UNIFORM</u></b>	Full Pony Club uniform must be worn including medical armband
<b><u>INSTRUCTORS</u></b>	Heather Wilson, Kylie Parker, Rachael Edwards, Virginia Mock, Chloe Jackson, Gill Gascoigne, Nicky Mullens
<b><u>ENTRIES TO</u></b>	Send completed entry form to Kylie Parker, 70 First Avenue, Eden Park 3757
<b><u>ENQUIRIES</u></b>	Kylie Parker 0407 712 005 or email: <a href="mailto:kyparker@bigpond.com">kyparker@bigpond.com</a>
<b><u>CLOSING DATE</u></b>	22 <sup>nd</sup> June 2018 unless full prior

**Conditions of entry:**

- Each rider must be a current member of an affiliated PCAV club.
- Riders must be riding their regular Pony Club Mount and have been to TWO rallies on this mount
- DC's signature required to confirm rider's suitability for this clinic.
- All riders must wear medical armbands.
- No refunds after closing date.
- Neither the organising committee of this clinic nor the PCAV accepts any responsibility whatsoever for any accident, damage, injury of illness to horses, riders, ground spectators or any other person or property.
- Horses must be at least four years old.
- Entering this clinic constitutes acknowledgement that PCAV rules apply and acceptance of these rules.
- Grading cards not required.
- The organisers reserve the right to cancel any clinic if the weather/conditions are deemed unsafe for participants/horses/coaches/organisers, or damaging to the grounds.



## ENTRY FORM

### PRE 5, GRADE 5, GRADE 4 and TRAINING 3 EVENTING CLINIC

#### NORTH EASTERN PONY CLUB – 4<sup>TH</sup> AND 5<sup>TH</sup> JULY 2018

GRADE (**Please circle**) Pre 5    Inexperience 5    Grade 5    Inexperienced 4    Grade 4    Training 3

Rider's Name \_\_\_\_\_ Rider's Age \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Pony Club \_\_\_\_\_

Payment option (**Please circle**)    Direct Debit    OR    Cheque    OR    Cash

**DC Signature** (no signature = no entry) \_\_\_\_\_

**DC comments on this combination to assist us with grouping rider correctly.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registered Name of the Horse and / or names as officially entered \_\_\_\_\_

Height of horse \_\_\_\_\_ Age of horse (relevant if old or young) \_\_\_\_\_ Rider Certificate Held \_\_\_\_\_

How many Zone clinics have you been to before? \_\_\_\_\_ Who was your instructor/s? \_\_\_\_\_

How many horse trials have you entered on this horse? \_\_\_\_\_

No. of years you have been at Pony Club on **THE HORSE YOU ARE BRINGING** to the clinic \_\_\_\_\_

Address of property from which horse will be moved from to the event

\_\_\_\_\_  
\_\_\_\_\_

Address of property where the horse will move after the event

Please supply any information to help us group you appropriately, i.e. problem areas, strengths or weaknesses

\_\_\_\_\_  
\_\_\_\_\_

### CONSENT FORM

I hereby give consent for my son/daughter \_\_\_\_\_ ("this rider") to attend the Grade pre5/5/4/3 Eventing Clinic to be run by the Northern Metropolitan Zone of PCAV on 4<sup>TH</sup>/5<sup>TH</sup> July 2018 at North Eastern Horse & Pony Club grounds. I understand, in the event of this rider requiring urgent medical attention, every effort will be made to inform me first, however, if I cannot be informed, I hereby authorise the organisers to obtain such treatment (including blood transfusions and/or anaesthetics) as is considered necessary at the time. I also authorise the organisers to seek assistance for the rider's horse in the case of an emergency. I also undertake to reimburse the organisers for any costs incurred.

Signed \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If a parent is unable to stay with this rider at the clinic, another adult, who will be there, must be nominated to be responsible for this rider.

Nominated Carer \_\_\_\_\_

Signature of Nominated Carer \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PARENT/NOMINATED CARER IS TO STAY WITH GROUP AT ALL TIMES TO ASSIST INSTRUCTOR