



**C* & K test camp Registration form
Hosted by Group 3
NORTHERN ZONE PONY CLUBS INC.**

A0040207Z

Dates:

11th and 12th July 2018

Venue:

Barmah Race course

Eligibility:

Riders have to have passed C test and have either C* or K books and ready to go. Age **14 years** and older. Maximum number 20 riders.

Program:

Tuesday evening

Arrival (or Wednesday morning)

Wednesday

Morning- riding activities

Afternoon- mounted and unmounted activities

Late afternoon/evening unmounted activities

Dinner- BBQ provided

Evening- fun activity

Thursday

Morning- riding activities

Afternoon-unmounted or mounted activities.

Cost:

Northern Zone Riders \$100 for food and instruction

Other Zones \$110 for food and instruction

Supporting adults \$40 for food

Priority for entry given to Northern Zone riders

Accommodation:

Camping. Showers and toilet available

Some horse yards available. Please note the new yard rules from PCAV will apply.

Catering:

Wednesday - Self catering breakfast

Soup/ Sandwiches Morning and afternoon tea -bring something to share- slices and fruit

BBQ on Wednesday night.

Volunteer parents will be asked to help with catering and riders will be expected to help with washing up etc.

All persons attending the camp are asked to bring:
A cup, bowl, dinner plate, cutlery, tea towel for washing up and folding chair

Enquires: Please contact Jeanette Graham myhavenstud@hotmail.com or Shari Mawson eventsecretarynz@gmail.com

Rules:

This is a Pony Club camp and all rules regarding safety will apply for the duration of the camp.
Regulation footwear and helmets must be worn all times when mounted.

Medical armbands must be worn.

All participants under 18 years of age must be charge of a responsible adult (parent / Guardian) for the duration of the camp.

Riders are not permitted on the cross country course unless under instruction.

Please walk horse back to the yard/float area between and after ridden instruction

The camp organizing Committee reserve the right to take disciplinary action if deemed necessary as a result of unacceptable behavior at any time during the camp.

Registration, medical and veterinary forms, money and rider survey must be returned by 29/6/2018 to Jeanette Graham

Registrations close: 29th June

Postal Address: Jeanette Graham 99 Ruttles Rd Strathmerton 3641

Or email to: myhavenstud@hotmail.com

Make cheques payable to Northern Zone of Pony Clubs Inc

Or

EFT with riders name and K camp as reference

Account name: Northern Zone of Pony Clubs

BSB: 633 000

Account no: 108138926

Rider Name _____

Horse/s Name _____

Email _____ Phone _____

Address _____ P/Code _____

Pony Club _____

Age: _____

Cost \$100 per rider (catering and instruction)NZ riders \$110 other Zone riders

Cost \$40 per adult supporter (catering)

Total amount enclosed or EFT \$ _____

All children under 18 are to be supervised at all times.

Name of adult supporter

Are you able to offer a volunteer for a short time during the camp?

Name _____

Preferred job _____

Rider Survey

Name: _____

Which certificate are you preparing for? (please circle or under line) C* or K

If C* please let us know how you are going with your worksheets

All completed

Some completed but still need to cover the following subjects:

Please list

or not started

Are there any particular aspects of Horse mastership, horse health or general knowledge you wish to cover at camp? Please list

If K please let us know which topics you have selected and how you are progressing by ticking the box that best describes your progress

Compulsory	Have not started	started	completed
• Active Riding			
• Riding at a given pace			
• Horse Care			
• Pony Club service			
• Agility			
• Horsemastership			
• Horse Health			
• General Knowledge			

Optional subjects

The candidate must choose at least 2 subjects from each section. The seventh subject may be chosen from any section.

Please tick your progress on the optional subjects

Section A	Thinking about choosing the subject	Started	Completed
• Show Jumping			
• Cross Country Riding			
• Give a show of agility with the horse			
• Tent pegging			
• Stock Work			
• Polo or Polocrosse			
• Dressage			
• Hunting			
• Mounted Games			
• Any other approved activity			
Section B			
• Knots			
• Course Design for Show Jumping			
• Course Design for Cross Country			
• Leather work			
• Clipping			
• Shoeing			
• Lungeing			
• Float/truck maintenance			
• Any other approved non-riding, horse related activity			
Section C			
• Endurance riding			
• Track work			
• Carriage Driving/Harness			
• Breaking In			
• Mare and Foal care			
• Showing			
• First Aid			
• Community work			
• Any youth oriented activity with the approval of the K co-ordinator			

MEDICAL RESPONSE AUTHORITY

The Medical & Horse/Veterinary Authority is a compulsory form and must be sent with your registration form

RIDER DETAILS:

Name of Rider:		Date of Birth:	
Address of Rider:			
Town/Suburb:		Postcode:	
Phone (H):		Mobile:	
Email:			
Ambulance Cover	<input type="checkbox"/> NO <input type="checkbox"/> YES Ambulance Number:		

MEDICAL RESPONSE AUTHORITY

Please complete the following section *if rider is Under 18 years*. Organizers suggest that ***all*** participants complete this section.

Parent/Guardian Name/Emergency Contact:

Address: Postcode:

Phone (h): Mobile:

Email:

I, being the parent/guardian named above or, if no person is named being the competitor aged 18 years or over, give permission for the competitor named above to receive FIRST AID and/or MEDICAL TREATMENT, and being transferred to hospital by ambulance should the need arise during the conduct of the C* and K camp held at Barmah Racecourse from Tuesday 10th to Thursday 12th July 2018. I give the President of the Northern Zone, or their appointed deputy, my consent to authorize such transfer and to make such emergency medical arrangements as may be deemed necessary by a qualified medical practitioner on my behalf. Before taking this action, the President, or the appointed deputy, must be satisfied that every possible practical effort has been made to contact the accompanying parent/Guardian/Emergency Contact named above. I give authority in the full knowledge that I will be required to pay costs incurred if insurance held by the Northern Zone does not cover the ambulance transfer, medical treatment or any other costs involved.

Rider's Parent/Guardian Signature/Emergency Contact Signature:

Print Name: Date:

HORSE/VETERINARY AUTHORITY

The Medical & Horse/Veterinary Authority is a compulsory form and must be sent with your Event Entry Form.

RIDER NAME:

HORSE DETAILS:

Registered name of horse and / or name as officially entered:	
Address of property from which the horse will be moved to the event Or PIC No:	
Address of property to where the horse will move after the event Or PIC No:	

I, being the owner/lessee of the above named horse, hereby consent to the Official Veterinary Officer providing such treatment as is deemed necessary to this horse in the case of an accident at the C* and K camp held at Barmah racecourse on the from Tuesday 10th to Thursday 12th July 2018 I agree to be fully responsible for all service or consultation fees charged as a result of such accident. In a case where it is deemed by the Official Veterinary Officer that on humanitarian grounds the above named horse should be destroyed because of illness, injury or accident, I hereby give the Official Veterinary Officer and the President of the Northern Zone or the appointed deputy, permission to act in accordance with the recommendation of the Official Veterinary Officer in this matter. Before taking this action the President of the Northern Zone or the appointed deputy, must be satisfied that every possible practical effort has been made to contact the accompanying parent/guardian/responsible adult named above. I list below any special conditions or instructions as to the disposal of the horse after such action by the Official Veterinary Officer.

Health of Horse(s)

I declare that the horse named above will be in good health, eating normally and not showing signs of respiratory disease during the last 3 days leading up to this event. I give my authorization for the Event Secretary to call for veterinary inspection of the horse/(s) named above and in my care should they be showing signs of a respiratory illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Rider Signature: Date:

Rider's parent/Guardian Signature: Date:

Horse Event Declaration Waiver

I understand that due to diseases such as equine influenza, the Victorian Department of Primary Industries, or other State or Commonwealth government body, may restrict or prevent the movement of horses, vehicles and personnel for a period of time ("Standstill"). I acknowledge and agree that a Standstill is a risk of competing at this event and I agree to pay all costs or expenses incurred for my horse by Northern Zone as a result of a Standstill.

CONDITION OF ENTRY

I hereby agree to abide by the conditions and rules as specified by the PCAV and the Organizing Committee for the C* and K camp. Failure to comply with the conditions of entry may result in disciplinary action.

Rider/Guardian Signature:

Date: