

2018 JUNIOR MOUNTED GAMES SQUADS

Application for Selection

ELIGIBILITY

- JUNIOR - Riders' aged 14 and 15 years as at 1st of January 2018 (i.e. no older than 16 years during the year of national competition).
- SENIOR – (PLEASE NOTE THERE WILL BE NO SENIOR SQUAD SELECTED FOR THE 2018 YEAR.)
- Applicants must have attended at least three instructional days in the preceding twelve months and be recommended by their Club and Zone Chief Instructor.
- Applicants must have their "C" Certificate and have attended at least three rally days in the preceding 12 months. A copy of the certificate is to accompany this application form.
- Applicants, if selected, must attend each training day as decided by the Coach.
- Applicants must fill out the Horse ID form for Mounted Games Squad along with this form.
- The NSW teams to compete at 2018 National Junior Mounted Games Championships will be selected from the Junior MG Squad.
- Please note that Mounted Games riders must nominate for selection to State Camp in the same way as all other disciplines with the Mounted Games age requirement to remain the same.

10 squad members will be selected at State Mounted Games with a separate selection day to be scheduled for the remaining 5 squad members at a later date to be confirmed.

Contact Information

FULL NAME: _____

POSTAL _____

ADDRESS: _____

PHONE: Please provide all phone numbers so that we can contact you at any time:

Home: _____ Mobile: _____

EMAIL: _____

AGE: _____ **DATE OF BIRTH:** _____

PONY CLUB: _____ **ZONE:** _____

Membership Information

NUMBER OF YEARS AS A PONY CLUB MEMBER: _____

NUMBER OF RALLY DAYS ATTENDED IN THE LAST 12 MONTHS: _____

PROFICIENCY CERTIFICATES HELD: _____

(Please note that all riders must hold a C Certificate. Please attach a photocopy to this application.)

OTHER CERTIFICATES HELD: _____

Performance Information

MOUNTEDGAMES CHAMPIONSHIPS ATTENDED:

YEAR	VENUE	RESULTS

OTHER PONY CLUB PERFORMANCES OF RIDER:

(i.e. outstanding results achieved at Club or Zone level on nominated horse in nominated discipline)

DATE	VENUE	NAME OF EVENT	AGE GROUP / GRADE	NO. IN EVENT	PLACE	% if Dressage

NON-PONY CLUB RESULTS OF NOMINATED HORSE/RIDER COMBINATION:

(Give the five you consider your best achievements in the discipline applied for)

DATE	VENUE	NAME OF EVENT	AGE GROUP / GRADE	NO. IN EVENT	PLACE	% if Dressage

Experience of rider with other horses (full details if any): _____

Any other information relevant to this application: _____

I, the above applicant, HEREBY CONFIRM that I have carefully read this application form including the requirements of the applicant and that I DECLARE that the information given by me is correct and that I shall comply with the rules.

SIGNED: _____ Date: ____/____/____
(Applicant)

I HEREBY CONFIRM that the above applicant is a financial and active member of the above Pony Club and has attended at least three rally days in the preceding twelve months. The Club recommends the applicant as a suitable candidate for the State Mounted Games Squad and so far as I can be aware, the information contained herein is true and correct.

SIGNED: _____ Date: ____/____/____
(Club Secretary)

I HEREBY CONFIRM that the above applicant is known to me. I also believe that he/she is a member worthy in all respects of the privilege of joining the Mounted Games Squad and that as far I am aware the above information contained herein is true and correct.

SIGNED: _____ Date: ____/____/____
(Zone Chief Instructor)

PLEASE ATTACH A COPY OF YOUR "C" CERTIFICATE TO THIS APPLICATION FORM

ZONE: _____ BACK NUMBER (TO BE COMPLETED BY OFFICE): _____

HORSE IDENTIFICATION FORM

Horse Identification forms must be forwarded to the PCA office with State Championship entries. Failure to produce a Horse ID form may jeopardise entry.

RIDERS NAME: _____

PHONE: _____ DATE OF BIRTH: _____

ZONE: _____ CLUB: _____

HORSE'S FULL NAME: _____

PLEASE PROVIDE A COPY OF YOUR HENDRA VACCINATION CERTIFICATE, IF VACCINATED.

MICROCHIP NUMBER: _____

PROPERTY IDENTIFICATION CODE (PIC): _____

OWNERS NAME: _____ LEASED: YES/NO

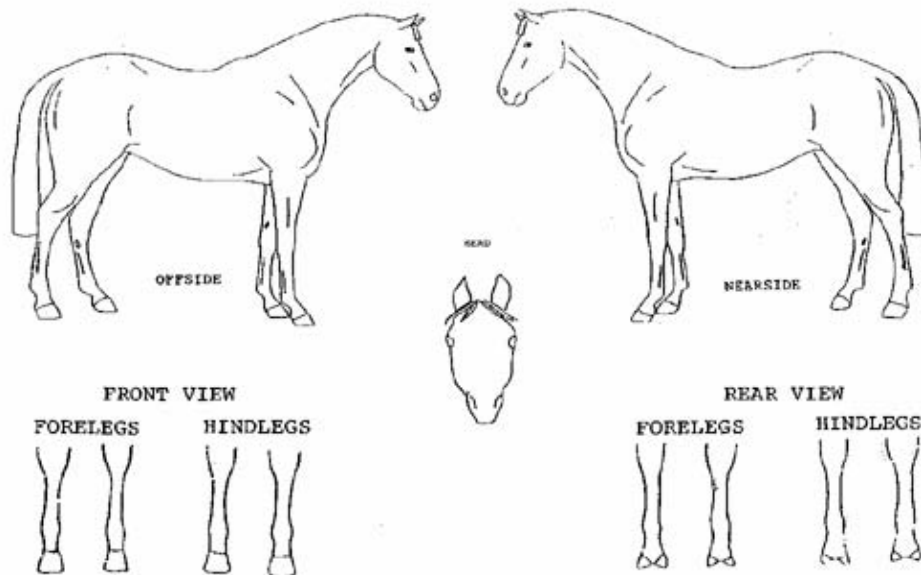
If not owned by rider please provide a copy of the lease agreement

COLOUR: _____ HEIGHT: _____

SEX: _____ AGE: _____ BREED: _____

MARKINGS: _____

BRANDS: _____



I certify this to be the horse entered by the above riding member for the _____

(Championship/event).

Signed: _____ (Zone Chief Instructor) Date: _____

Signed: _____ (rider if 18 years or over) Date: _____

Signed: _____ (parent/guardian if rider under 18) Date: _____