



Quirindi Public School P&C Horse Sports  
Friday 25 May 2018  
Rider Entry Form

Student Name: \_\_\_\_\_ Gender: M / F (please circle)

D.O.B \_\_\_\_\_ Age (as at 31/12/18) \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Ph: \_\_\_\_\_ Primary:  Secondary:   
(Please indicate)

Email: \_\_\_\_\_

Team Manager: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of adult responsible for rider on the day: \_\_\_\_\_

Phone: \_\_\_\_\_

Principals Name: \_\_\_\_\_ Principals Signature: \_\_\_\_\_

Entry Fee - \$25 per student - entries will be confirmed once nomination has been received. If paperwork is not completed correctly, entries will not be accepted.

**NOTE:** Team Manager/Parent. In signing the nomination form you are confirming that the student is a capable rider for these activities and will comply with guidelines that have been set by the Quirindi Public School Horse Sports Committee. In the case of private school entries, you are confirming that you have checked that your students are covered for participation in horse sports events under your own school's insurance policy and your school has provided the Quirindi Public School Horse Sports Committee with a copy of this. I confirm I have read and understood and agree to be bound by the rules of the event.

I do - I do not (please circle) agree for my child to be photographed during the horse sports day. I understand these photos may be published in various media forms, including social media, for the purpose of promoting this event.

I give permission for my child \_\_\_\_\_ from \_\_\_\_\_ School, to participate in the Quirindi Public School Horse Sports Day.

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education for students in relation to school sporting activities or any other school activity. Parents and carers are advised to assess the level and extent of their child's involvement in the sport program offered by the school when deciding whether additional insurance cover, above that provided by Medicare, is provided.

The NSW supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in permanent loss of a prescribed faculty or the use of some prescribed part of the body, further information can be obtained from [www.sportinginjuries.com.au](http://www.sportinginjuries.com.au)

I have read the medical disclaimer and to the best of my knowledge, \_\_\_\_\_ has no medical condition, physical disability or injury that would put him/her at risk in participating in the school sporting activities. 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 permission note.

**I confirm that the horse my child will be riding is matched to their riding ability.**

Parent/Guardians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_