Quirindi Public School

Horse Sports Day

Friday 29th April 2016

7.45am – Start

GEAR CHECK TO BE COMPLETED BY TEAM MANAGERS PRIOR TO THE FIRST EVENT

It is essential team managers liaise with riders prior to the event to ensure gear checks are completed ready to commence official gear check at 7.45am

Team Managers are to collect information packs from the office at 7.15am
Team Managers & Supervising Teachers are required to attend an induction at the office at 7.30am

Venue: Quirindi Showground

Entry Fee: $25.00 per rider

Ring Events
Hack class, Versatile Pony, Riding class

Sporting Events
Barrel Race, 3 Mug Race, Bending, Diamond Flag & Running Tee

(All events run under Pony Club rules)

Return Entries to:
QPS Horse Sports Co-ordinator - Irene Smith
Quirindi Public School
Munro Street
Quirindi NSW 2343

Entries close Friday 1st April

Canteen will be in operation from 7.30am
Free camping available

STRICTLY RUN UNDER PONY CLUB RULES

For more information contact:

SIMON SMITH - 0428 485 355
IRENE SMITH – 0427 323 315
QUIRINDI PUBLIC SCHOOL HORSE SPORTS
29th April 2016
Quirindi Showground

Conditions of Entry

- This event is a principal endorsed high risk activity. It has been verified by the NSW Department of Education WHS Directorate and all elements have been met. In addition a senior qualified horse sports representative has validated the procedures and the principal has endorsed the activity.
- Only one team entry form per school will be accepted: One school cheque per entry. Personal cheques will NOT be accepted.
- **Students of Independent, Catholic and Private Schools please note:** Quirindi Public School and the New South Wales Department of Education will not be responsible for any injury or damage incurred. Students not enrolled in a Department of Education school enter at their own risk. They shall not hold Quirindi Public School or the New South Wales Department of Education responsible and/or liable in the event of injury or damage.
- Parents or Team Managers for private school students must check their own insurance with their individual Principals to ensure their team/child is/are adequately covered. This is to be the responsibility of the Team Manager for each school. Private schools are to provide a CERTIFICATE OF CURRENCY for their PUBLIC LIABILITY to Quirindi Public School before any nominations will be accepted.
- Any number of riders may be entered by each school. The maximum number of competitors will be 180. Entries will be accepted according to receipt date and schools will be advised of the acceptance of their entries via email.
- In addition to the Team Entry Form, each rider is required to complete a Rider Entry Form, a Disclaimer and PSSA Medical Information Form and provide a Health Care Plan if applicable. A Horse Health Declaration form must also be completed and handed into the main gate prior to parking and unloading horses.
- Entries for riders without completed and signed forms will not be accepted.
- Schools are required to collate and check the forms and return by mail, along with one school cheque for all entry fees by Friday 1st April 2016
  
  Mail to:
  QPS Horse Sports Co-ordinator - Irene Smith
  Quirindi Public School
  Munro Street
  Quirindi NSW 2343

- Entries will NOT be accepted by phone, fax or email
- Entry fees are non-refundable except in the event of cancellation or postponement. In the event of cancellation all supervising teachers will be advised via text message as early as possible and a notice will be placed on the event FACEBOOK page. For more information on cancellations please contact Simon Smith 0428 485 355 or Irene Smith 0427 323 315
- The minimum age for riders is 8 years as at December 31st 2016.
- Each school must provide at least two (2) workers other than the team manager to assist on the day.
- If a worker is timing the event they must remain until the event has concluded. Schools will be notified via the Team Manager Information pack of helpers required for the sporting events. Rules and diagrams will also be provided in the sporting event packs to be collected from the office before the commencement of sporting events. Your assistance in ensuring your workers are available where designated is greatly appreciated and will help the day run smoothly.

QUIRINDI PUBLIC SCHOOL HORSE SPORTS
29TH April 2016
Quirindi Showground
General Rules and Regulations

- The Committee reserves the right to alter or change the program at any time without notice.
- Horses are NOT to be unloaded until the "Horse Health Declaration" form has been handed into attendants at the main gate.
- Team Managers & Supervising Teachers must attend an induction at 7.30am at the office. Failure to do so will result in those riders not being able to participate.
- Any child found to be misbehaving or not following instructions of either the team managers or the Quirindi Public School Horse Sports Committee will be asked to dismount and leave the grounds.
- Team Managers must ensure each rider's equipment is such that it will pass a Pony Club safety inspection or he/she will not be permitted to ride. Once Team Managers have completed a gear check they will issue riders with a green wrist band. Riders will then be required to have an official gear check before entering the ring where they will be issued with a yellow wristband. They must have wristbands visible or they will not be permitted to ride.
- The Team Manager and/or parent will assess and certify that horses are matched to the rider's ability and sign off on this. The committee has the right to exclude any horse that is considered unsafe or exclude any rider that is not capable of riding safely.
- The Team Manager will need to oversee the unloading and loading of horses on the day to ensure the safety of all concerned, including the wearing of helmets while working with the animals. "Horse Health Declaration" forms are to be handed in at gate on arrival to grounds.
- Each school’s Team Manager and Supervising Teacher is responsible for the supervision and behaviour of the competitors as well as getting them to the events. Should there be any queries during the day the Team Manager/Supervising Teacher will negotiate on behalf of the rider/school.
- Please ensure the office is notified of any scratching's on the day as early as possible. Scratching's can also be made prior to the day by calling Irene Smith 0427 323 315
- Team Managers and Supervising Teachers are to instruct students to use adequate sun protection and to keep up the intake of fluids.
- Events will be run under the rules of the Pony Club Association of NSW
- A standards Australia certified helmet No-ASN 3838 or EN 1384 is essential. This must be securely fastened at all times.
- NO stallions are permitted onto the grounds
- One horse, one rider to apply
- No dogs are permitted on the grounds at any time during the horse sports day. If any dogs are found the pound officers will be notified.
- The judge’s decision is final
- Please ensure all non-competitors, parents; children remain outside the boundaries of all competition areas.
- The age category of competitors is the age the rider will turn as at 31-12-2016
- Team Managers are to collect their schools folder from the office at 7.15am. Folders will include gear check wristbands as well as further information on the running of the day.
- **Any disputes to be lodged by the team manager in writing, within 15mins of the event ending. A fee of $70 must accompany complaint, and will be forfeited if dispute is dismissed.**
- All decisions of the disputes committee will be final. The committee reserves the right to alter, delete or vary any event on the day.
- **No Gaitors are to be worn throughout the duration of the event!**
- There will be no finals and events will not wait for any late competitors
- Entry fees are NON REFUNDABLE (unless advised in the school confirmation of non attendance). In the event of cancellation due to weather etc, Team Managers will be advised by text message and a notice will be placed on the events Facebook Page.
- There will be a no smoking policy during the running of the event.
PLEASE NOTE: RIDING IS ONLY PERMITTED IN THE DESIGNATED ENCLOSED AREAS. ALL HORSES ARE TO BE LED FROM FLOAT/TRUCKS TO MARSHALLING/WARM UP AREAS. HELMETS ARE TO BE WORN AT ALL TIMES WHILST RIDING AND ATTENDING TO HORSES. NO ONE IS PERMITTED TO COMPETE IN AN EVENT UNTIL THEY HAVE HAD A GEAR CHECK FROM THEIR TEAM MANAGER AND AN OFFICIAL GEAR CHECK BEFORE ENTERING THE RING. IF A SADDLE HAS BEEN REMOVED, REPLACED OR LOOSENED THROUGHOUT THE DAY, IT IS THE PARENTS/TEAM MANAGERS RESPONSIBILITY TO ENSURE ANOTHER GEAR CHECK HAS BEEN COMPLETED. PLEASE ENSURE GIRTHS HAVE EXTRA HOLES FOR TIGHTENING!

Students of Independent, Catholic & Private Schools Please Note:
Quirindi Public School and the New South Wales Department of Education will not be responsible for any injury or damage incurred. Students not enrolled in a Department of Education school enter at their own risk. They shall not hold Quirindi Public School or the New South Wales Department of Education responsible and/or liable in the event of injury or damage. Parents or Team Managers for private school students must check their own insurance with their individual Principals to ensure their team/child is/are adequately covered. This is to be the responsibility of the Team Manager for each school. Private schools are to provide a CERTIFICATE OF CURRENCY for their PUBLIC LIABILITY to Quirindi Public School before any nominations will be accepted.

Point Score and Awards
Ribbons will be awarded up to 5th place. Point score is
1st – 5
2nd – 4
3rd – 3
4th – 2
5th – 1

Age Champion and Reserve Champions will be awarded at the completion of the day. Trophies will be awarded to the Highest Scoring Primary School and Highest Scoring High School. The Champion school or schools will be the school with the highest accumulated point score from their top four (4) riders. Groups will be divided into boys and girls in each age group. However, where there are less than three (3) children in any age group it is requested that children move up an age group to compete. In this instance the parent will be contacted and given this option or the opportunity to have their entry refunded if the child is withdrawn.

Uniform
The uniform will be fawn, bone or oatmeal jodhpurs or stockman cut trousers (no other colour will be accepted), approved Pony Club jodhpur boots (NO HIGHTOP BOOTS), safety helmet, school shirt, tie and jumper (optional). Any rider wearing blue jeans will not be allowed to compete. School sport shirts will be permitted for the sporting events ONLY.

Ring Events
Hack class, Versatile Pony, Riding class

Sporting Events
Barrel Race, 3 Mug Race, Bending, Diamond Flag & Running Tee

NSW ambulance will not be in attendance, however, Beneficial Safety will be operating at our venue.
Please note: Students with identified medical conditions will need to provide a health care plan for first aid purposes.
Disclaimer Statement

Event: Quirindi Public School Horse Sports
Hereafter referred to as the "EVENT"

I acknowledge and agree as a condition of participating that neither Quirindi Public School and Employees, Quirindi Public School P&C Association committee and members, organisers, sponsors, participants, officials, volunteers, medical personnel, any persons, owners and lessees of premises used to conduct the EVENT, shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the EVENT, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Commonwealth or similar State Legislation)

I acknowledge that Equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can, and do occur.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTAND THE CONTENTS OF THIS DISCLAIMER

........................................................................................................................................
Name (Block Letters)       Signature       Date

PARENT/GUARDIAN CONSENT FOR PARTICIPANTS UNDER 18

I .............................................. Being the parent/guardian of ..................................................
Confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity in which the above named child will participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do occur. I agree that neither Quirindi Public School and Employees, Quirindi Public School P&C Association committee and members, organizers, sponsors, participants, officials, volunteers, medical personnel, any persons, owners and lessees of premises used to conduct the EVENT shall be under any liability whatsoever for the death or bodily injury which may be suffered or incurred by the above named or by me in or being present at the EVENT except for any rights the above named or I may have arising under the Trade Practices Act 1974 (Commonwealth or similar State Legislation)

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTAND THE CONTENTS OF THIS DISCLAIMER

........................................................................................................................................
Name (Block Letters)       Signature       Date
Rider Entry Form

Student Name:________________________________________________________ Gender:  M / F  *(Please circle)*

D.O.B_____________  Age (as at 31/12/16)____________________

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 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

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:__________________________________
**TEAM ENTRY FORM**

- Please submit only one team entry per school – use a second page if required
- Please collate and check that all required forms are enclosed along with **one school cheque** for payment of entry fees
- Please ensure that the Supervising Teacher and Team Manager's name and mobile contact is included for contact purposes

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<tr>
<th>School:</th>
<th>Team Manager's Name</th>
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<tr>
<td>Principal:</td>
<td>Team Manager's Mobile</td>
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<td>Teacher in Charge:</td>
<td>Teacher in Charge Mobile</td>
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<td>School Phone:</td>
<td>Name Worker 1</td>
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<td>School Fax:</td>
<td>Name Worker 2</td>
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<tr>
<th>Rider Surname</th>
<th>Rider First Name</th>
<th>Age 31.12.16</th>
<th>Medical</th>
<th>Disclaimer</th>
<th>Media</th>
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**Office Use Only**

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**PRINCIPAL_______________________________**

Signed: ________________________________ Date: ____________

Team Entry and individual rider forms to be forwarded together to:

**Quirindi PS Horse Sports Co-ordinator - Irene Smith**  
**Quirindi Public School**  
**Munro Street**  
**QUIRINDI NSW 2343**

**Entries close Friday 1st April 2016**  
Entries not completed correctly or received after this date will NOT be accepted
Medical Information Form

Student Name:________________________________________ Date of Birth___/___/___

Name of School:________________________________________ Age as at 31/12/16:_____

Medicare Number:______________________________________

Date of Last Tetanus Vaccination:_________________________

Do you contribute to the NSW Ambulance Scheme: Yes/No (Please circle)

Parent/Guardian Details:

Name:________________________________________ Contact No:____________

Address:____________________________________________________________________________________

Doctor Details:

Name:________________________________________ Contact No:____________

Address:____________________________________________________________________________________

Emergency Contact(s) details (nominated by the parent/guardian as alternate contact)

1. Name:________________________ Contact:________________

2. Name:________________________ Contact:________________

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc)

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Please provide health care plan that has been provided to schools

Outline special dietary needs including possible reaction to inappropriate diet

----------------------------------------------------------------------------------------

Does this student require an individual Health Care Plan: eg ASCIA/Asthma Plan?

Yes - No (please circle)

If yes, a current copy of the plan MUST be included with this entry form.
In the event of an accident or illness, I authorise the obtaining on my behalf such medical assistance as my child may require. I also authorise the administering of appropriate treatment/medication including the administering of anaesthetic if this is deemed necessary by the attending medical officer. I agree to pay all costs associated if an ambulance is called and medical assistance required.

Privacy advice

The information provided on ___/___/2016 by ___________________________ parent/guardian name, is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about _______________________ (student name) who is currently enrolled at the named school and who many participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Quirindi Public School.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conduction school excursions, sporting or other school activities. Other persons or agencies that may be proved with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities. Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion activity.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further. You may correct any personal information provided at any time by contacting the office.

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Signature                            Date
QUIRINDI PUBLIC SCHOOL HORSE SPORTS DAY

HORSE HEALTH DECLARATION

EVENT NAME: QUIRINDI PUBLIC SCHOOL HORSE SPORTS DAY
DATE: 29/04/2016

Names of RIDERS covered by this form: 

SCHOOL:

OWNER OR PERSON IN CHARGE OF HORSE

FULL ADDRESS

EMAIL

PHONE (MOBILE)

PROPERTY OF ORIGIN OF HORSE/S

FULL ADDRESS OF PROPERTY
(if different to above)

PIC NUMBER
(Property Identification code)

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<tr>
<th>REGISTERED NAME</th>
<th>DESCRIPTION/SEX</th>
<th>MICROCHIP/BRAND</th>
<th>PIC OF ORIGIN IF DIFFERENT FROM ABOVE</th>
<th>HENDRA VIRUS VACCINATION CURRENT Y/N</th>
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Declaration by owner or person in charge of horse/s attending:

I, ............................................. declare that the horse/s named above has/have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to this event. I give my authorization for the event Organizing Committee/Manager to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the abovementioned horses as a result of this veterinary examination

I AGREE TO ENSURE THAT:
1. All horses will be shampooed, rinsed and allowed to dry, and their hooves will be picked clean of all solid material and wash with shampoo.
2. All vehicles and equipment accompanying the horses will be cleaned and remove all solid material that could contain disease agents, and then disinfected.

I FURTHER DECLARE THAT
3. The information contained in this Declaration is true and correct to the best of my knowledge.
4. I agree to abide by all conditions that may be imposed at any time by the Event Organizing Committee/Manager.
5. I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited.
6. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organizing Committee/Manager.
7. I acknowledge that there is a possibility that the horses might become infected with disease agents as a result of any movements and if necessary horses and premises will be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time. I agree and acknowledge that the Manager/Event Organizing Committee, its State or National Affiliated bodies and their members are not in any way liable for any cost, expense, loss, damage, claim action, proceeding or other liability incurred by or made against me as a result of any movement of my horses to the Event.

8. SIGNATURE: .................................. NAME: .......................................................... DATE: ..........................

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