



**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 YARRA GLEN PONY CLUB



<u>DATE TIME</u>	Wednesday 5 th and Thursday 6 th April 2017 9am – 3pm approx.
<u>VENUE</u>	Yarra Glen Pony Club, 291 Yarraview Road, Yarra Glen. Melways Ref: 274 F4
<u>COST</u>	\$90.00 for 2 days instruction. EFT Yarra Glen & District Pony Club, BSB 063 856, Acc. No. 10019251, Reference: 'Rider surname' Clinic. OR Send cheque with entry. Cheque made out to Yarra Glen & District Pony Club
<u>UNIFORM</u>	Full Pony Club uniform must be worn including medical armband
<u>INSTRUCTORS</u>	Rachael Edwards, Virginia Mock, Kylie Parker, Chloe Jackson, Nicky Mullens
<u>ENTRIES TO</u>	Send completed entry form to Kylie Parker, 70 First Avenue, Eden Park 3757 or email entry to: kyparker@bigpond.com
<u>ENQUIRIES</u>	Kylie Parker 0407 712 005 or email: kyparker@bigpond.com
<u>CLOSING DATE</u>	27 ^h March 2017 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 YARRA GLEN PONY CLUB – 5TH AND 6TH APRIL 2017

GRADE (**Please circle**) Pre Grade 5 Grade 5 Grade 4 Training Grade 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 _____ Height of horse _____
Age of horse (relevant if young or old) _____ 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/training 3 Eventing Clinic to be run by the Northern Metropolitan Zone of PCAV on 5th & 6th September 2017 at Yarra Glen 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 _____ / _____ / _____

SUPERVISION

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.

Name of Parent who will be staying _____

OR

Nominated Carer _____

Signature of Nominated Carer _____ Date _____ / _____ / _____

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