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MOUNTED GAMES **BRANCH TEAM** DECLARATION FORM

This form must be completed and handed in to the Organiser at the Briefing

SENIOR/JUNIOR/INTERMEDIATE………………………..……….....…………………………..………… Branch / Centre Competition at…..………..………………………………………………………………. Date ………………………..….……

|  |  |
| --- | --- |
| **Rider Information** | **Pony Information** |
| **Membership Number** | **Name** | **DOB** | **Sex** | **Weight (kgs)** | **PC Tests Passed** | **RAA\*****(Tick)** | **Name** | **Passport Number**  | **Colour** | **Sex** | **Age** | **Height (cm)** |
|   |   |   |   |   |   |   |  |  |   |   |   |   |
|   |   |   |   |   |   |   |  |  |   |   |   |   |
|   |   |   |   |   |   |   |  |  |   |   |   |   |
|   |   |   |   |   |   |   |  |  |   |   |   |   |
|   |   |   |   |   |   |   |  |  |   |   |   |   |
|   | NON-RIDING RESERVE |   |   |   |   |   | NOT APPLICABLE |
| \* Reasonable Adjustment Application (RAA) Form must be submitted, accompanied by the member’s Personal Profile and relevant documents from a healthcare professional, to the Mounted Games Chairman at least two weeks before the competition is due to take place. If it is submitted after this date, there are no guarantees that the adjustment will be applied.PELHAM Accredited Coach No ………………………………..…. Team Trainer ……………………………………………………………………………………..…….…………….. Mobile No ………………………………...……………………………….. |

I CERTIFY THAT

1. ALL Members listed above are bona fide Members of this Branch/Centre of The Pony Club and meets the requirements of the Mounted Games Rulebook
2. All ponies listed above meet the requirements of the Mounted Games Rulebook.
3. I, or my representative, undertake to ensure that all items of tack and clothing comply with the rules and will not be changed after inspection without reference to the Official Steward.
4. I, or my representative, confirm that if a Team Member changes to a different pony during the competition they will adhere to the current height/weight rules
5. I, or my representative, confirm that all the ponies declared have had their vaccinations/microchip certificates checked and they meet the requirements of this competition/relevant legislation.
6. I, or my representative, confirm that all the ponies declared do not show any sign of any equine illness and have not been in contact with any equine that has shown or tested positive for any equine illness in the past 28 days.

I shall be present at the competition OR I appoint ……………………………………………………………………………………………………………………….. as my Representative Date …………………………………………….……..………………..

Signed District Commissioner/Centre Proprietor ……………………………………………………………….………………………………………………………… Note: The DC/CP Representative may not be a Team Trainer or a Parent of a Competitor