



**APPLICATION FOR PARTICIPATION
IN DEVELOPMENT SQUAD FOR AMATEUR RIDERS
SCOTTS OF THRAPSTON IN PARTNERSHIP WITH CARLTON HORSE TRIALS**



First Name: _____ Surname: _____ Age: _____ Date of Birth: _____

Address: _____

Postcode: _____ Tel: _____ Mobile: _____ Email _____

Riding Ability

I consider myself to be capable of jumping cross country fences of:

2' 3" high 2'6" high 2'9"high 3' high 3'3" high 3'6"high

I am planning to compete at the following level in 2010 :

BE 80 BE 90 (Intro) BE 100 (Pre Novice) BE Novice

Horse/Pony

Age of horse or pony: _____ Name of horse/pony: _____

I consider that my horse/pony has jumped as follows:

Cross country fences of: 2'high 2' 3" high 2'6" high 2'9"high 3' high 3'3" high 3'6"high

Other Information

Please tell us why you would like to take part in this promotion, what your aims and ambitions are or any other appropriate information. Please use an additional sheet of paper if you wish :

Are you Affiliated to British Eventing? If yes, what type of registration /ticket do you have? _____

Is your horse registered with British Eventing? If yes, what type of registration/ticket does your horse hold? _____

Are you a member of a Riding Club, British Dressage, BSJA or any other equestrian organisation? If yes, please state _____

Have you ever suffered a serious injury or discomfort while riding or been advised not to ride? Yes No

If yes, please describe: _____

Please detail **ANY** disability or medical conditions that may affect your ability to ride: _____

RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that **I RIDE and ENTER ENTIRELY AT MY OWN RISK.** I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER, and that all horses may react unpredictably on occasions.**

RIDERS UNDER 16 YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child rides at his/her own risk.

DATA PROTECTION ACT1998: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other concerned parties in the event of any injury or accident. I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishments. I confirm that to the best of my knowledge all the above details are correct and I confirm I will comply with the Terms & Conditions of the promotion as follows:.

- Take part in two cross country training clinics being held at Carlton Cross Country between March and July 2010, the Event training clinic on 24th & 25th June 2010, one of two course walks on 30th July or 1st August 2010.
- Contribute 50% of the cost of the above clinics.
- Compete at Carlton Horse Trials 31st July or 1st August 2010.
- Write an informal diary that could be used on the website, giving updates on preparations for clinics, competitions etc and follow up on these.
- Wear clothing provided by Scotts of Thrapston Ltd and Carlton for training clinics.
- Agree to being photographed and for those photographs to be used for promotional uses in printed material, on websites etc.
- Agree to have the riders name published for promotional uses.
- Adhere to the normal terms for hiring and competing at Carlton Cross Country.
- Riders must be in the calendar year of their 12th birthday or over to apply.
- Applications close Wednesday 10th March 2010

Signature of rider or parent/guardian of rider if under the age of 16 years _____

Print Name _____ Relationship to rider _____ Date _____