



Event Secretary
 Rochelle Buist
 763 Main South Road
 Christchurch, 8042
buistbrowns@ihug.co.nz
 03 349 6704

2012 South Island Pony Club Show Jumping Championships
 Canterbury Park, Wigram Road, Christchurch
 Tuesday & Wednesday 17th & 18th January 2012

Horse and Rider Welfare Form

Please return forms to Event Secretary

This Information is required to satisfy Health, Safety & Risk Management Requirements

Team Name

"as owner and/or person responsible for the horse and riders welfare, I acknowledge that I am aware the horse and rider are competing at the South Island Pony Club Show Jumping Championships. I agree that decisions regarding horse and rider welfare will be taken in consultation with owner/responsible persons and the committees veterinarian or doctor"

1. Horses Name.....

Owner/Person Responsible.....

Signature.....Date.....

Riders Name.....

Medical Conditions Known.....

Parents Consent.....Contact No.....

Person Not on Ground Contact Name and No.....

2. Horses Name.....

Owner/Person Responsible.....

Signature.....Date.....

Riders Name.....

Medical Conditions Known.....

Parents Consent.....Contact No.....

Person Not on Ground Contact Name and No.....

Team Name

3. Horses Name.....
Owner/Person Responsible.....
Signature.....Date.....
Riders Name.....
Medical Conditions Known.....
Parents Consent.....Contact No.....
Person Not on Ground Contact Name and No.....

4. Horses Name.....
Owner/Person Responsible.....
Signature.....Date.....
Riders Name.....
Medical Conditions Known.....
Parents Consent.....Contact No.....
Person Not on Ground Contact Name and No.....

5. Horses Name.....
Owner/Person Responsible.....
Signature.....Date.....
Riders Name.....
Medical Conditions Known.....
Parents Consent.....Contact No.....
Person Not on Ground Contact Name and No.....

6. Horses Name.....
Owner/Person Responsible.....
Signature.....Date.....
Riders Name.....
Medical Conditions Known.....
Parents Consent.....Contact No.....
Person Not on Ground Contact Name and No.....

Please list Names and numbers of extra people involved with your team.

Team Name

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Name:.....Phone No.....

Total Number of Extra Persons Associated with Your Team