



NOOSA EUMUNDI DISTRICT DRESSAGE MEMBERSHIP APPLICATION

2010 SEASON

Surname: First Name

Address & P/code:

Phone: e-mail Address:

I wish to be contacted via - *e-mail* *post*

Medical/Allergies/Disabilities:

In the event of a medical emergency at a NEDD event the organizers will contact the Qld. Ambulance Service to ensure any injured parties receive prompt professional attention.

Emergency contact person: Phone:

If under 18 years of age please include Date of Birth:/...../..... and signature of

Parent or guardian: Date:

Membership Fees

Individual Membership Renewal (was member in 2009)		\$40.00	
*Extra Family Member Renewal (was member in 2009)	each	\$20.00	
New Individual Membership for 2010		\$50.00	
*New Extra Family member for 2010	each	\$25.00	

TOTAL DUE: = \$

***Additional Family Member details:**

Name:	DOB:	EA Member No.	Interschool No.
Name:	DOB:	EA Member No.	Interschool No.
Name:	DOB:	EA Member No.	Interschool No.

Interschool Members - which school does your child represent?

Post completed form, fees & Waiver Form to Secretary, NEDDS, 646 Cootharaba Road, Cootharaba 4565

Indicate which of the following jobs you will do to help NEDD run its events during 2010:

- Arena setup
- Writing for judges
- Runner for collection & delivery of score sheets
- Join the Organising Committee
- Other -

By signing below I agree to be bound to the EA 'Notes for Dressage Competitors' - see link
http://www.equestrian.org.au/site/equestrian/national/downloads/2005/dressage/rules_tests/CompetNts.pdf
 I agree to assist with those tasks for which I have nominated, or to arrange a replacement person.

Signature of Applicant:..... Date:



**WAIVER FORM
DANGEROUS ACTIVITY ACKNOWLEDGEMENT**

Full name of rider

Address

..... Post Code

Guardian (if rider under 18 yrs)

Name of organization: Noosa Eumundi District Dressage Group Incorporated

Venue of Events: Eumundi or Pomona Showgrounds

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially when frightened or hurt.

There is a significant risk that serious INJURY or DEATH may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sport activities.

I agree to follow the directions of any event organizer or official and that my misconduct or refusal by me to follow any direction of any organizer or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times and whilst participating in the sport where this is required under the relevant EA and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Signature of rider Dated/...../.....

For participants of minority age (under age 18) this is to certify that I, as parent/guardian with legal responsibility for this participant acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Signature of guardian Dated/...../.....