

EQUESTRIAN HOLIDAY CAMP OCTOBER 2018



SOLWAY
EQUESTRIAN ACADEMY

EQUESTRIAN HOLIDAY CAMP 2018 ENROLMENT FORM

RIDER / CONTACTS

Surname _____
Christian Name(s) _____
Date of Birth _____
Current Year Level _____
Student Mobile _____
Home Phone _____
Email _____
Parent/Guardian/emergency contact _____
Mobile _____

MALE / FEMALE (please circle)

MEDICAL

-Do you have any physical or medical conditions, illness or injury that may affect your riding?

-If yes above, please provide details:

-Any allergies?

-Any health conditions or medications we need to be aware of?

-Any food intolerances (gluten free, vegetarian, dairy free etc)?

RIDING HISTORY

-Rider level (please circle) Beginner Intermediate Advanced

-Riders experience (What height have they jumped, any competition experience, eventing level, dressage level, pony club certificate level)

-Any riding issues we should be aware of (Previous falls, nervous with jumping etc.)

equestrian@solwaycollege.school.nz
<http://www.solwaycollege.school.nz/equestrian/>

ph 0277471914

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RIDING HISTORY (continued)

-Horse/pony name

-Age of horse/pony

-Mare or Gelding (no stallions please!)

-Horse/pony level of experience

-Any health issues with Horse/Pony we need to be aware of

-Any behavioural issues of Horse/Pony we need to be aware of

Horses/ponies must be in good health, feet in good condition, shod if required and up to date with worming.

PARENT-CAREGIVERS

I agree to the above student's entry to the Solway College Equestrian Academy 2018 Holiday camp, agree to abide by the conditions set out by the Solway College Equestrian academy for this camp and pay the relevant fees before the camp commences.

I do / do not give permission for (name of student) to ride/participate in the activities planned for this Equestrian camp. I understand this will be in a supervised situation with the approval of either the Solway Equestrian Manager, or Coaching/Boarding House staff.

I do / do not give permission for (name of student) to be transported by the Solway College mini -van by a fully licenced driver. I do/ do not give permission for

I understand that neither Solway College nor its employees or independent contractors accepts any responsibility for any incident, accident or damage to students, horses or gear that may occur for any reason.

Student Name: _____

Parent-Caregiver Name: _____

Parent-Caregiver Signature _____

Date: _____

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