



## EQUESTRIAN CENTRE INDEMNITY FORM

Apart from the terms and conditions of the Scholars Accident Insurance, of which I am a participant, and without prejudice thereto, I hereby absolve Treverton and its employees from any responsibility or liability whatsoever in connection with theft of tack; injury of horses, any injury sustained by my son / daughter or in connection with any accident while he / she is engaged in the equestrian program of the school.

Name of pupil \_\_\_\_\_ Grade \_\_\_\_\_

I would like my child to have lessons.

**Tick which option, you can select multiple options:**

OPTION 1	Group Lessons	1 per week (8 per term)	<input type="checkbox"/>
OPTION 2	Group Lessons	2 per week (16 per term)	<input type="checkbox"/>
OPTION 3	Private Lessons	1 per week (4 per month)	<input type="checkbox"/>
OPTION 4	Private Lessons	2 per week (8 per month)	<input type="checkbox"/>
OPTION 5	Semi-Private	1 per week (4 per month)	<input type="checkbox"/>
OPTION 6	Semi-Private	2 per week (8 per month)	<input type="checkbox"/>

**I would like to have my horse ridden. Tick which option, you can selection multiple options:**

OPTION 7	Lunging	1 per week	<input type="checkbox"/>
OPTION 8	Lunging	2 per week	<input type="checkbox"/>
OPTION 9	Riding	1 per week	<input type="checkbox"/>
OPTION 10	Riding	2 per week	<input type="checkbox"/>

**Tick which option, you can selection multiple options:**

I would like my child to attend Treverton Shows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I would like my child to attend outside training shows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I would like my child to attend affiliated shows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I would like to attend SANESA Schools shows	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please note that the above may have extra costs.**

**TO BE SIGNED BY PERSON LEGALLY RESPONSIBLE FOR THE EQUESTRIAN PAYMENTS:**

I agree to give a term's notice in writing (for termly and monthly charges) to Management should my child not wish to continue either lessons or livery and/or change livery or lesson structure. Should this notice not be given, I accept that I will be charged for the term/3 months.

I have read and understand the Treverton Equestrian Information and Rule Book

Name of Mother : \_\_\_\_\_ Name of Father : \_\_\_\_\_

Contact No. : \_\_\_\_\_ Contact No. : \_\_\_\_\_

Email : \_\_\_\_\_ Email : \_\_\_\_\_

Signature : \_\_\_\_\_ Signature: \_\_\_\_\_

Witness : \_\_\_\_\_ Witness: \_\_\_\_\_



Date : \_\_\_\_\_ Date: \_\_\_\_\_

## EQUESTRIAN CENTRE COMPETITION INDEMNITY

This information **MUST** be completed for management records.

Person responsible for Rider & Horse: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Stable: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Rider's Name: \_\_\_\_\_

Contact No: \_\_\_\_\_

Day Scholar  Boarder  College Pupil  Prep Pupil

Grade: \_\_\_\_\_

Do you wish to be registered with SANESA? Yes/No

Are you registered with SAEF? Yes/No

Child's ID: \_\_\_\_\_

SAEF No.: \_\_\_\_\_

Are you registered with a Club? Yes/No

Club Name: \_\_\_\_\_

Club No.: \_\_\_\_\_

### Competition Information

Disciplines and Levels: \_\_\_\_\_

Any discipline you wish to try?: \_\_\_\_\_

What disciplines are you registered with? \_\_\_\_\_

(Please provide the no.): \_\_\_\_\_

Any problems with rider or horse that we need to know about? Any problems at shows etc?:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Medical Card for Rider

This medical card is to enable Equestrian Centre Staff/Medical Staff to make the appropriate and timely decision in the event of an injury where you may not be able to communicate the relevant information yourself. Although some information may be regarded as confidential it is crucial that you communicate as comprehensively as possible.

Name in Full: \_\_\_\_\_

Personal Details			
Date of Birth		Religion	
Address			
Contact No.			
Next of Kin			
Relationship			
Contact No.			
Medical Details			
Medical Aid			
Medical Aid No.			
Name of Dr/ Hospital			
Contact No.			
Compulsory Medical Details			
Allergies			
Height			
Weight			
Previous Injuries	Yes/No	Date	Details
Head/Face		/ /	
Concussion		/ /	
Neck/Back		/ /	
Chest		/ /	
Abdomen/Pelvis		/ /	
Limbs		/ /	
Previous Surgical Operations		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list below with dates			

Medical Conditions									
Condition	Y/N	Condition	Y/N	Condition	Y/N	Condition	Y/N	Condition	Y/N
Diabetes		Blackouts		Epilepsy		Asthma		Cortisone	
Cardiac		Hypertension		Normal Hearing		Contact Lenses		Spectacles	
Details of Medication									
Last Tetanus Vaccination									
Blood Group									