



MOUNTED GAMES BRANCH TEAM DECLARATION FORM

This form must be completed and handed in to the Organiser at the Briefing

SENIOR/JUNIOR/INTERMEDIATE: _____ Branch|Centre

Competition at: _____ Date: _____

Rider Information							Pony Information					
Membership Number	Name	DOB	Sex	Weight (kgs)	PC Tests Passed	RAA* (Tick)	Name	Passport Number	Colour	Sex	Age	Height (cm)
	NON-RIDING RESERVE						NOT APPLICABLE					

* Reasonable Adjustment Application (RAA) Form must be submitted, accompanied by the member's Personal Profile and relevant documents from a healthcare professional, to the Mounted Games Chairman at least two weeks before the competition is due to take place. If it is submitted after this date, there are no guarantees that the adjustment will be applied.

PELHAM Accredited Coach No: _____ Team Trainer: _____ Mobile No: _____

I CERTIFY THAT

- a) ALL Members listed above are bona fide Members of this Branch/Centre of The Pony Club and meets the requirements of the Mounted Games Rulebook
- b) All ponies listed above meet the requirements of the Mounted Games Rulebook.
- c) I, or my representative have seen team members at practice, that they understand the rules and are safe to compete.
- d) I, or my representative, undertake to ensure that all items of tack and clothing comply with the rules and will not be changed after inspection without reference to the Official Steward.
- e) I, or my representative, confirm that if a Team Member changes to a different pony during the competition they will adhere to the current height/weight rules
- f) I, or my representative, confirm that all the ponies declared have had their vaccinations/microchip certificates checked and they meet the requirements of this competition/relevant legislation.
- g) I, or my representative, confirm that all the ponies declared do not show any sign of any equine illness and have not been in contact with any equine that has shown or tested positive for any equine illness in the past 28 days.

I shall be present at the competition OR I appoint: _____ as my Representative Date: _____

Signed District Commissioner/Centre Proprietor: _____

Note: The DC/CP Representative may not be a Team Trainer or a Parent of a Competitor