

APPLICATION FORM for Dressage Victoria AMATEUR OWNER/RIDER SQUAD



NAME OF RIDER.....

NAME OF HORSE.....

AGE OF HORSE.....

GRADING OF HORSE.....

IS THE COMBINATION ON ANY OTHER SQUAD.....

IF SO, WHICH ONE.....

Which official EA competitions have you attended in the previous 12 month period:			
Competition	Date	Level/Judge	Score
1.			
2.			
3.			
4.			
5.			
6.			

Any other relevant information:

Athlete Undertakings

I acknowledge and agree that, during the Term, I will comply with:

- a) The Athlete’s code of Conduct, EA Member protection policy, EA/EV Social Media policy and EA anti-doping policy;
- b) All policies and procedures of EA and EV as notified to me before or during the Term;

I represent and agree that:

- a) I am a resident of Victoria and a member of EV;
- b) I will immediately advise the selectors if the horse on the squad is sold or becomes unfit to participate in squad activities, or if for some reason I cannot ride for an extended period.

Media and public statements

- a) I acknowledge and agree that as a member of EA and EV, I am at all times bound by their Constitution, Policies, By Laws and Codes of Conduct and will not bring EA or EV into disrepute.
- b) I agree that I will raise any issue or concern that I may have in respect to selection, selectors, selection policies, training and squad/team policies and management or conduct or another Athlete and any related matters, only through the AOR Sub-Committee or Chair of EV.

Squad activities requirement

Athletes who accept to be a member of the EV squad agree to comply with the following commitment:

- a) To attend a minimum of 2 training clinics per year. This can be satisfied by any of the following:
 - a. Formal lessons with one of the designated AOR coaches at the clinics;
 - b. Riding protocol tests clinics where such is available.
- b) To participate in any nominated non riding activities held at AOS Squad clinics such as promotion, social or education activities.

PLEASE SIGN TO SAY YOU HAVE READ AND ACCEPT THE TERMS & CONDITIONS OF THIS AGREEMENT

SIGNATURE.....

DATE.....