



Equestrian Victoria



# Young Dressage Rider Education Program 2014 Application Form

Equestrian Victoria is very pleased to again offer the Young Dressage Rider Program in 2014.

- *The mission of the Young Rider Program is to provide opportunities and an environment that allow all riders who demonstrate potential and commitment the chance to develop and improve their standard of riding. .*
- *This will be achieved by offering high quality equestrian coaching and a wide range of complementary programs.*
- *Young Riders from the program will be encouraged to become ambassadors for Victorian Dressage and embrace the spirit of team work and good sportsmanship.*

Riders (and their parents) are expected to commit to attending as many training weekends as possible and to offer assistance at Equestrian Victoria events such as the Young Rider Championships, Dressage Festival, Dressage Fundraiser event and Dressage and Jumping with the Stars. There will be opportunities to meet leading riders, judges and officials at some of these events.

Applications for the Equestrian Victorian Young Dressage Rider Program are very welcome and will be accepted from:

- *Young riders aged 10 years until the end of the year in which they turn 25 years of age. (Note age change)*
- *All riders must be current financial Equestrian Victoria members and all horses / ponies must be EV registered.*
- *Payment must be received prior to each training weekend by the due date.*
- *Riders can apply on a maximum of 2 horses.*

*Weekends will consist of riding lessons (we aim for each rider to have one individual lesson each day) with quality coaches, personal fitness, training theory, nutrition and much more. All parents are encouraged to become involved too.*

*Dates for 2014: (\*Please note: some minor changes from original information)*

<i>Date</i>	<i>Venue</i>		<i>Closing date</i>
<i>8 – 9 March</i>	<i>Boneo Park Equestrian Centre</i>	<i>2 day training clinic</i>	<i>28 February</i>
<i>7 April (Monday)</i>	<i>Werribee Park NEC</i>	<i>Test protocol day to help you prepare for YR Championships</i>	<i>Cost &amp; date tba</i>
<i>14 – 15 June</i>	<i>Werribee Park NEC</i>	<i>2 day training clinic</i>	<i>6 June</i>
<i>9 – 10 August</i>	<i>Werribee Park NEC</i>	<i>2 day training clinic</i>	<i>1 August</i>
<i>*6 – 7 September</i>	<i>Werribee Park NEC</i>	<i>2 day training clinic</i>	<i>29 August</i>
<i>TBA</i>	<i>TBA</i>	<i>Christmas break up</i>	

*Costs for the 2 day clinics will be \$200 (incl GST) plus Facility fees = \$232.00.*

Application forms will be posted on the website before each date, and emailed to all registered in the 2014 Young Rider Education Program.

Other days and opportunities that may arise, cost to be confirmed.

Enquiries: Jan Smith 0417 527412 [jancsmith@bigpond.com](mailto:jancsmith@bigpond.com)



## Registration Form for 2014.

(All applicants must complete a Medical Form at the beginning of the year and undertake to notify Equestrian Victoria if there are any changes to the information initially submitted)

**Please place an Equestrian Victoria membership sticker if possible**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pcode \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ AH \_\_\_\_\_

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

EV Membership Number \_\_\_\_\_

Horse Name: \_\_\_\_\_ EV Reg Number \_\_\_\_\_

Level competing: (eg: Elementary)

Level training: (eg: Medium)

Please give a brief description of your horse and your training and competition plans for 2014.

### Competition results:

Date	Event	Level	Horse	Result %

I plan to commit to the following dates: (not binding but strongly recommended that you attend as many as possible and to assist with planning)

Date	Venue		I can / cannot attend
8 – 9 March	Boneo Park Equestrian Centre	2 day clinic	
7 April (Monday)	Werribee Park NEC	Test protocol day (low key)	
14 – 15 June	Werribee Park NEC	2 day clinic	
9 – 10 August	Werribee Park NEC	2 day clinic	
6 – 7 Sept*	Werribee Park NEC	2 day clinic (date tbc)	

**MEDICAL FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile \_\_\_\_\_

**EMERGENCY CONTACT**

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

Phone Number: \_\_\_\_\_

AMBULANCE SUBSCRIBER (please circle) Yes / No

Medicare Number. \_\_\_\_\_ Private Cover: \_\_\_\_\_

Doctors: \_\_\_\_\_ Phone: \_\_\_\_\_

Please tick if you suffer from any of the following:

\_\_\_\_\_ Asthma (please list medication) \_\_\_\_\_

\_\_\_\_\_ Heart Problems \_\_\_\_\_ Tiredness/Fatigue

Allergies (please list allergies) \_\_\_\_\_

Diabetes (please list medication) \_\_\_\_\_

Back Problems (please list) \_\_\_\_\_

Operations in the last 12 months (please list) \_\_\_\_\_

Any other medical history we should be aware of (please list) \_\_\_\_\_

\_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Rider's signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_