

Working Equitation FNQ

Information for RACQ NQ GAMES 2016

Event Dates: Saturday June 25 and Sunday June 26, 2016

Location: Freshwater Pony Club Grounds (see map)

Dressage will be held on Day 1(Sat June 25th)

Ease of Handling and **Speed** phases will be held on Day 2(Sunday June 26th)

Closing date for nominations: 5pm Tuesday 21st June 2016. All nominations must be submitted through the RACQ NQ Games website <http://nqsfadmin.wix.com/nqgames> <https://northqldgames2016.eventdesq.com/> and accompanied by payment.

Working Equitation Membership: Members of a recognised Working Equitation Club affiliated with ANWEL are eligible to compete in the 2016 RACQ NQ Games Working Equitation competition.

Attached is a WEFNQ membership application form to be completed by anyone wishing to compete but who is not yet a member of a recognised Working Equitation club. These are to be sent Attn. Secretary workingequitationfnq@gmail.com

The WEFNQ Committee is to receive, review and approve or decline applications for membership at least 7 days prior to the event. Unfortunately, late applications cannot be accepted.

Rules are The Australian National Working Equitation Ltd Rule Book 2016 available at:

www.anweltd.com.au/rule-book.html

See attached document

Combinations: Horse/rider combination can only enter 1 class; rider/horse combinations is to be capped at 2

Entry fee \$50 per class (includes Games pack and camping)

Meals and refreshments: available for purchase from the Kiosk. Please support Freshwater Pony Club

Please note:

Forms: all relevant paperwork is to be completed and submitted PRIOR to any rider mounting a horse

Hendra: It is a condition of use of the Freshwater Pony Club Grounds that all horses are Hendra vaccinated. Please provide a completed horse health declaration form to the secretary's office next to the Kiosk BEFORE unloading any horses within the grounds.

Access Gates: Please keep all access gates clear for emergency service vehicles.

Stalls are available on first in best dressed basis. There is adequate space for electric fence areas for horses not in stalls. Please consider others and take only the space you need.

Enclosures are to be erected to keep horses contained when not warming up or competing. Tramp in posts and electric fencing can be used.

Water is available at various points along the perimeter fence around the grounds.

Conduct: Competitors are responsible for the safe and appropriate conduct of themselves & their horses. Adults are responsible for the appropriate conduct of members of their camp.

Cleaning grounds: manure and hay must be raked up/ shovelled and placed under trees and all camps are responsible for keeping their areas clean and tidy. Rubbish is to be placed in bins provided or removed and grounds are to be left clean and tidy at the conclusion of the event.

Code of conduct: All competitors, officials judges and spectators are very welcome and WEFNQ encourages all to participate in the spirit of good sportsmanship, abiding by the code of conduct and the NQ Games competitors' oath and the motto "Fun for all"
Competitors, please be considerate towards judges, officials, spectators and other competitors.

Vehicles/ trailers: Officials, judges and competitors' vehicles and trailers are allowed within the grounds. For safety, all other vehicles are to be parked outside.

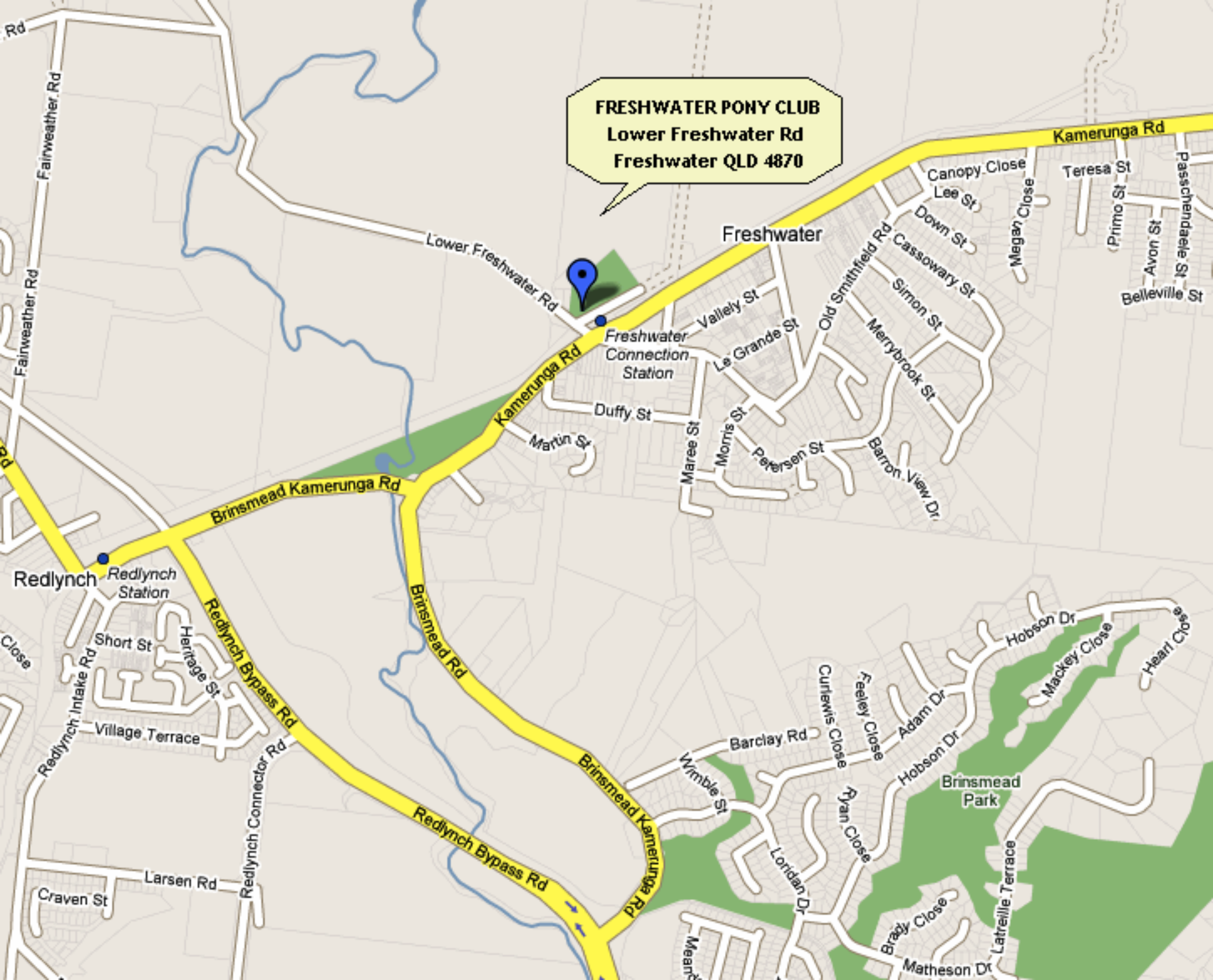
Accommodation: There are a range of accommodation options available in close proximity to the Working Equitation competition. It is recommended that accommodation is booked early to avoid disappointment

Contact: Secretary Penny Johnson by email workingequitationfnq@gmail.com

Classes:

Age group	Class
Lead line (No age restrictions, handler must be an adult)	Dressage level 1 Ease of Handling
Junior (age up to 14 years on first day of competition)	Dressage Level 1 Dressage Level 2 Obstacles Ease of Handling Obstacles Speed
Young Rider (age 14 up to 18 years on first day of competition)	Dressage Level 2 Dressage Level 3 Dressage Level 4(Debutante W) Obstacles Ease of Handling Obstacles Speed
Senior (over 18 years of age)	Dressage Level 2 Dressage Level 3 Dressage Level 4(Debutante W) Obstacles Ease of Handling Obstacles Speed
Awards for Highest Scores in each age group & class; Overall for each age group; Overall across all ages and classes	

FRESHWATER PONY CLUB
Lower Freshwater Rd
Freshwater QLD 4870



HORSE HEALTH DECLARATION

Event Organiser : (club name)

Event Name:

Event Venue:

Event Date:

Person responsible

for horse/s:

Residential Address:

Phone:

Mobile:

Email:

Property of origin of
horses address:

Property of origin PIC:
(Property Identification Code)

Vehicle Rego No:

Movement commenced:

/ / am/pm

Waybill/Permit No:

Registered Name of Horse	Stable Name	Sex	Breed	Colour	Brand	Microchip Number	Hendra Vaccinated (Y/N)	Event Stable No.
1								
2								
3								
4								
5								

Continue on additional page if travelling with more than five horses

Are you stabling overnight?

YES / NO

Date and time of
arrival at Event :

/ / am/pm

Planned Departure

date and time: / / am/pm

After the event are the horses
returning to the property of origin?

YES / NO

Destination
address:

Declaration by owner or person in charge of horse/s attending

I, declare that the horse/s named above has/have been in good health, eating normally and not shown signs of illness during the last three (3) days leading up to this event. I give my authorisation for the Event Organising Committee/Manager/Event Biosecurity Officer hereinafter referred to as Event Organisers, to call for veterinary inspection of the horse/s named above and in my care should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the above mentioned horses as a result of this veterinary examination.

I AGREE TO ENSURE THAT:

1. If required, before movement, all horses will be shampooed, rinsed and allowed to dry and their hooves will be picked clean of all solid material and washed with shampoo.
2. All vehicles and equipment accompanying the horse/s will be cleaned to removal all solid material that could contain disease agents and then disinfected.

I FURTHER DECLARE THAT:

3. The information contained in this DECLARATION is true and correct to the best of my knowledge.
4. I agree to abide by all conditions that may be imposed at any time by the Event Organisers.
5. I acknowledge that in failure to comply, I may be directed to leave and my nominations will be forfeited.
6. I acknowledge that decontamination and disinfection procedures may be required of me if instructed by the Event Organisers.
7. I acknowledge that there is a possibility that horses might become infected with disease agents as a result of any movements and if necessary horses and premises will be quarantined in accordance with any Legislation covering such occurrences including policies and procedures in effect at that time.
8. I agree and acknowledge that the Event Organisers, its State and/or National Affiliated bodies and their members are not in any way liable for any cost, expense, loss, damage, claim, action, proceeding or other liability incurred by or made against me as a result of any movement of horses to the Event.

Name: Signature: Date:

2016 MEMBERSHIP APPLICATION

2016 Standard Membership (Jan-Dec 2016): \$70.00
 Family Membership (Jan-Dec 2016) - \$120.00
 Lead Line Membership (with an Adult Membership): \$10.00
 Non-Rider Membership: \$40.00
 Day Membership: \$30

Full Name:		Date of Birth:	
Postal Address:			
Residential Address:			
Telephone Home	Mobile	Work	
Email			
Emergency Contact Details: Name		Phone Numbers	
Address			
Relationship			
Do you hold personal accident insurance? If so, please provide details:		Do you hold private health insurance? If so, please provide details: Provider Membership Number Expiry Date	
Medicare No. Reference number on medicare card Expiry Date		Doctor: Address: Phone	
Please indicate your level of riding experience and/or qualifications:			
Is there anything you are able to help the club with?			

Do you, or have you ever suffered from any illnesses or allergies?
If yes, give details:
Do you have any medical conditions that may require a health management plan?
If yes, give details of condition and plan:

Have you had, or do you have?:	Yes	No		Yes	No
Epilepsy			Hepatitis A		
Hepatitis B			Diabetes		
Asthma/Bronchitis			Hernia		
Concussion			Any other neurological disorder?		
If yes, give details of condition and plan:					

Acceptance:

I am obliged to abide by the rules, regulations, by-laws and Codes of Conduct of Working Equitation Australia Limited.

I also understand that by becoming a member I may be the subject of disciplinary action should I fail to abide. In the case of emergency I may be provided first aid and/or transported for medical assistance. In the case of Emergency Veterinary help may be obtained for my horse at my expense.

Sign: _____

I understand and agree that images or video taken at any Working Equitation Australia Limited event, that may include me may be used by Working Equitation Australia Limited for publicity purposes.

Sign: _____

Agreement:

I have read, understood and agree to honour and uphold the ideals of NAWECA and to abide by any instructions as directed by its representatives. I understand and accept that inappropriate behaviour (as deemed by the Board of Directors of NAWECA) can and may result in termination of my membership.

Sign: _____

Dangerous Activity Acknowledgement:

In consideration for being permitted to participate in any Working Equitation event, I understand, acknowledge and accept that: handling and riding horses is a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt and that there here is a significant risk that serious injury or death may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any Working Equitation event or activity.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the cancellation of my membership and participation in the activity and my immediate removal from my horse.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Sign: _____

Application & Declaration

I hereby apply to become a member of the above named incorporated association. In the event of my admission as a member I agree to be bound by the constitution of the association for the time being in force.

I declare that I am and must continue to be medically and physically fit and able to participate in any Working Equitation activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify NAWECA in writing through my club of any change to my fitness and ability to participate. I understand and accept that NAWECA will continue to rely upon this declaration as evidence of my fitness and ability to participate.

I warrant that all information provided is true and correct

Sign: _____

PLEASE NOTE: All membership applications are subject to acceptance by Affiliate Club and NAWECA

Application accepted by WEq FNQ Club: _____

	NAWECA	Club	Paid
Family (please complete form for each family member)	\$120		
Individual Member	\$70		
Lead Line Member (must be accompanied by adult member at all times)	\$10		
Non Riding Member (eg accompanying adult)	\$40		
Day Member	\$30		
	Total Paid		\$

Payment can be made by cash or direct deposit to the bank account below. Please provide copy of receipt of deposit or funds transfer. Please use surname in reference field for EFT.

Account Name: Working Equitation FNQ
BSB: 633 000
Account: 1466 55873

Forward Application to:

Working Equitation FNQ
Club Secretary
Email: workingequitationfnq@gmail.com