

SLOV D Rally
May 17th to 19th 2008

General Information & Registration Instructions

Arrival: after 8am Saturday May 17th 2008

Departure: No later than 5 pm Monday May 19th 2008

Location: Rideau Carleton Raceway, Albion Rd, Ottawa, Ontario

Participants: This rally is for all 2008 E through D2 members of the St Lawrence & Ottawa Valley Region of the Canadian Pony Club. C level members with green horses may be accepted if space allows. Team helpers must be either 11 years of age or C level and up.

Participants will be divided into riding groups based on their pony club level and age.

Chaperones: Each branch must send at a minimum one chaperone for every four participants (this includes overnight clinicians/judges etc under 18yrs of age).

Cost: Participant fee covers facility rental, clinics, stablemanagement competition, testing fees (or Le Trec), meals (Lunch and dinner Saturday, all meals on Sunday, breakfast and lunch Monday), snacks, other prizes etc

Medical Armband: All participants must wear a medical armband at all times. Please ensure that the information required on the insert is up to date and accurate.

\$150 per riding participant, \$45 for stable helpers, \$45 for chaperones.

To register: Please fill out the registration forms:

Riding Participants	Forms A and D
Chaperones	Forms B and D
Helpers	Forms A and D
Clinicians (member/non member)	Forms C and D/ Form C
Junior Testers	Form C
Visitors (requesting meals)	Form C

and enclose a cheque made payable to SLOV for the appropriate amount.

Please be sure to sign all forms and mail to:

Bev Hewitt, 3 McEwen Ave, Smiths Falls, On, K7A 2K2

Please contact Cat at s.c.hunter@sympatico.ca 613-657-1367 for any questions or concerns.

Deadline:

for applications to become a clinician(jr) or stablemanagement judge: April 1st 2008 (see form C for eligibility)

for registration for participants and chaperones: May 1st 2008

For cancellations after this date, without a vet or medical certificate, fees will not be refunded.

. SLOV D Rally 2008 Registration Form A

This form is to be used for Pony club Member (children)

Rider Info:

Name:		Age (as of Jan 1 st)	
P.C. Branch:		Current Tested Level (E, D, D1 or D2)	
Address:			
Phone #:			
Contact email:			
Allergies (incl. food) or Medical Conditions:			
Medication(s):			
Special food requests:	Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Free <input type="checkbox"/> other <input type="checkbox"/> please describe:		

All medications must remain with chaperone throughout the weekend.

Testing Info:

Testing on Monday?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Bilingual Tester required?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Written test passed?	yes	<input type="checkbox"/>	Mark achieved	%
Levels Testing	D	<input type="checkbox"/>	D1	<input type="checkbox"/>
			D2	<input type="checkbox"/>

Horse Information:

Horse/pony name:	Horse/pony height: (h.h.)
Horse/pony age: (as of Jan 1)	Vices?
Horse/pony owner / agent:	Owner s OEF #:
Is horse/pony being shared?	yes <input type="checkbox"/> no <input type="checkbox"/>
If yes with whom?	

Team Information:

Chaperone Name:		Phone Number:	
Team Captain		Branch:	
Team Member #2		Branch:	
Team Member #3		Branch:	
Team Member #4		Branch:	
Team Helper		Branch:	

Date completed:	
Full Fee Enclosed:	<input type="checkbox"/>

Please note no partial payments will be accepted as valid registration.

SLOV D Rally 2008 Registration Form B

This form is to be used for Chaperones (Adults)

Chaperone Info:

Name:	
Affiliated P.C. Branch:	
Address:	
Phone #:	
Contact email:	
Allergies (incl. food) or Medical Conditions:	
Medication(s):	
Special food requests:	Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Free <input type="checkbox"/> other <input type="checkbox"/> please describe:

Chaperoning the following:

Team Captain		Branch:	
Team Member #2		Branch:	
Team Member #3		Branch:	
Team Member #4		Branch:	
Team Helper		Branch:	

Willing to assist with following duties (please select a minimum of 2):

Road Crossing guard (Sun and Mon)	<input type="checkbox"/>
Snack /water duty (all three days)	<input type="checkbox"/>
Jump crew (Sun and Mon)	<input type="checkbox"/>
Assistance with Le Trec (Mon)	<input type="checkbox"/>
Garbage duty (barn area and riding rings) (all three days)	<input type="checkbox"/>

Date completed:	
Full Fee Enclosed:	<input type="checkbox"/>

Please note no partial payments will be accepted as valid registration.

SLOV D Rally 2008 Registration Form C

This form is to be used for Clinicians/testers/helpers etc

Name:			
P.C. Branch:			
Address:			
Phone #:			
Age (as of Jan 1 st)		Tested Level (if applicable)	
Contact email:			
Allergies (incl. food) or Medical Conditions:			
Medication(s):			
Special food requests:	Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Free <input type="checkbox"/> other <input type="checkbox"/> please describe:		

I would like to apply to work at the 2008 D rally as a:

StableManagement Judge (must have extensive practical barn knowledge)	<input type="checkbox"/>
Clinician (must be, at a minimum, C1 and 16 yrs old or C2 and 14 yrs old)	<input type="checkbox"/>
Junior tester (must have attended tester s clinic)	<input type="checkbox"/>
Executive Clinician (must have level 1 or equivalent coaching experience)	<input type="checkbox"/>

Please briefly describe your experience with barn management or coaching:

Will you be staying overnight?	Y <input type="checkbox"/> N <input type="checkbox"/>
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Please complete one form for each child and each adult attending rally

SLOV D Rally 2008 Form D

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.
TERMS AND CONDITIONS- THIS SECTION MUST BE COMPLETED

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES- PLEASE READ CAREFULLY

I acknowledge that the sport of riding is a high-risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling.

I acknowledge that I am participating at my own risk and in full knowledge of the hazards in this activity and potential for others to behave in a negligent manner that may contribute to injury to themselves, myself and others.

In consideration being allowed to participate in the SLOV D Rally being held at the Rideau Carleton Raceway, Ottawa Ontario, on the 16-18th days of May 2008, I **and my heirs, executors, administrators and assigns** hereby assume all risk and I hereby release and absolve and waive all claims that I might have against the Organizing Committee the Canadian Pony club, the St Lawrence Ottawa Valley Region of Pony Club (SLOV), and its affiliated branches, as well as their directors, officers, agents, representatives, employees, officials, members, associate members, volunteers, and the owners or occupiers of this property known as the Rideau Carleton Raceway upon which the activity is held. (all of them collectively called Host hereafter); and

1" **To release the Host from any and all liability** for any loss, damages, injury, or expense that I or my Legal Representative might suffer as a result of my participation due to any cause whatsoever including any **negligence on the part of the host**; and

2" **To HOLD HARMLESS AND INDEMNIFY THE HOST** from any and all liability for bodily injury or property damage to any third party which might result in participation.

I hereby declare that in signing this document I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Name of participant: _____ **Phone:** _____

Address: _____

Signature of Participant: _____ **Date:** _____

NOTE: If the participant is under 18 years of age, a parent or guardian must sign below.

I acknowledge as the parent /guardian of _____ that I have read, and fully understand and agree to the terms and conditions stated herein on behalf of _____ and myself.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (Please Print) _____

Name of horse/pony owner/agent: _____ **Phone:** _____

Address: _____

Signature of Owner/Agent: _____ **Date:** _____

Name of person (onsite) allowed to act in capacity as owner/agent: _____

I/we hereby confirm that there is liability coverage in force with respect to the ownership of the participating horse/pony

Yes No Signed: _____

HAVE YOU REMEMBERED TO: Enclose your cheque(s) for all fees. Sign the entry form and get signature of the owner/agent. Complete all sections of all applicable forms.

Please complete one form for each additional person attending the rally (i.e. visitors)
 Does not apply to clinicians, helpers, participants, testers or chaperones.

SLOV D Rally 2008 Form E

I am planning on <u>visiting</u> and staying for a meal. I realize a \$5 /meal charge will be applied. (please indicate below which meals you are staying for)(payment must be included with application)	Y <input type="checkbox"/> N <input type="checkbox"/>
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Which meals will you be present for?

Sat lunch <input type="checkbox"/>	Sat Supper <input type="checkbox"/>	Sun breakfast <input type="checkbox"/>	Sun lunch <input type="checkbox"/>
Sun supper <input type="checkbox"/>	Mon breakfast <input type="checkbox"/>	Mon lunch <input type="checkbox"/>	

How many additional people will be present?

Sat lunch <input type="checkbox"/>	Sat Supper <input type="checkbox"/>	Sun breakfast <input type="checkbox"/>	Sun lunch <input type="checkbox"/>
Sun supper <input type="checkbox"/>	Mon breakfast <input type="checkbox"/>	Mon lunch <input type="checkbox"/>	

Allergies (incl. food) or Medical Conditions:	
Special food requests:	Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Free <input type="checkbox"/> other <input type="checkbox"/> please describe: