

As Parent/Guardian of Junior Member/s named above, I take full responsibility for those members at all times and agree that I or a named responsible adult will accompany my child at any Maelor riding club event, otherwise I agree that the above named junior/s will not be allowed to take part.

Signed _____ (Parent/Guardian to sign if Junior applicant)

CAPITALS _____ Date _____

Please send completed application form to Mrs Rosemary McIlwrath, The Old School House, Ightfield, Whitchurch, Shropshire SY13 4NU

Please notify the membership secretary of any change in address etc in order that our records for affiliation to the BRC are kept up to date.

Please provide the following details of a person to contact in the event of being involved in an accident/emergency at Maelor Riding Club activities:

Name: _____ Tel No _____

Relationship: _____ (Mother/Father/Husband etc.)

Do you belong to any other riding club? _____ If so please state name of club _____

Please indicate if you have taken part in any of the following "A" if Affiliated "U" if Unaffiliated

Dressage _____ Show Jumping _____

Cross Country _____ Horse Trials _____

Working Hunter _____ Showing _____

If you or your horse (individually – not as a combination) have ever achieved any affiliated points/winnings in any discipline; please give full details:

Please give details of preferred discipline, or any events you would like to take part in:
