



**APPLICATION FOR PARTICIPATION IN THE RIDER DEVELOPMENT PROGRAMME
SCOTTS OF THRAPSTON IN PARTNERSHIP WITH CARLTON HORSE TRIALS**



Closing date 24th February 2012

First Name: _____ Surname: _____ Age: _____ Date of Birth: _____

Address: _____

Postcode: _____ Tel: _____ Mobile: _____ Email _____

Name of horse/pony: _____ Year of birth: _____ Sex M/G/S _____

Current level of competition: _____

Potential max level of competition: _____

Other Information—Please use an additional sheet of paper to give a comprehensive answer, if you wish :

Please tell us why you would like to take part in this promotion: _____

What are your aims and ambitions: _____

Are you Affiliated to British Eventing? If yes, what type of registration /ticket do you have? _____

Is your horse registered with British Eventing? If yes, what type of registration/ticket does your horse hold? _____

Are you a member of a Riding Club, British Dressage, BSJA or any other equestrian organisation? If yes, please state _____

Please list the support group around you e.g. Parents, spouse, trainers etc: _____

Do you have sponsorship currently? _____

Please detail **ANY** disability, medical condition, injury that may affect your ability to ride or your horses' ability to compete: _____

RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that **I RIDE and ENTER ENTIRELY AT MY OWN RISK.** I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER, and that all horses may react unpredictably on occasions.**

RIDERS UNDER 16 YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child rides at his/her own risk.

DATA PROTECTION ACT1998: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other concerned parties in the event of any injury or accident. I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishments. I confirm that to the best of my knowledge all the above details are correct and I confirm I will comply with the Terms & Conditions of the promotion as follows:.

- Attend a press launch and training day, along with the Brazilian Olympic team, on Thursday 29th March 2012
- Attend two further training days with Nick Turner and the Brazilian Olympic team, at Carlton, scheduled for 18.04.12 and 21.05.12
- Attend cross country clinic at Carlton with Nick Turner on 23.06.12
- Contribute £145 to the cost for the above clinics and training days, the Horse Trials will be FREE of charge
- Commit to submitting the weekly diary. It will be used on the Scotts and Carlton websites and social media pages to give an update on training as well as preparation for the Horse Trials
- Wear the branded clothing provided by Scotts of Thrapston & Carlton for the training clinics
- Agree to having your name published, be photographed and for those photographs to be used for promotional purposes including printed material, websites and PR
- Adhere to the normal terms for hiring and competing at Carlton Cross Country.
- Riders must be in the calendar year of their 12th birthday or over to apply.

Signature of rider or parent/guardian of rider if under the age of 16 years _____

Print Name _____ Relationship to rider _____ Date _____

Send completed application forms to Sara Tusting, Carlton Cross Country, Hill House, Carlton, Bedford MK43 7ND