

Southern Alberta Summer Games

EQUESTRIAN ENTRY FORM



REGIONAL DIRECTORS: E- mail completed form to Equestrian Show Chair, **Roxy Wright**
 roxy@heartshavenranch.ca

RIDER INFORMATION

FIRST NAME: _____ LAST NAME _____
 REGION: _____ AGE A/O JAN 1, 2020: _____
 EMAIL: _____ PHONE: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

EQUESTRIAN CLASS REGISTRATION

HORSE NAME	HORSE AGE A/O JAN 1, 17	CLASSES (1A, 6, 10, 24C, etc.)

I am the participant named above, or the legal guardian of the minor participant named above. I certify that this information is correct to my knowledge and am entering the classes which I am eligible. I understand the nature of Equestrian Sports to be inherently dangerous and accept the dangers for myself and any minors in my charge. I will in no way hold the Southern Alberta Games Committee, the Equestrian Show Committee, its volunteers or employees, responsible for any injury or damages whatsoever.

PARTICIPANT or LEGAL GUARDIAN SIGNATURE _____

DATE _____ PRINT NAME _____