



**Strategic
Partners**



PARA EQUESTRIAN SQUAD EXPRESSION OF INTEREST FORM

All of the details below must be completed for your application to be considered.

PLEASE PRINT CLEARLY

Riders Name:	
Squad you are applying for : EWA PARA EQUESTRIAN Squad 2017 **PLEASE COMPLETE A DIFFERENT FORM FOR EACH HORSE**	
EA Number:	Date of Birth (if under 21):
Postal Address:	
Suburb:	Post Code:
Home Phone:	Email address:
Mobile Phone:	Size of squad shirt required:

Name of Horse:				
Horse DOB:			EA Number (If applicable):	
Level/Height Currently Competing:				
Horse and rider combination's best performances in last 12 months if horse/rider have been competing.				
Competition	Percentage	Placing	Venue	Date

Parent/Guardian Name(s): (if nominee under 18 years)	
Daytime Contact #	
Mobile Contact #	

Expectations:

- 1) Pursue equestrian athletic excellence
- 2) Represent equestrian sport & promote FEI principles of horse welfare
- 3) Treat peers, Equestrian WA Staff, officials, and coaches with respect
- 4) Promote the Equestrian WA HP Pathways to other competitors, general public, the equestrian community, and corporate partners
- 5) Understand and comply with the Athlete Agreement

Further Comments Regarding 2016 Competitions or training:

General Questions (please answer the below questions with as much detail as possible to assist the Selection Panel in their selection)

1) What is your motivation in applying for the Equestrian WA High Performance Program?

2) What are your competition goals for 2017 with your nominated horse?

3) What is your current training schedule (Please include coaches names and frequency of lessons)?

I understand that, if my application for inclusion on a State Squad is successful, that I am encouraged to attend workshops offered as part of the High Performance Program, and will be subject to my reading, understanding, signing, and abiding by the Equestrian Western Australia State Squad Code of Conduct. I consider myself and my horse medically fit to compete and accept that EWA has no responsibility for my fitness.

Signature of applicant: _____ Date: ___/___/___

Signature of parent or guardian: _____ Date: ___/___/___

(if rider under the age of 18)

Please return your application form to the **EWA High by**
Monday 6th February 2017

303 Cathedral Avenue BRIGADOON WA 6069 or by email to SaraBotten@equestrianwa.org.au

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