

# Team SAS NZ Limited



## HEALTH & EMERGENCY FORM

Please complete the form below for your child/rider to be able to attend the Team SAS NZ Ltd (trading as SAS Sport Horses) 2023 clinic.

**RIDERS FULL NAME:** (please print)

### PARENT/GUARDIAN INFORMATION:

Parent / Guardians Full Name:

Phone No:

Emergency Phone No:

### RIDER INFORMATION:

Date of Birth:

Age:

Allergies:

Conditions requiring special consideration (medical/physical):

### DOES YOUR RIDER REQUIRE ANY OF THE FOLLOWING:

**Epipen** Yes  No  (B) **Inhaler** Yes  No  (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

Food/dietary issues, or dislikes - we need to be aware of these for meals/snacks provided:

**TO ANY DOCTOR OR HOSPITAL:** I hereby authorise the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the doctor or hospital to secure treatment for them and to order medications, injections, anaesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorisation to perform any necessary treatment for my child during this camp.

In case of an emergency involving my child's horse, I consent to the instructors arranging necessary veterinary treatment and I agree to meet the expenses of any veterinary costs.

**BY MY CHILD ATTENDING THIS CLINIC I AGREE:**

I will be responsible for any damage done by my vehicle, child or their horse;

I will supply the necessary medication, with clearly written and accurate dosage/requirements for my child to an instructor at the time of arrival and collect the same upon departure;

All instructors at the camp will take necessary precautions to ensure my child is safe but the instructors will not be liable for any accidents as I am aware of the risks associated with equestrian activities. In addition I consent to my child undertaking these activities;

I confirm that my child is capable of undertaking the proposed equestrian activities.

**SIGNED BY THE PARENT/GUARDIAN:**

**FULL NAME OF PARENT/GUARDIAN (printed):**

**DATE OF SIGNING:**

**RIDER COMPETENCY / GOALS INFORMATION:**

Riders' current confident height for jumping:

**RIDER GOALS:**

Is there anything the rider current wants to work on at the clinic in dressage or jumping:

**IS THERE ANYTHING ELSE YOU THINK WE NEED TO AWARE OF FOR YOUR CHILD FOR THIS CLINIC:**