

Galway West Riding Club Membership Form 2020

Personal Details

Membership No: _____

(Renewals only)

Forename: _____

Surname: _____

Gender: Male Female

Date of birth: ____/____/____

Address: _____

Town: _____

County: _____

Eircode: _____

Contact No: _____

Email: _____

Membership Type

New Member:

Renewal:

Transfer:

If transfer:

State previous club: _____

Year last registered: _____

Membership Category

Riding Member:

Non Riding Member:

Grading Information

Dressage: _____

Show Jumping: _____

Cross Country: _____

Grading Information

Have you ever competed in any of the following and if so what level?

Dressage Ireland: Yes _____

Show Jumping Ireland: Yes _____

Eventing Ireland: Yes _____

Please indicate if you have any BHS examinations?

Stage 1

Stage 4

Stage 2

BHS II

Stage 3

BHS I

BHSAI

FBHS

Have you ever been a member of the Pony Club, if yes what examination did you pass and at what level did you compete:

D Test

B Test

D+ Test

H Test

C Test

B+ Test

C+ Test

A Test

If you have any further information that will help us to grade you at the correct level:

Medical Conditions

I understand that if I have a medical condition that may affect my riding, I will inform the Club Secretary or Coach.

Insurance

All members are advised to arrange their own personal accident insurance, and horse owners to obtain third party insurance.

Volunteering

If I am accepted for membership, I agree to help the club where ever possible at club, regional and national events if required.

Privacy & Data Protection

At Galway West we are committed to respecting and protecting your privacy. The information you provide on this form will be used solely for the purposes of communicating with you as a member of this club.

As we are affiliated to the Association of Irish Riding Clubs (AIRC), your personal information will be shared with them in order to fulfil your AIRC membership benefits and/or services and they may share them with associates for the purpose of fulfilling your full membership benefits and/or services (i.e. insurance providers)

I understand that if I do not provide my personal data, my membership cannot be registered with the club and the AIRC.

We / AIRC will automatically contact you about your membership, for example, to ensure you receive your membership benefits , to tell you about news, activities and events. This includes sending you email updates, information on other membership benefits, and publishing competition times and results in the public domain.

To see our privacy policy go to www.airc.ie/privacy.

I hereby give my consent to be contacted by:

Email
SMS
Whatsapp

Disclaimer

Horse riding is a risk sport, participation therefore holds potential danger. Horses are sometimes unpredictable and do not always respond as expected.

You may suffer serious personal injuries, as well as a loss of property as a result of exposing yourself to the risks and hazards associated with riding as a sport.

The Association of Irish Riding Clubs, their members or Agents shall not be liable for, nor shall they accept responsibility, for any injury, loss or damage howsoever sustained by any person or persons, whether arising under the express or implied terms of this contract, in negligence or a common law or in any other manner arising, whether direct or indirect and including consequential losses arising out of any of the activities of this organisation or in any other way whatsoever.

General Regulations and Conditions

If I am accepted for membership, I agree to be bound by the rules of this club and the rules of the Association of Irish Riding Clubs.

I also agree to be bound by the code of conduct for this club and also the Association of Irish Riding Clubs.

I understand that membership of the club runs from 1st January to 31st December each year.

I have read the data protection information and have given my consent, by signing below, to be contacted by the club and by AIRC for the purposes of my membership.

Signature: _____

Date: _____ / _____ / _____

Proposed By: _____

Seconded By: _____
(If required)

Parent/Guardian

To completed if the member is under 18.

Signature: _____

Date: _____ / _____ / _____

Return Form

Club Secretary: **Elaine Singleton**

Email: **galwaywest@airc.ie**