



LA NOIR EWA VAULTING SQUAD

Application 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 : STATE SQUAD RECOGNITION SQUAD | |
| EA Number: | Date of Birth (if under 21): |
| Postal Address: | |
| Suburb: | Post Code: |
| Home Phone: | Email address: |
| Mobile Phone: | Size of squad shirt required: |

| Level Currently Competing: | | | | |
|--|-------|------|-------|---------|
| <i>Athletes best performances in the last 12 months including at least one performance since the previous 12 months</i> | | | | |
| Competition | Venue | Date | Score | Placing |
| | | | | |
| | | | | |
| | | | | |
| A COPY OF ALL SCORE SHEETS MUST BE ATTACHED TO THIS APPLICATION | | | | |

| | |
|---|--|
| 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 2018 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 2019?

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

I understand that, if my application for inclusion in the High Performance Program 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 Performance**
by 1st June or the 30th November

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

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