

2019 TRANS TASMAN CHALLENGE NEW ZEALAND



YOUTH APPLICATION FORM

Applicants need to be 13 years of age and not older than 18 years of age as at 1st August 2019 to apply as a Youth. If older than 18 years you are eligible to apply as an Amateur applicant.

1. YOUTH APPLICANT DETAILS

Youth Full Name: _____

Postal Address: _____

_____ Post Code: _____

Telephone: Home: _____ Mobile: _____

Email: _____

Date of Birth: _____ AQHA Membership #: _____

Australian Citizen: YES NO Country of Residence _____

2. PARENT / GARDIAN DETAILS

Parent/Guardian Name: _____

Postal Address (if different from above) _____

_____ Post Code: _____

Telephone: Home: _____ Mobile: _____

Email: _____ AQHA Membership #: _____

Consent: Name _____ Signature: _____

Date: _____

3. EMERGENCY CONTACT DETAILS

First Contact

Name: _____ Relationship: _____

Home Phone #: _____ Mobile Phone #: _____

Second Contact

Name: _____ Relationship: _____

Home Phone #: _____ Mobile Phone #: _____

4. YOUTH APPLICANT INFORMATION

Have you participated in the Trans Tasman event before? Yes No YEAR

4.a We want to hear about you ..

1. Write down what makes you want to be part of the 2019 Trans Tasman Challenge and Team Australia

Dot point three skills you hope to gain/develop by participating in the 2019 Trans Tasman Challenge

Skills you want to gain/develop	How you think this would be developed	Benefits from developing these skills
1.		
2.		
3.		

2. Tell us about your strengths and what you can bring to Team Australia, Trans Tasman.

1. _____

2. _____

3. Describe how you have been part of your local AQHA Affiliate Club

4.b LEADERSHIP and CONTRIBUTION

1. Do you volunteer for any clubs or committees?

Tell us about where and how you volunteer or how and where you would like to become a volunteer.

4.c SKILLS

Tell us about your skills and qualifications.

Consider your Equine skills, school and/or team experience.

4.d REFERENCES

Not all applicants will be known to the selectors and so selectors may also rely on the references provided by various people. All applicants need to provide two (2) sets of contact details from the following list:

- a) Current AQHA Affiliate Committee Member
- b) Organisation which you may be a member or hold a position on
- c) Employer
- d) Current AQHA Judge, Professional Horseman or Current AQHA Member

Referees will be asked how long they have known the applicant, provide information on character, leadership skills and horsemanship skills. It is recommended that you show them a copy of your completed application as it may assist them in providing a reference for you

Referee Contacts:

Name: _____ **Organisation:** _____

Mobile Number: _____

Name: _____ **Organisation:** _____

Mobile Number: _____

5. SHOW RECORD

Please list below the horses which you have shown over the past 24 months to assist with the AQHA producing current point records to accompany your application.

YOUTH TEAM AUSTRALIA APPLICATION AGREEMENT

I _____ (full name) am the Parent/Guardian authorised to consent to the following;

1. That my child _____ (child's full name) is available to participate and travel with the 2019 Trans Tasman Team from _____ to _____ which includes travel to and from New Zealand.
2. Understand that the selection process needs to be confidential and to ensure everyone is treated equally will not contact the selectors, AQHA Directors or Youth Convenor (unless a formal response to a request from the selection panel) with regards to the selection process.
3. Give consent for my child to participate in all 2019 Trans Tasman activities and delegate my authority to Team Management.
4. Warrant that my child does not have any medical/physical conditions which would prevent him/her from participating in any 2019 Trans Tasman activities.
5. Give permission for Trans Tasman 2019 Team Management to provide any necessary medical treatments for my child. I agree that I am responsible for any costs related to medical treatment for my child.
6. Give permission for qualified practitioners to administer anaesthetic and or medical treatments should they deem this necessary.
7. Understand and agree that should my child not follow the direction of the 2019 Trans Tasman Management they may be sent home and that I accept responsibility for any costs incurred.
8. Understand that communication with my child needs to be limited while he/she is on the Trans Tasman trip. Phone calls need to be kept to a minimum and should be made between the hours of 8 – 9pm in the evening or 6 – 7am in the mornings. This will ensure your child has ample rest and is ready for the day's activities. If further communication is needed (apart from an emergency) this is to be coordinated with the Trans Tasman Manager.
9. In applying for consideration for selection for Team Australia - 2019 Trans Tasman, I hereby agree to pay, to the AQHA no later than the 1st August 2019, the amount of \$550.00 (includes application fee) towards meals, accommodation and event expenses.
10. In applying for consideration for selection for Team Australia – 2019 Trans Tasman, I hereby agree to reimburse the AQHA for my child's return flights from Australia to Auckland.
11. I will support my child to abide by the Rules & Regulations of the Australian Quarter Horse Association and understand that disciplinary procedures of the Australian Quarter Horse Association will apply in the event of a breach.

Name of Parent/Guardian: _____ **Date** _____

Signature of Parent/Guardian: _____

Contact Number: _____



YOUTH TEAM AUSTRALIA MEDICAL FORM

NAME: I am the authorised (PARENT/GUARDIAN) _____

Hereby state that my child (CHILDS NAME) _____

Has the following medical conditions:

And that my child is taking the following medication (include dose and timeframe)

NOTE: If your child is taking prescription medication, we require a letter from their Doctor stating prescription and dosage to provide.

Please ensure your child has adequate medication for the duration of the trip.

I hereby state that if my child requires pain killers, then the following medication is to be given:

I hereby state that my child is allergic to the following:

Name of Parent/Guardian: _____ Date _____

Signature of Parent/Guardian: _____

Contact Number: _____

YOUTH APPLICATION CHECK LIST

Check that YOU have:

- ✓ Legible writing so selectors can easily understand your application
- ✓ All information is provided and you have answered all questions
- ✓ Two (2) referee contact details listed
- ✓ A copy of your Passport is attached
- ✓ A current photo is included, if emailing please saved as a jpg
- ✓ That your parent/guardian has read and signed the Application Agreement
- ✓ That your parent/guardian has completed and signed the Medical Form
- ✓ The application deposit \$50 deposit is paid to AQHA and receipt is attached to the application

Direct Deposit details:

AQHA BSB 032 621
 ACCOUNT 119369

Please reference the youth applicant membership number when direct depositing the \$50 application fee.

Applications need to be received by 5pm, 7th March 2019.

Late applications cannot be accepted

Email to pa@aqha.com.au

Or post to

AQHA

PO Box 979,

TAMWORTH NSW 2340.

If you need help, want to ask further questions please contact

AQHA Youth Director, Craig Rath – mobile 0427 059863

Or the AQHA office

Email : pa@aqha.com.au

Phone – 02 67626444