



## BSJA JERSEY VISITING MEMBERSHIP APPLICATION FORM

I hereby apply to be admitted as a

	Senior Jumping Member	<input type="checkbox"/> £10
	Pony Jumping Member	<input type="checkbox"/> £10
	Pony Associate Jumping Member	<input type="checkbox"/> £10

of the British Show Jumping Association (Jersey) as a Visiting Member for the duration of the **Liberation Day Horse Show 2011**

I enclose my Visiting Membership subscription which will be returned if this application is rejected.

I agree, if admitted, to be bound by the Constitution of BSJA (Jersey) and all associated rules and regulations and I agree that the decisions of the Executive Committee, stewards and other competent authorities of the Association given in accordance therewith shall be binding upon me and I authorise you to place my name on the Visiting Register of Members of the Association for this show only.

I hereby confirm that any horse or pony entered by me in any competition organised by BSJA (Jersey) will have third party public liability insurance current and effective as at the date of competition and will be registered with BSJA Guernsey or BSJA UK.

I hereby acknowledge that the Executive Committee, stewards or other competent officials will not be held liable for loss, injury or damage to persons or property.

Please note that Parents/Guardians will be deemed temporary members as a result of their child's visiting membership.

**Visiting membership applies to one show only**

Name of Rider		Tel:	
Date of Birth (Junior)			
Name of Parent or Guardian (Juniors)		Mobile	
Address			
Post code			
Signature of Senior rider or Parent/Guardian			

Horse/Pony Registered Name		Height	
Registered Number with BSJA Guernsey/ BSJA UK			
Total £ winnings UK .....	Guernsey .....	Other .....(pls specify)	£

Please return this application form with subscription money to the Entries Secretary as detailed on the show schedule, with your entry