

Annual Membership Application Form

To compete at any JumpCross venue, you must hold either an Annual or Day Membership

APPLICANT'S FULL NAME:

ADDRESS:

POST CODE:

CONTACT TELEPHONE NUMBERS (including mobiles):

E-MAIL: NATIONALITY:

AGE: DATE OF BIRTH: SEX: Male Female

LOCAL JUMPCROSS VENUE:

❖ Medical Information:

You will be required to answer a list of medical questions on receipt of your Licence/Medical card. It is the responsibility of the rider to keep the licence fully up to date. Any disabling injuries or concussion sustained between the completion of this form and any JumpCross Competition must be disclosed in writing to the Directors of JumpCross with a medical certificate confirming fitness to compete.

❖ Insurance:

All Members are encouraged as a minimum, to hold insurance for their liability to the public, as the owner or keeper of a horse.

❖ Next of Kin/Emergency contacts

Name: Telephone:

❖ Data Protection:

Your information will be stored in electronic format for the purpose of sending information relating to JumpCross activities. It will remain on our files for as long as you remain a member and thereafter for the statutory minimum period. You may request a copy of this information at any time and at your own expense. We will request annual updates from you and the accuracy of the data we hold on you will depend on receipt of these updates.

Please tick this box if we may e-mail you periodically

❖ MEMBERSHIP FEE

Annual Membership Fee Senior, Junior: £27.00

*Please state which Pony/Riding Club you belong to:

Annual Membership Fee, Pony Club/Riding Club* £20.00

**Please list all Family Members:

Family Membership at £10.00 each** £

Three or more family members resident at the same address

TOTAL: £

Please make out your cheque for the total above, payable to "JumpCross" and post to:

JumpCross, Grange Farm, Wittering Grange, Wansford, Peterborough PE8 6NR

A Membership Pack will be issued within 21 days of receipt at JumpCross Office.

NOTE: Remember that all Registration & Entry Forms must be received at the JumpCross Office no later than 7 days in advance of any competition you wish to enter.

❖ I have read and understood the above. To the best of my knowledge the information supplied is correct.

SIGNED: Membership Applicant Date:

Introduced by:

Name of Instructor: Signature of Instructor: Date:

FOR OFFICIAL USE ONLY

DB No: Membership/Licence No: Issue date: Expiry date: