

OFFICIAL DATE
USE REC'VD

PAYMENT
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PROCESSED
DATE



HORSE SPORT IRELAND

**FORM 1 – 2012
COMPETITOR'S LICENCE
AND FEI REGISTRATION**

Name of Applicant:

Address:

Home telephone:

Mobile:

e-mail address:

Date of Birth:

Gender:

Discipline: (eg jumping, dressage)

Nationality:

Pony:

Junior:

Young:

Senior:

Para Equestrian:

Annual or single licence:

Name of event if a single licence:

NOTE – SINGLE EVENT LICENCES CAN ONLY BE ISSUED FOR NAMED EVENTS IN IRELAND

DECLARATION I confirm that, to the best of my knowledge, all the information here is correct and there is no reason why this licence should not be granted. I confirm that that I have received, read and understood the National Rules of Horse Sport Ireland (the "National Rules") as well as Horse Sport Ireland's Code of Conduct ("Code of Conduct") and that I have read and understood the rules and regulations of the Federation Equestre Internationale ("the FEI") (www.fei.org). I confirm that I agree to comply with and be bound by the National Rules, Code of Conduct and rules and regulations of the FEI, as amended from time to time.

Signature (applicant):

Print name (applicant):

Date:

Signature (parent/guardian):

Print name (parent/guardian):

Date:

***A Parent or guardian must sign the above declaration in the case of minor (under 18)**

LICENCE PAYMENT

- Senior and Young rider licence €175
- Pony or Junior rider €80
- Single Event licence €80
- Para Equestrian rider licences are free of charge

Cheques payable to Horse Sport Ireland please or complete a separate Credit Card Payment Form. Horse Sport Ireland will only process this application to the FEI once we have confirmed that the rider has no payments overdue to Horse Sport Ireland and that the rider is a member of the relevant affiliated body that runs the national aspects of their discipline or is a subscriber to the relevant Horse Sport Ireland section.



MEDICAL QUESTIONNAIRE

(to be completed and returned to HSI WITH LICENCE FORM)

Address:	Date of Birth: Telephone No: Mobile: Fax: E-mail:
DISCIPLINE: eg; Show Jumping, Eventing, Endurance etc	Next of kind: Relationship to rider:
Next of Kin's address:	Telephone: Mobile: Fax: E-mail:
G.P.'s Name and Address:	When did you last see your doctor? When did you last receive a Tetanus Immunisation?
List any drugs you are currently taking (prescribed and over the counter).	List any herbs or vitamins you are currently taking. THIS IS VERY IMPORTANT.

ANY CHANGE IN PRESCRIBED MEDICATION MUST BE NOTIFIED IMMEDIATELY

Signed: _____

Dated: _____

Please return completed form ALONG WITH LICENCE FORM to Fax: 045-850850 or e-mail: reg@horsesportireland.ie or post: Sports Department Horse Sport Ireland, 1st Floor, Beech House, Millennium Park, Osberstown, Naas. Co Kildare.