

HSI CARRIAGE DRIVING SUBSCRIPTION APPLICATION 2020

IN ORDER TO FOR YOUR APPLICATION TO BE ACCEPTED, IT IS MANDATORY THAT THE FORM BELOW IS COMPLETED IN FULL AND RETURNED TO HORSE SPORT IRELAND

(PLEASE WRITE IN CANAME: ADDRESS:		
TELEPHONE (of pare	nt/guardian if driver is under 18):
E-MAIL ADDRESS (of	parent/guardian if driver is und	er 18):
DRIVING NUMBER:		
EQUINE PREMISES RI	EG. NUMBER:	
TYPE OF SUBSCRIPTION	ON (Please tick as appropriate): JUNIOR*	SUPPORTING/NON-DRIVING
*A Junior Member is	a person who is 18 years or you	nger on 1 st January. Date of Birth:
DECLARATION:		
be granted. I have take Sport Ireland's Code of bound by Horse Sport I Regulations and the Sp	n it upon myself to source and rea Conduct ("Code of Conduct") and I reland's General Rules, Horse Spor port Ireland Human Anti-Doping R	ation here is correct and there is no reason why this membership should not if the Horse Sport Ireland General Rules the ('General Rules') as well as Horse confirm that I understood same. I confirm that I agree to comply with and be Ireland Code of Conduct, HSI Equine Anti-Doping and Controlled Medication ales as amended from time to time. I agree and confirm that while I am a not florse Sport Ireland, I will be subject to, and will I comply with the
my consent is required disclosure to third partifor the Carriage Driving Ireland's Data Protection will only process my prequired by law. All propersonal data, as define will honour my rights a limits those privileges.	for Horse Sport Ireland to proces es such as, but not limited to, the Standard programme and Organising Common and Privacy policies (available at ersonal data for legitimate busine cessing will have due regard to the ed within the DPA and GDPR, the prond freedoms at all times, including	rotection Act 2018 and the General Data Protection Regulation (GDPR) 2016, a personal data which it may have in its possession concerning me including ports Department Administrators, the insurance company who provides cover littees at Carriage Driving events. I confirm that I have reviewed Horse Sport www.horsesportireland.ie or on request) and I note that Horse Sport Ireland is purposes relating to the Carriage Driving Programme 2019 and/or where DPA 2018 and GDPR 2016. I note that this personal data may include sensitive docessing of which requires my explicit consent. I note that Horse Sport Ireland my rights as a data subject, as long as there is no other overriding law which information relating to me, either contained in this form or otherwise, for the programme 2019.
I note that annual subscription.	criptions fall due on 1 st January eac	n year and that driving members' insurance cover runs concurrently with the
SIGNED:	(by parent/	guardian if driver is under 18) DATE:



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2020 SUBSCRIPTION RATES:

ADULT DRIVER - €130	
JUNIOR DRIVER ONLY - €20	
JUNIOR DRIVER WITH ADULT - €140	
SUPPORTING MEMBER - €30	
EQUINE ANNUAL REGISTRATION (please comple	te attached equine registration form) - €10
PROPOSER:	
ALL NEW MEMBERSHIP APPLICATIONS ARE SUBJECT T	TO RATIFICATION BY THE HSI CARRIAGE DRIVING COMMITTEE.
PAYMENT:	
Credit card payments can be made by contacting Miche	elle O'Reilly in Horse Sport Ireland
Please make cheques payable to HORSE SPORT IRELAN	D and return to Michelle O'Reilly
Sports Department Administrator: Ms. Michelle O' Re	illy, HSI Carriage Driving Section, 1^{st} Floor, Beech House, Millennium
Park, Osberstown, Naas, Co. Kildare. Email: moreilly@h	norsesportireland.ie. Tel: (045) 854537
INSURANCE	
Consistent with 2019, personal liability insurance is not	available as part of the HSI Carriage Driving Section membership. The
Carriage Driving Section is part of HSI, as such, our office	cial events benefit from the HSI public liability insurance coverage for
the running of events. As a result, if a claimant holds th	ne Carriage Driving section of HSI (Horse Sport Ireland) responsible for
an accident, they are indemnified for the first 20 even	its under the HSI policy. However, if a member/participant causes an
accident at a Carriage driving event and someone holds	s the member/participant liable, they need to have their own cover in
	a result, we require all drivers to carry their own personal liability
	ability insurance is offered as part of BC driving membership of which
	members. We understand BDS also offer personal liability insurance.
·	bers to assess their own personal insurance needs relative to terms,
conditions and exclusions of coverage offered as part of	of the aforementioned memberships.
Offi	ice use only
Date received: By:	Paid: C/C Cash Cheque Amount: €



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EQUINE NAME	EQUINE NAME	
ТҮРЕ	ТҮРЕ	
BREED	BREED	
GENDER	GENDER	
COLOUR	COLOUR	
PASSPORT NUMBER	PASSPORT NUMBER	
MICROCHIP NUMBER:	MICROCHIP NUMBER	
2019 CLASS*	2019 CLASS*	
EQUINE NAME	EQUINE NAME	
ТҮРЕ	ТҮРЕ	
BREED	BREED	
GENDER	GENDER	
COLOUR	COLOUR	
PASSPORT NUMBER	PASSPORT NUMBER	
MICROCHIP NUMBER:	MICROCHIP NUMBER	
2019 CLASS*	2019 CLASS*	

^{*}Please state the class you are planning to compete with this horse in 2020