

## 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 CA<br>NAME:<br>ADDRESS:  |   |  |
|---|---|--|
| TELEPHONE (of paren   | t/guardian if driver is under 18)   | ······································   |
| E-MAIL ADDRESS (of p  | parent/guardian if driver is unde   | r 18):   |
|   |   |  |
| EQUINE PREMISES RE  | G. NUMBER:  |  |
| TYPE OF SUBSCRIPTION  | <b>DN</b> (Please tick as appropriate):   |  |
| ADULT   | JUNIOR*   | SUPPORTING/NON-DRIVING   |
| *A Junior Member is a   | a person who is 18 years or youn  | ger on 1 <sup>st</sup> January. Date of Birth:   |
| DECLARATION:  |   |  |
| be granted. I have taker<br>Sport Ireland's Code of C<br>bound by Horse Sport Ir<br>Regulations and the Sp  | n it upon myself to source and read<br>Conduct ("Code of Conduct") and I o<br>eland's General Rules, Horse Sport<br>ort Ireland Human Anti-Doping Ru  | tion here is correct and there is no reason why this membership should not<br>the Horse Sport Ireland General Rules the ('General Rules') as well as Hors<br>onfirm that I understood same. I confirm that I agree to comply with and b<br>reland Code of Conduct, HSI Equine Anti-Doping and Controlled Medicatio<br>es as amended from time to time. I agree and confirm that while I am<br>of Horse Sport Ireland, I will be subject to, and will I comply with th  |
| my consent is required disclosure to third partie for the Carriage Driving Ireland's Data Protectio will only process my perequired by law. All processonal data, as define will honour my rights ar limits those privileges. I | for Horse Sport Ireland to process es such as, but not limited to, the Sp programme and Organising Comminand Privacy policies (available at versonal data for legitimate business essing will have due regard to the Dd within the DPA and GDPR, the prond freedoms at all times, including research. | otection Act 2018 and the General Data Protection Regulation (GDPR) 2016 personal data which it may have in its possession concerning me including orts Department Administrators, the insurance company who provides covertees at Carriage Driving events. I confirm that I have reviewed Horse Sport Ireland purposes relating to the Carriage Driving Programme 2021 and/or wher PA 2018 and GDPR 2016. I note that this personal data may include sensitive tessing of which requires my explicit consent. I note that Horse Sport Ireland purposes as a data subject, as long as there is no other overriding law which formation relating to me, either contained in this form or otherwise, for the ogramme 2021. |
| I note that annual subsc<br>subscription.   | riptions fall due on 1st January each   | year and that driving members' insurance cover runs concurrently with the  |
| SIGNED:   | (by parent/g  | uardian if driver is under 18) DATE:   |



## **HSI CARRIAGE DRIVING SUBSCRIPTION APPLICATION 2021**

## 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

| 2021 SUBSCRIPTION RATES:                               |   |
|--|---|
| ADULT DRIVER - €130                                    |   |
| JUNIOR DRIVER ONLY - €20                               |   |
| JUNIOR DRIVER WITH ADULT - €140                        |   |
| SUPPORTING MEMBER - €30                                |   |
| EQUINE ANNUAL REGISTRATION (please o                   | complete attached equine registration form) - €10                                 |
| PROPOSER:  |   |
| ALL NEW MEMBERSHIP APPLICATIONS ARE SUE                | IBJECT TO RATIFICATION BY THE HSI CARRIAGE DRIVING COMMITTEE.                     |
| PAYMENT:   |   |
| Credit card payments can be made by contacting         | ng Michelle O'Reilly in Horse Sport Ireland                                       |
| Please make cheques payable to HORSE SPORT I           | IRELAND and return to Michelle O'Reilly   |
| Sports Department Administrator: Mrs. Michelle         | lle O' Reilly, HSI Carriage Driving Section, 1st Floor, Beech House, Millennium   |
| Park, Osberstown, Naas, Co. Kildare. Email: <u>mor</u> | reilly@horsesportireland.ie. Tel: (045) 854537                                    |
| INSURANCE  |   |
| Consistent with 2019/2020, personal liability          | insurance is not available as part of the HSI Carriage Driving Section            |
| membership. The Carriage Driving Section is pa         | part of HSI, as such, our official events benefit from the HSI public liability   |
| _  | As a result, if a claimant holds the Carriage Driving section of HSI (Horse Sport |
|  | e indemnified for the first 20 events under the HSI policy. However, if a         |
| •  | arriage driving event and someone holds the member/participant liable, they       |
| •  | HSI policy will not indemnify them. As a result, we require all drivers to carry  |
|  | or compete at HSI events. For avoidance of doubt, it is the responsibility of     |
| ·  | ce needs relative to terms, conditions and exclusions of coverage offered as      |
| part of the aforementioned memberships.                |   |
|  | Office use only   |
|  | ,   |
| Date received:   | By: Paid: C/C Cash Cheque Amount: €   |
|  |   |
|  |   |
|  |   |



## 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 ENSURE THAT THE NAME OF THE EQUINE IS THE NAME THAT APPEARS ON THE PASSPORT

| EQUINE NAME       | EQUINE NAME      |  |
|-------------------|------------------|--|
| ТҮРЕ              | ТҮРЕ             |  |
| BREED             | BREED            |  |
| GENDER            | GENDER           |  |
| COLOUR            | COLOUR           |  |
| PASSPORT NUMBER   | PASSPORT NUMBER  |  |
| MICROCHIP NUMBER: | MICROCHIP NUMBER |  |
| 2021 CLASS*       | 2021 CLASS*      |  |
| EQUINE NAME       | EQUINE NAME      |  |
| ТҮРЕ              | ТҮРЕ             |  |
| BREED             | BREED            |  |
| GENDER            | GENDER           |  |
| COLOUR            | COLOUR           |  |
| PASSPORT NUMBER   | PASSPORT NUMBER  |  |
| MICROCHIP NUMBER: | MICROCHIP NUMBER |  |
| 2021 CLASS*       | 2021 CLASS*      |  |

<sup>\*</sup>Please state the class you are planning to compete with this horse in 2021