

2025 TRANS-TASMAN CHALLENGE

Australia - Tatura, Victoria

YOUTH APPLICATION FORM



Applicants need to be 13 years of age and not older than 18 years of age as at 1st August 2025 to apply as a Youth. If older than 18 years you are eligible to apply as an Amateur applicant.

1. YOUTH APPLICANT DETAILS

Youth Full Name: _____

Postal Address: _____
_____ Post Code: _____

Telephone: Home: _____ Mobile: _____

Email: _____

Date of Birth: _____ AQHA Membership #: _____

Australian Citizen: YES NO Country of Residence _____

Sizing (CM) Full Chest: _____ Shoulder to hip: _____ Shoulder to wrist: _____

2. PARENT / GARDIAN DETAILS

Parent/Guardian Name: _____

Postal Address (if different from above) _____
_____ Post Code: _____

Telephone: Home: _____ Mobile: _____

Email: _____ AQHA Membership #: _____

Consent: Name _____ Signature: _____

Date: _____

3. EMERGENCY CONTACT DETAILS

First Contact

Name: _____ Relationship: _____

Home Phone #: _____ Mobile Phone #: _____

Second Contact

Name: _____ Relationship: _____

Home Phone #: _____ Mobile Phone #: _____

4. YOUTH APPLICANT INFORMATION

Have you participated in the Trans-Tasman event before? Yes No YEAR

4. a) We want to hear about you ..

1. Let us know why you want to be part of the 2025 Trans-Tasman Challenge and Team Australia

2. Tell us about your strengths and what you can bring to Team Australia, Trans-Tasman.

a. _____

b. _____

3. Describe how you have been part of your local AQHA Affiliate Club

4. b) LEADERSHIP and CONTRIBUTION

1. Do you volunteer for any clubs or committees?

Tell us about where and how you volunteer or how and where you would like to become a volunteer.

4. c) REFERENCES

Not all applicants will be known to the selectors and so selectors may also rely on the references provided by various people. All applicants need to provide two (2) sets of contact details from the following list:

- a) Current AQHA Affiliate Committee Member
- b) Organisation which you may be a member or hold a position on
- c) Employer
- d) Current AQHA Judge, Professional Horseman or Current AQHA Member

Referee cannot be a current AQHA Board member.

Referees will be asked how long they have known the applicant, provide information on character, leadership skills and horsemanship skills. It is recommended that you show them a copy of your completed application as it may assist them in providing a reference for you

Referee Contacts:

Name: _____ Organisation: _____

Mobile Number: _____

Name: _____ Organisation: _____

Mobile Number: _____

5. SHOW RECORD

Please list below the horses which you have shown over the past twenty four (24) months to assist with the AQHA producing current point records to accompany your application.

YOUTH TEAM AUSTRALIA APPLICATION AGREEMENT

I _____ (full name) am the
Parent/Guardian authorised to consent to the following;

1. That my child _____ (child's full name) is available to participate and travel to Tatura, Victoria.
2. Understand that the selection process needs to be confidential and to ensure everyone is treated equally will not contact the selectors, AQHA Directors or Youth Convenor (unless a formal response to a request from the selection panel) with regards to the selection process.
3. Give consent for my child to participate in all 2025 Trans-Tasman activities and delegate my authority to Team Management.
4. Warrant that my child does not have any medical/physical conditions which would prevent they/them from participating in any 2025 Trans-Tasman activities.
5. Give permission for Trans-Tasman 2025 Team Management to provide any necessary medical treatments for my child. I agree that I am responsible for any costs related to medical treatment for my child.
6. Give permission for qualified practitioners to administer anaesthetic and or medical treatments should they deem this necessary.
7. Understand and agree that should my child not follow the direction of the 2025 Trans-Tasman Management they may be sent home and that I accept responsibility for any costs incurred.
8. Understand that communication with my child needs to be limited while they/them is on the Trans-Tasman trip. Phone calls need to be kept to a minimum and should be made between the hours of 8 – 9pm in the evening or 6 – 7am in the mornings. This will ensure your child has ample rest and is ready for the day's activities. If further communication is needed (apart from an emergency) this is to be coordinated with the Trans-Tasman Manager.
9. In applying for consideration for selection for Team Australia - 2025 Trans-Tasman, I hereby agree to pay, to the AQHA no later than the 1st August 2025, the amount of \$1500.00 (includes application fee) towards meals and event expenses.
10. In applying for consideration for selection for Team Australia – 2025 Trans-Tasman, I hereby agree to reimburse the AQHA for my child's return flights (if required) to and from Tatura, Victoria.
11. I will support my child to abide by the Rules & Regulations of the Australian Quarter Horse Association and understand that disciplinary procedures of the Australian Quarter Horse Association will apply in the event of a breach.
12. Supply two (2) horses (no 2yr olds) of suitable, competitive, show standard plus English, Western and Showmanship tack and gear for each of the horses. It will be the responsibility of the owner / rider to supply all feed, rugs, special needs and tack for the horses being provided. If there is a need for a veterinarian to attend the horse during the Trans-Tasman event, the cost will be the owner's responsibility.
13. Agree to indemnify the AQHA and AQHA representatives against accidents or misadventures whilst the horse is at the Trans-Tasman event. Owners / riders are reminded that horse riding is a dangerous sport. The AQHA and AQHA representatives will not be held liable for any damage, loss to property, injury or death whilst at the Trans-Tasman event.

Name of Parent/Guardian: _____ **Date** _____

Signature of Parent/Guardian: _____

Contact Number: _____

YOUTH TEAM AUSTRALIA MEDICAL FORM

NAME: I am the authorised (PARENT/GUARDIAN) _____

Hereby state that my child (CHILDS NAME) _____

Has the following medical conditions:

And that my child is taking the following medication (include dose and timeframe)

NOTE: If your child is taking prescription medication, we require a letter from their Doctor stating prescription and dosage to provide.

Please ensure your child has adequate medication for the duration of the trip.

I hereby state that if my child requires pain killers, then the following medication is to be given:

I hereby state that my child is allergic to the following:

Name of Parent/Guardian: _____ **Date** _____

Signature of Parent/Guardian: _____

Contact Number: _____

YOUTH APPLICATION CHECK LIST

Check that you have: -

- ✓ Legible writing so selectors can easily understand your application
- ✓ All information is provided and you have answered all questions
- ✓ Two (2) referee contact details listed
- ✓ A current photo is included, if emailing please saved as a jpg
- ✓ That your parent/guardian has read and signed the Application Agreement
- ✓ That your parent/guardian has completed and signed the Medical Form
- ✓ The application non-refundable deposit \$100 deposit is paid to AQHA and receipt is attached to the application

Direct Deposit details:

AQHA BSB 032 621
 ACCOUNT 119369

Please reference the youth applicant membership number when direct depositing the \$100 application fee.

Applications need to be received by 5pm, 6th December 2024.

Late applications will not be accepted

Email to pa@aqha.com.au

Or post to

AQHA

PO Box 979,

TAMWORTH NSW 2340.

If you need help, want to ask further questions please contact

AQHA Youth Director, Liz Keating – mobile 0418 354917

Or the AQHA office

Email : pa@aqha.com.au

Phone – 02 67626444