



APPLICATION FORM 2024
TRANS TASMAN CHALLENGE
TAUPO, NEW ZEALAND
16th to 21st September 2024

The application form must be completed in every detail.

Please read the attached document before completing this form. References requested must be attached. A suitable photo in Jpeg format only must be sent to **qhorse@aqha.com.au** in time to arrive with the application. Once completed, the application, along with the \$100 application fee, (non-refundable) is to be forwarded to:

AQHA Trans-Tasman 2024

PO Box 979, Tamworth, NSW 2340.

Alternatively email applications to **qhorse@aqha.com.au** with credit card details. Please do not send cash. Payment can be made via Direct Deposit.

PLEASE NOTE: Applications received after 9am, 10th November 2023 will not be accepted regardless of postage date.

APPLICANT DETAILS

Full Name: DOB:

Address: Post Code:.....

Home Phone: Mobile#:

Email: Fax:

AQHA Membership #:

EMERGENCY CONTACT

In Australia:

Name: Relationship:

Landline Phone: Mobile Number:

Second Contact

Name: Relationship:

Landline Phone: Mobile Number:

Whilst in New Zealand:

Name: Relationship:

Mobile Number:

MEDICAL INFORMATION

Provide a list of allergies, illness and/or disabilities:

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Provide a list of all prescription/over the counter medications that you are taking, the times required and the amount.

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BIO GRAPHICAL INFORMATION

What are your hobbies and interests besides horses?

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When did you start riding quarter horses?

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Does anyone else in your family show quarter horses?

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Name three (3) important attributes in a person who might be selected for the Trans-Tasman team.

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Are you a member of an AQHA Affiliate, if yes then please list Affiliate(s) name and any involvement you may have in that Affiliate besides being a member:

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Are you active in any other sporting organisations? If yes please fill in below:

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SHOW RECORD - Applicants must submit their show points for the past two-year period

You may add a sheet if necessary.

	Horses Name	AQHA POINTS last 2 years	Total AQHA points in class
Showmanship			
Horsemanship			
Hunt Seat Equitation			
Ranch Riding			
Trail			
Hunter Under Saddle			

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PAYMENT DETAILS

Credit card: Name on card: _____

Card # _____/_____/_____/_____ Exp _____/_____ CVC _____

Signature of card holder_____

Direct Deposit Details:

BSB: 032621 | Acct No: 119369 | Ref: TT and AQHA Membership No

TRANS-TASMAN APPLICANT AGREEMENT

I,, hereby apply for selection for Trans-Tasman 2024.

I acknowledge that I will:

- a) abide by any and all rules of the Australian Quarter Horse Association;
- b) abide by all rules relating to Trans-Tasman as determined by the NZ QHA, AQHA and Team Management;
- c) be governed and supervised by the Team Manager and Team Coach of Team Australia during my travel to, participation in, and travel from Trans-Tasman 2024. Further, I will comply with any rules or codes of behaviour or the instructions of the Team Manager and/or the Team Coach;
- d) agree that failure to abide by any instruction, rules or codes of behaviour set by the AQHA, Team Manager and/or the Team Coach could result in disciplinary action and my subsequent dismissal from Team Australia and that I could be sent home at my expense or the expense of my parent/guardian;

e) if selected as a member of Team Australia, be required to raise a minimum of AUD\$ 3,000 (please see Briefing document for payment dates) which will be applied to the team's expenses in relation to its participation in Trans-Tasman 2024

f) agree to abide by the rules regarding any phone calls/social media updates that I require to make and that they will be done so only between the hours of 7pm to 6am whilst in attendance at Trans-Tasman;

g) if applicable, only allow administration of any medications, for whatever reasons, by the Team Manager (refers to Youth Team Members only)

h) not contact the Directors and Staff of the AQHA or Team Coaches and Team Manager at any time either prior to or after the selection process with regards to any selection details

Signature of Applicant

Date

YOUTH ONLY SECTION

I co-sign this document on behalf of my child, whose name is at the top of this document and whose signature appears on this page.

Signature of Parent/Guardian Date:

YOUTH ONLY SECTION

PARENT/GUARDIAN AGREEMENT

I/we understand that if my/our child is selected as a member of Team Australia for Trans-Tasman 2024 to be held in New Zealand that I/we will:

1. Acknowledge that the selection process is confidential and agree that I/we will not contact the Directors and Staff of the AQHA or Team Coaches and Team Manager at any time either prior to or after the selection process with regards to any selection details.
2. Give consent for my/our child to participate in any or all activities related to Trans-Tasman 2024 Team and agree to delegate my authority to the Team Manager of such team activities.
3. Warrant that my/our child does not have any medical/physical condition/s which would prevent him/her from participating in any Trans-Tasman 2024 related activities.
4. Give permission for the Team Manager to authorise any necessary medical treatment for my/our child and I/we agree that we will be responsible for any costs. I/we understand that the administration of any medications, for whatever reasons, for my/our child, will only be administered under the guidance of the Team Manager.
5. Further authorise qualified practitioners to administer anaesthetic should this be necessary at any time.
6. Understand and agree that should my/our child be disciplined and removed from Team Australia, that my/our child may be sent home and that I/we accept responsibility for any costs incurred.
7. Understand and agree that all funds raised by my/our child must be forwarded to the AQHA by the dates required.
8. Understand that I/we will make my/our own travel and accommodation arrangements and will do so wholly and independently of Team Australia and that I/we will be self-sufficient.

9. Understand and agree that I/we will not have contact with my/our child unless authorised by the Team Manager and I/we will not interfere, attempt to influence, or deliberately disrupt the planning, execution, or management of any Trans-Tasman related activity.

10. I/we will organise, and make payment, for insurance cover and all flights, whilst participating in TT, ensuring the policy covers equine activities for our child.

11. I/we understand and agree that if our child has not conformed to all rules, stated in the Briefing document, our child will not be considered for selection and/or will be removed from the AQHA Trans-Tasman Youth Team if they are a successful applicant.

Signature of Parent/Guardian

Date

Name of Parent/Guardian