



Parent Consent Form

We _____ and _____
Please complete both parents' names in BLOCK LETTERS, above.

being parents of _____
Please complete full name of child in block letters above.

born on _____ and named in the attached Medical

Approval Certificate of Dr. _____ in which

he/she certifies the nature of the child's physical disability and that he/she is not aware of any medical condition which would adversely affect the child's fitness to become a junior riding member with PEI in the sport of para dressage

AND WE HEREBY CONSENT to our child and her/his horse taking part in the activities of training and competition in the sport of para dressage under the auspices and with the help and support, of Para Equestrian Ireland Limited.

Date _____

Signed _____
Signature of Father

Signature of Mother

Note

Parents should consult an insurance broker on the appropriate insurances to be put in place for horse and rider.