



MREC August Schooling Event

21973 132nd Ave Maple Ridge, B.C V4R 2T1

Phone Number: 604-467-5616 Fax: 604-467-5142

Email: mrec.entries@gmail.com

August 28th, 29th and 30th, 2020

Closing day for entries is Monday prior to show.

Only accepting faxed or emailed entries.

All entries must be accompanied with credit card information – please email to mrec.entries@gmail.com

Information

One division per horse/rider combination

Thursday will be open for Schooling in the dressage rings from 10:00am – 5:00pm

Dressage = 10min per rider

(ride your test, receive immediate feedback from the judge)

X-country = 1 timed round

Stadium = 1 timed round

Coach may support riders during x-country and stadium rounds

Stadium on the Grass (weather dependent)

Divisions

Starter: Dressage: 2016 Entry Test 1; Stadium: Max. 2'3"

Pre-Entry: Dressage: 2016 Entry Test 1; Stadium: Max. 2'6"

Entry: Dressage: 2016 Entry Test 2; Stadium: Max. 2'9"

Pre-Training: Dressage: 2016 PT Test 1; Stadium: Max. 3'2"

Training: Dressage: 2016 Training Test 2; Stadium: Max. 3'5"

Preliminary: Dressage: 2016 Prelim Test 2; Stadium: Max. 3'7"

Entry Fees

\$225.00 per division

Stall: \$115 for weekend

Mandatory Stall deposit cheque - \$50.00

*NO day stalls.

Start Times

Posted Wednesday evening prior

Friday: Dressage: Approx. 8:00 am

Saturday: X-country course: Approx: 8am start

Sunday: Stadium Course: Approx. 8:00 am - course walk between each division

*Please note that start times are approximate as it depends on our numbers



MREC Schooling Event

21973 132nd Ave Maple Ridge, B.C V4R 2T1

Phone Number: 604-467-5616 Fax: 604-467-5142

Email: mrec.entries@gmail.com

Name of Rider: _____ Age if Under 19: _____

Name of Horse: _____

Name of Owner: _____

HCBC # of Rider: _____ HCBC # of Owner: _____

Address: _____ City: _____

Phone Number: _____

Email Address: _____

Emergency Contact

Name/Number: _____

Credit Card: _____ Exp: _____

The undersigned agrees to abide by ALL rules and regulations of MREC. The undersigned hereby assumes all responsibility for any risk and/or accident that may occur to equipment/rider and/or horse.

Signature of Rider: _____

Signature of Owner: _____

Signature of Parent/Guardian for Riders Under 19 years of age:

Division: _____

*Please indicate below which division you would like to ride – see front page of entry form \$225 per division.

Coach/Trailing with: _____

Stall Total: \$ _____

*(if applicable – please indicate number of stalls needed) \$115.00 for weekend/NO day stalls/List who you would like to stable with)

Grand Total: \$ _____

This form must be signed by the following: competitors, volunteers, parents, trainers, etc.

Health and Wellness Self-declaration Form:

Name:

Home address:

Email address:

Date of Birth:

Cell Phone:

Event Name: MREC Schooling Event

Event Date: August 28th, 29th and 30th 2020

This declaration is for the entirety of the aforementioned event. If, during the course of the event, your answers to any of the questions below changes it is your responsibility to inform MREC and/or Show Management accordingly and to complete an updated Self-Declaration Form.

Please circle answers below.

1. I agree to adhere to the BC Ministry of Health Guidelines for the COVID-19 Global pandemic. **YES - NO**
2. Do you understand the risks of coming into contact with other people at MREC during the COVID-19 global pandemics? **YES - NO**
3. Do you agree to waive all liability and to indemnify MREC, MREC Staff, Jack Polo, Equestrian Canada and Horse Council of British Columbia for damages that may be incurred as a result of any misstatement in this self-declaration? **YES - NO**
4. Do you agree to monitor your own temperature each morning prior to entering the MREC property and MREC show grounds? **YES - NO**
5. To your knowledge, have you or anyone in your household had contact of any kind with someone diagnosed with COVID-19 (presumptively or confirmed) within the last 15 days? **YES - NO**
6. Have you or anyone in your household experiences any cold or flu like symptoms in the last 15 days (including but not limited to: fever, cough, sore

throat, respiratory illness, shortness of breath or difficulty breathing?) **YES - NO**

7. Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane within the last 15 days? **YES - NO**
8. Have you or anyone in your household returned from any destination outside of the province of British Columbia or travelled in an airplane within the last 15 days? **YES - NO**
9. Do you agree to inform MREC in the event that, within the 14-day period following this competition, you or someone in your household experiences any cold or flu like symptoms for the purpose of anonymous contact tracing? **YES - NO**
10. Do you understand that should circumstances arise you have a duty to MREC to refrain from entering the premise until a period of 15 days has passed? **YES - NO**

Signature: _____

Dates: _____

If person names on this form is under the age of 18, this form must be signed by a parent or legal guardian, and the information below completed.

Name of Parent/legal guardian: _____

Signature: _____