

MREC Dressage and Combined Stadium Schooling Show

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

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

Email: mrec.entries@gmail.com

March 6/7th, 2021 and April 10/11th, 2021

Closing day for entries is Monday prior to show. All faxed/emailed entries must be accompanied with credit card information – please email to mrec.entries@gmail.com

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. 2'7"

Pre-Training: Dressage: 2016 PT Test 1; Stadium: Max. 2'9"

Training: Dressage: 2016 Training Test 2; Stadium: Max. 3'4"

Preliminary: Dressage: 2016 Prelim Test 2; Stadium: Max. 3'6"

*Derby will be held in the Sand rings and will be a combination of stadium and cross country obstacles

Entry Fees

Derby Two Phase: \$150.00 per division

Late Fee: \$30.00

Stall: \$90.00 for weekend • Mandatory Stall deposit cheque - \$50.00

*NO day stalls.

Schooling

Weather Dependent

Dressage Ring: Friday from 10:00am – 5:00pm

Combined Stadium: Saturday – times to be determined

Schooling Rounds: \$25.00 per round

Schooling Rounds for Competitors only

Start Times

Posted Thursday evening prior to show on startboxscoring.com

Saturday: Dressage: Approx. 9:00 am

Sunday: Combined Stadium Course: Approx. 9:00 am

*Please note that start times are approximate

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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: _____ Expiry date: _____

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: _____ # of Rounds: _____

*Please indicate below which division you would like to ride – see front page of entry form. Please indicate the number of rounds (1 round = 1 dressage test and 1 derby course round = \$150.00)

Friday Schooling Rounds: _____

*1 schooling round = \$25.00 each/list number of rounds

Saturday Schooling Rounds: _____

*1 schooling round = \$25.00 each/list number of rounds

Stall Total: \$ _____

*(if applicable – please indicate number of stalls needed) \$90.00 for weekend/NO day stalls

Late Fee: \$ _____

Grand Total: \$ _____

Thank you for your patience and cooperation as we endeavour to provide the best possible level of service while simultaneously protecting the health and wellbeing of our community and employees.

To protect others from possible transmission of the virus, anyone who exhibits COVID-19 symptoms or has been in contact with someone who has tested positive for COVID-19 within the last two weeks, cannot enter MREC grounds. These individuals are encouraged to contact their health care provider for further medical advice.

All participants and visitors will adhere to the BC Centre for Disease Control and BC Ministry of Health Guidelines while on MREC property.

Please adhere to the 2- meter physical distancing guidelines.

Please wash hands regularly or use alcohol-based hand sanitizer.

While on MREC grounds everyone (visitors, participants) will wear a mask (Unless mounted). This includes the cross-country field during competitions.

Please limit the number of people coming with the horse (ie. just the rider).

This form has to be signed by all staff, competitors, volunteers, parents, trainers, etc.

Health and Wellness Self-declaration Form:

Name:

Home address:

Email address:

Date of Birth:

Cell Phone:

Event Name:

Event Date:

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: _____