

JUNIOR &
YOUNG DRIVER
CAMP



2021

REGISTRATION FORM

All ACDS Rules Regulations must be adhered to at all times – please ensure you have read the Camp & Grounds Conditions prior to registration.

Registrations & Payment where applicable must be received no later than 19th March, 2021.

I / We wish to RSVP for the upcoming Victorian Junior & Young Driver Camp

The GO TO Person!	
Primary Contact Person's Name	
Contact Number	
Email Address	
Affiliated with which ACDS Club	

Please note this weekend is **FREE** for the **ACDS Junior and Young Drivers (J&YD)**. All drivers under 18yrs of age must be accompanied & supervised by at least one Parent / Guardian.

This is a family friendly & inclusive environment.

A Welcome BBQ will be available on Friday night, along with a catered Dinner Saturday night 17th & Breakfast on Sunday 18th along with associated facility camping costs there is a need to charge for any additional people attending this camp.

A standard fee of \$20 per person will be charged for additional people attending be it parents, other siblings, horse owners, grandparents etc for the weekend.

J&YD Driver 1		
First Name	Last Name	DOB
ACDS Member #	Please Circle Driving Member / Non Driving Member	
Briefly describe your experience with Carriage Driving (ie: attended club rallies but not driven, have driven at a few competitions, drive regularly at home and at club activities, assisted in stewarding & setting up for club activities etc) please provide as much information as possible please, this will assist in organising group lessons		
J&YD Driver 1 T shirt size – Bust in cm please		cm
<i>If under 16yrs, list competent accompanying driver name</i>		
Competent Accompanying Driver Name	ACDS Member #	
Competent Accompanying Driver Name	ACDS Member #	
Equine for J&YD Driver 1 (if applicable)		
Equine Name	Height	Yard Required YES / NO
Equine Name	Height	Yard Required YES / NO

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J&YD Driver 2		
First Name	Last Name	DOB
ACDS Member #	Please Circle Driving Member / Non Driving Member	
Briefly describe your experience with Carriage Driving (ie: attended club rallies but not driven, have driven at a few competitions, drive regularly at home and at club activities, assisted in stewarding & setting up for club activities etc) please provide as much information as possible please, this will assist in organising group lessons		
J&YD Driver 2 T shirt size – Bust in cm please		cm
If under 16yrs, list competent accompanying driver name		
Competent Accompanying Driver Name		ACDS Member #
Competent Accompanying Driver Name		ACDS Member #
Equine for J&YD Driver 2 (if applicable)		
Equine Name	Height	Yard Required YES / NO
Equine Name	Height	Yard Required YES / NO

J&YD Driver 3		
First Name	Last Name	DOB:
ACDS Member #	Please Circle: Driving Member / Non Driving Member	
Briefly describe your experience with Carriage Driving (ie: attended club rallies but not driven, have driven at a few competitions, drive regularly at home and at club activities, assisted in stewarding & setting up for club activities etc) please provide as much information as possible please, this will assist in organising group lessons		
J&YD Driver 3 T shirt size – Bust in cm please		cm
If under 16yrs, list competent accompanying driver name		
Competent Accompanying Driver Name		ACDS Member #
Competent Accompanying Driver Name		ACDS Member #
Equine for J&YD Driver 3 (if applicable)		
Equine Name	Height	Yard Required YES / NO
Equine Name	Height	Yard Required YES / NO

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J&YD Driver 4		
First Name	Last Name	DOB
ACDS Member #	Please Circle Driving Member / Non Driving Member	
Briefly describe your experience with Carriage Driving (ie: attended club rallies but not driven, have driven at a few competitions, drive regularly at home and at club activities, assisted in stewarding & setting up for club activities etc) please provide as much information as possible please, this will assist in organising group lessons		
J&YD Driver 4 T shirt size – Bust in cm please		cm
If under 16yrs, list competent accompanying driver name		
Competent Accompanying Driver Name		ACDS Member #
Competent Accompanying Driver Name		ACDS Member #
Equine for J&YD Driver 4 (if applicable)		
Equine Name	Height	Yard Required YES / NO
Equine Name	Height	Yard Required YES / NO

Additional people attending, inc any accompanying driver's

Other Attending Person 1		
First Name	Last Name	Please Circle Adult / Child
Relationship to Driver		
Other Attending Person 2		
First Name	Last Name	Please Circle Adult / Child
Relationship to Driver		
Other Attending Person 3		
First Name	Last Name	Please Circle Adult / Child
Relationship to Driver		
Other Attending Person 4		
First Name	Last Name	Please Circle Adult / Child
Relationship to Driver		

*Child is classed as under 10yrs for the camp's catering purposes

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Payment information		
Payment for additional attending persons	# _____ @ \$20.00 per person	Total: \$
Payable to	ACDS Vic Branch BSB: 633 000 Acc: 153 625 843 REF: J&YDCAMP_Your Primary Contact Last Name	Total: \$
Registration will only be accepted if proof of payment has also been included		Date Paid / /
Any dietary requirements or special requests can be listed here		
Arrival & Camping		
I / We intend on arriving to the venue – please circle Friday Evening / Saturday Morning		
Approx time of arrival _____ (ensure you have read arrival and departure conditions)		
I / We intend on camping at the venue on – please circle Friday / Saturday / Sunday		

**Please forward your completed Registration Form
& proof of payment by March 19th, 2021 to:**

Kirsty Blake

Email: kirstyblake1983@gmail.com

Mail: ‘Parklands’ Lumb Road, Sutherlands Creek VIC 3331

Enquires: Welcome on 0427 811 971 (ah)

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CAMP & GROUNDS CONDITIONS

ACDS Vic Branch Junior & Young Driver
Convener & Camp Co-Ordinator

Kirsty Blake 0427 811 971 (ah)
Email: kirstyblake1983@gmail.com

Registration for this Camp will only be accepted on the receipt of a completed Official Registration Form with payment (where applicable) by the advertised RSVP date of March 19th.

A Covid Bio Security Form MUST be completed by all attending persons to the site and submitted to the Camp Co-Ordinator upon arrival to the Venue.

- All Junior & Young Drivers must be current Victorian ACDS member at the time of Registration. Accompanying Drivers must be competent and current full members of the ACDS.
- The Camp Co-Ordinator reserves the right to:
 - Alter the program and format of the camp (camp program will be released shortly after RSVP's close)
 - Refuse entry to any persons or spectators
 - Halt the proceedings of the camp if the safety of any person or equine is being compromised.
- All drivers and grooms/passengers must wear protective headgear (compliant with the ACDS requirements) It is compulsory for ALL drivers/grooms and passengers to wear properly completed medical information bands whilst on a vehicle at this camp which must also be clearly visible at all times. A medical armband form has also been attached to this registration form should you need to update your armband.
- The safety of everyone attending is paramount. Please ensure suitable and safe equipment is being used and a suitable equine fit for J&YD's are being used for the camp. This will ensure our J&YD's are going to get the most benefit from the weekend.

Arrival & Departure Date No arrivals before to the site prior to 4pm on Friday 16th April. All camping persons must depart the ground no later than 5pm Sunday 18th April.

Additional horses/ponies Only the horses/ponies listed on the registration form are able to attend this event. Should a J&YD not have a suitable equine and still wish to drive, please contact the Camp Co-Ordinator and we 'may' be able to sort something out (this request needs to be made at by the RSVP date..

Venue Facilities & Camping Toilets and Showers (including disabled access) are available at Leighdale Equestrian Centre. Please note there is no power available to any campers.

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- Yards & Manure** Steel (double railed) yards are available for use over the weekend. Please ensure you request a yard on the Registration form. Please ensure no manure or fodder is left in the yards or beside your float at the conclusion of the camp, a manure pit is located centrally and is where all this waste must be relocated to. (Please do not place under or around trees)
- Included Catering** Upon Registration & Payment Drivers & Persons listed will be entitled to:
Welcome BBQ tea on Friday night (Starting at 6.30pm)
A catered Dinner & Dessert on Saturday night
A J&YD prepared & cooked buffet breakfast to get everyone powered up for Sunday's action.
** Catering may be subject to change pending Covid requirements at the time of the camp.*
- Other Catering** Light refreshments soft drink, water etc and some snacks are available all weekend at a cost. Other than the meals listed in 'Included Catering' it will be BYO, with Teesdale having a good general store approx 4km from the grounds and Bannockburn approx 10km away having a Woolworths supermarket, butcher, bakery and cafes. Tea, Coffee & Thirst Tanker Cordial or Water will be freely available.
- Dogs** Dogs are allowed on the grounds however MUST be kept on a leash at all times. Dogs must be restrained at ALL times and must not interfere with the instruction and learnings for the weekend. NO EXCEPTIONS. Dog manure must be bagged and placed in a bin.
- No Fires** No fires are allowed on the reserve at any time.
- Rubbish** Rubbish bins will be available for rubbish.
- Spectators** Spectators are welcome, however may be restricted due to Covid Rules applying at the time of the camp. Spectators will not be catered for or able to camp at the venue or partake in lessons or sessions held, they are welcome purely to spectate. Spectators will also be required to complete a bio-security form on the day.
- Covid 19** Covid rules at the time of the event will be in place. A Covid Bio Security Form MUST be completed by all attending persons to the site and submitted to the Camp Co-Ordinator upon arrival to the Venue. This form can not be completed prior to the day of your arrival at the Camp. One form per person is required and has been attached to this Registration form FYI. Printed forms will also be available at the venue and are to be completed upon arrival and prior to unloading and setting up camp.
- Disclaimer** The ACDS Young & Junior Driver VB Convenor, Australian Carriage Driving Society, Golden Plains Shire Council, the Leighdale Committee of Management & private property owners accept no responsibility for any loss, damage, or injury to equines, equipment, drivers, grooms spectators or other persons or property in connection with this camp. Individuals causing a claim to be made against the ACDS Inc. Insurance Policy will be liable for the full excess amount applying at the time of the accident.



The Australian Carriage Driving Society Inc.

ABN 28 794 114 302 – Incorporation No: AO1028

BIO-SECURITY FORM FOR USE BY MEMBERS AND NON-MEMBERS

In order for the ACDS to provide a safe and healthy environment for drivers, grooms, officials and volunteers, we would like to ask you a couple of short questions regarding COVID-19.

1. Are you currently unwell (e.g. head cold, runny nose, shortness of breath, chest infection, temperature, loss of smell)?

Yes No

2. Have you been in contact with any person in the last 14 days who has been diagnosed with COVID-19?

Yes No

3. Have you been advised that you have or have had COVID-19?

Yes No

If you answered Yes to either questions 1, 2 or 3, please provide a medical clearance certificate to confirm that you are able to leave home. If not, please stay home.

4. You will be aware that the Federal Government and medical officers have recommended that all persons download the COVID-19 App. The ACDS does not require a person to download the App to participate in carriage driving, however, it will help with tracing should an outbreak occur at an event. Have you downloaded the App?

Yes No

Notes:

- This form is compulsory for all persons attending an ACDS activity. This includes drivers, grooms, officials and volunteers necessary to run the activity. The use of Apps and electronic type control methods of persons attending is also encouraged.
- The form is to be completed on the day of the activity, not prior to the activity, so that up-to-date information is sourced from people attending the activity.
- Participants are also required to comply with all laws of the relevant State/Territory.
- Social distancing of a minimum of 1.5 metres is to be observed.

Name: _____

Address: _____

Postcode: _____

M'Ship No: _____

Phone: _____

Email: _____

Event: _____

Date/s: **16th, 17th, 18th April 21**

Host Club _____

VB Junior & YD Convenor & GDCC

Location: _____

Leighdale Equestrian Centre - TEESDALE

Signature

Guardian Printed Name

Date

**If you begin to feel unwell after the event, please advise
the Event Organising Committee.**

<u>Previous operations:</u> (Give details) _____ _____ _____	<u>Sight:</u> Glasses worn? (Circle) Yes No Contact lenses worn? (Circle) Yes No	<u>Blood group:</u> _____ (if known)
	<u>Hearing Aid/s:</u> (Circle) Yes No (Circle) Left ear Right ear	<u>Dentures:</u> (Circle) Yes No Full Partial (Circle) Upper Lower (Circle)
<u>Previous injuries:</u> (Give details) _____ _____ _____	<u>Current medical condition:</u> (Give details) _____ _____ _____	
<u>Current Medications taken:</u> (Give details) _____ _____ _____	<u>Current Allergies:</u> (Give details) _____ _____ _____	

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<u>Previous injuries:</u> (Give details) _____ _____ _____	<u>Current medical condition:</u> (Give details) _____ _____ _____	
<u>Current Medications taken:</u> (Give details) _____ _____ _____	<u>Current Allergies:</u> (Give details) _____ _____ _____	

Next of Kin: ... NOT ON VEHICLE WITH YOU

Name: _____

Phone: _____ Mob: _____

Relationship: _____ (Parent/Guardian if under 18 years)

Current Doctor:

Name: _____

Phone: _____

Suburb: _____

Description of Car/Float/Truck:

Make: _____

Colour: _____

Rego. Number: _____

Ambulance Membership: Yes No (Circle)

(Details) _____


Preferred Vet: (if any, give details)

Name: _____ Phone: _____

Signature: _____

Signature: _____ (Parent or Guardian if under 18 years)

Australian Carriage Driving Society Inc
 Victorian Branch



Medical Information Card

Your Full Name: _____

Address: _____

Phone: _____ Mobile: _____

Date of Birth: ____/____/____

Must be completed and carried on your person when participating in all carriage driving activities.

Next of Kin: ... NOT ON VEHICLE WITH YOU

Name: _____

Phone: _____ Mob: _____

Relationship: _____ (Parent/Guardian if under 18 years)

Current Doctor:

Name: _____

Phone: _____

Suburb: _____

Description of Car/Float/Truck:

Make: _____

Colour: _____

Rego. Number: _____

Ambulance Membership: Yes No (Circle)

(Details) _____


Preferred Vet: (if any, give details)

Name: _____ Phone: _____

Signature: _____

Signature: _____ (Parent or Guardian if under 18 years)

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Medical Information Card

Your Full Name: _____

Address: _____

Phone: _____ Mobile: _____

Date of Birth: ____/____/____

Must be completed and carried on your person when participating in all carriage driving activities.