



**Leicestershire and Rutland Inter-School  
Show Jumping Competition  
Team and Individual Show Jumping  
25<sup>th</sup> October 2009**

Team Name:.....Class No.....  
School .....

I accept the conditions of entry as stated in the schedule and I am over 18..... (Team Manager)

1. I confirm that my child is allowed to compete in this team and is insured.

**Child**(name).....**Parent** (signature).....

2. I confirm that my child is allowed to compete in this team and is insured.

**Child**(name).....**Parent** (signature).....

3. I confirm that my child is allowed to compete in this team and is insured.

**Child**(name).....**Parent** (signature).....

4. I confirm that my child is allowed to compete in this team and is insured.

**Child**(name).....**Parent** (signature).....

**I confirm that all of the above have been students at this school during the past 6 months and have permission to represent our school. All riders have their own relevant insurance and have competed in a comparable standard of competition during the last six months.**

Head of school or a senior member of staff.....

Position.....

**ENTRIES WILL NOT BE ACCEPTED WITHOUT THIS FORM.**