



Ranch Sorting National Championships Australia  
Phone: **Cindy 0438 412 616**  
Email: [admin@rsnca.net.au](mailto:admin@rsnca.net.au)  
Website: [www.rsnca.net.au](http://www.rsnca.net.au)

## COMPETITOR RENEWAL/APPLICATION

Competitor Application fees are complimentary for the first year of competition. Applications are valid until 30<sup>th</sup> June 2023.

Annual competitor application will be valid from 1<sup>st</sup> July – 30<sup>th</sup> June. A renewal purchased on or after April 1<sup>st</sup> of each season shall be good for the remainder of that season and throughout the next full year (16 months). Renewal of annual competitor applications must be done prior to 1<sup>st</sup> July.

**LIFETIME AFFILIATION** – In honor of our more seasoned participants RSNCA offers a Lifetime Affiliation. This one-time fee is \$130. These are only available to participants 70 Years of age and older and are non-transferable.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please indicate Application type: - FREE (First year) (Rider application renewals will be due by 30/06/2023)

Family	\$220		Adult	\$88	
Youth (6-12 years)	\$33		Youth (13-18 years)	\$44	
Life Member (70+)	\$130				

Family members to be included (Max. 2 Adults & 2 Children (6-18yrs):

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Please fill in a Competitor Application form and acknowledgement for each family member)

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### Payments:

- **DIRECT DEBIT:** Account - RSNCA Pty Ltd      **BSB:** 932000 **Acc:**783317 (Regional Aust. Bank)  
(Please use your name as reference)

- **CREDIT CARD:**

Name on card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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## Competitor Acknowledgement

**\*\*\*This signed form must accompany ALL Competitor Applications including Renewals\*\*\***

I hereby apply to be a Competitor within RSNCA and agree to abide by the rules and regulations of the RSNCA and decisions made by Event Producers.

I have read the RSNCA Rule Book and understand the rules of RSNCA Ranch Sorting.

I understand that RSNCA may consider the application and decide whether or not to accept the applicant. The applicant must be notified but RSNCA is not bound to give any reason for the rejection of an application. RSNCA may cancel my competitor application for behavior unbecoming of an RSNCA competitor by either myself and/or family member.

I understand that application fees are non-refundable and non-transferable.

In consideration of being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

- Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.
- There is a significant risk that serious INJURY or DEATH may result from horse sport activities.
- I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.
- I agree that I compete at my own risk.
- I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree that I have read and understood the Risk Warning & Waiver of Liability attached to this form and acknowledge that Competitor application fees do not include Personal Accident Insurance.

I have had sufficient opportunity to read this Competitor Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

### FOR COMPETITORS OF MINORITY AGE (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this competitor, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities. I understand that all riders under 18 years of age must wear an approved helmet, that is properly fastened. At all times whilst mounted.

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Print Name \_\_\_\_\_