Junior Academy Application Form 2019

Please complete this form in full and we will contact you when suitable training opportunities arise.

RIDER INFORMATION

Surname: **First Name:**	**Age:** **Date of Birth:**
Address: **County:**	
Name of School:	**Year:**
Have you attended RACE before? Yes ☐ No ☐ Details: **If you attended a previous Junior Academy, which level: 1a 1b 2 3 (if you remember)**	

Previous Experience (circle):

Show Jumping Pony Club+ Branch: _____ Hunting Hunter Trials

Trainer's Yard+ Name:_____ Riding School lessons Other:_____

No. of years riding experience: 1-2 years 3-4 years 5-6 years 6+ years

No. of years riding thoroughbreds: None 1-2 years 3-4 years 5-6 years

Walk	Rising Trot	Trot without stirrups	Sit in Canter	Jump > 50cms	Jump > 90cms	Control strong pony	Tack up unaided

Pony Racing Experience (if applicable)	**Year started pony racing**	**Number of rides**	**Number of wins**

I ride up to:	**12.2hh**		**13.2hh**		**14.2hh**		**15hh**		**15hh+**	

I ride my own pony/horse ☐	I ride for other owners only ☐	I ride my own pony/horse and for other owners ☐

PARENT/GUARDIAN INFORMATION:

Name	
Phone Number	
Email Address	

Submit by E-mail: enquiries@racingacademy.ie or post: Junior Academy, RACE, Curragh House, Dublin Road, Kildare