



# Temporary Membership Form

*\*Compulsory Fields*

*This form will only provide the applicant with temporary membership for a limited period of time subject to an MGA Ireland official's approval.*

Name\* .....

Address\* .....

Date of Birth\* (dd/mmm/yyyy)...../...../.....

Emergency Contact number .....

BHS number ..... Expiry Date .....

Email Address .....

*I have read and understand the relevant HSI Code of Conduct and the Code of Discipline and I agree to abide by the Rules and Regulations of the MGA Ireland and those of the International Mounted Games Association. I also agree to abide by the rules of the World Anti-Doping Agency. I understand that I need to provide my own accident/public liability insurance.*

SIGNATURE of Temporary Member\* .....

Part 2 to be completed by the applicant's parent/guardian if under the age of 18.

Name of parent/guardian\* .....

Mobile Number\* .....

*I have read and understand the HSI parent/guardian Code of Conduct and the Code of Discipline and the Rules and Regulations of The MGA Ireland; I also give permission for a photograph of my child, if chosen, to be used in a publication approved by MGA Ireland. I understand that my child needs to provide their own accident/public liability insurance. I would like my son /daughter to apply for his / her temporary membership.*

SIGNATURE of Parent/Guardian\* .....

**For official use only:**

Length of temporary membership .....

Fee paid for temporary membership .....

Name/Initials of approving officer .....Date .....