

Rider's Agent Registration/Renewal

(1 Aug 2018 to 31 Jul 2019)

RA 2018/2019

THOROUGHBRED RACING S.A. LIMITED

GPO Box 2646 ADELAIDE SA 5001

E-Mail: licensing@theracessa.com.au

Website: www.theracessa.com.au

<p>New application (MUST) PLEASE NOTE APPLICATIONS WILL NOT BE PROCESSED UNLESS ALL CRITERIA ARE COMPLETED</p> <p><input type="checkbox"/> I have attached a PASSPORT PHOTO or emailed a copy to licensing@theracessa.com.au</p> <p><input type="checkbox"/> I have attached a NATIONAL POLICE CERTIFICATE (18+ only)</p>	<p>Renewal</p> <p>My 2017/2018 ID Number Was:</p> <p>Last six numbers: _____</p>
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SECTION 1: PERSONAL DETAILS

MR MRS MISS MS OTHER _____

GIVEN NAMES		SURNAME	
DATE OF BIRTH		PLACE OF BIRTH	
HOME PHONE		MOBILE	
EMAIL		FAX	
RESIDENTIAL ADDRESS	STREET:	POSTAL ADDRESS	
	SUBURB: POST CODE:		SUBURB: POST CODE:

SECTION 2: PERSONAL AND LICENSE HISTORY

Are you engaged in any other profession, business or occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Do you have any other party assisting you as a Rider's Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Have you ever taken part in any unregistered race meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Are you currently or have you been licensed by any Racing, Harness Racing or Greyhound Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Are you currently under any disqualification, suspension or any other disability imposed by any Racing Authority or Tribunal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Have you ever been refused a licence by any Racing Authority, or has a licence issued to you by any Racing Authority ever been revoked or withdrawn other than at your request?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Have you, in the last 10 years, been on, or are you now on, a Bond or recognisance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Are there any charges, criminal prosecution or civil proceedings against you now pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Have you ever forfeited bail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:

SECTION 3: RIDERS REPRESENTED

1.	
2.	
3.	
4.	

SECTION 4: CONDITON OF LICENSE

I agree to provide a National Police Clearance to TRSA Stewards if requested upon application or during the period of registration

I certify that, to the best of my knowledge and belief, the particulars as outlined on this form are true and correct. I also declare that I realise it is a serious offence under the Rules of Racing to make a false declaration.

In the event of such Registration being approved, I agree

1. To observe and be bound by the Australian Rules of Racing, the Local Rules and policies of Thoroughbred Racing SA Limited (collectively, the Rules) and the regulations and policies of any Registered Club in force from time to time during the currency of such licence.
2. To observe and be bound by such directions as may from time to time be made or given by the Committee, Stewards or officials of the Principal Racing Authority or any Registered Clubs.
3. That the Licence may be revoked at any time by the Principal Racing Authority without the giving of any reason in accordance with the Rules.
4. Not to make any public statement or comment concerning any matter currently the subject of investigation or hearing by, or before the Board of the Principal Racing Authority, the Stewards, a Committee or Appeals Tribunal or other body authorised by each.
5. To represent only persons in respect of whom I have obtained specific approval from TRSA Limited.
6. To submit a Riders Agent / Jockeys agreement form completed by the rider/s or the employer of an apprentice in respect of whom I seek to be licensed, and subsequently make further similar application for the variation of my licence to include any additional clients.
7. To notify in writing the Licensing Steward or the Chairman of Stewards as soon as practical in the event of the termination of any contract or agreement with a jockey or the employer of an apprentice.
8. In the event of any contract or agreement between a Rider's Agent and a client being in dispute, the parties shall seek their remedy in the normal course of contract law.
9. Without the express permission of the Stewards, not communicate in any way with a nominated rider while such rider is in any restricted area during any race meeting.
10. I shall not be a party to any other person soliciting for riding engagements for a client in any restricted area on a racecourse during the currency of a race meeting.
11. I acknowledge that I am personally bound by the Rules and that I shall not be exempted from personal liability arising under the Rules for or by any reason whatsoever.

I hereby undertake and declare that the ID card issued will not be used by any person, other than the person to whom it is issued.

PRIVACY AND THE USE, COLLECTION AND DISCLOSURE OF YOUR PERSONAL INFORMATION

The Principal Racing Authority collects information about you when you submit this Application and in the course of related enquiries made of third parties. The Principal Racing Authority will use that information to assess your application and, if registration is approved, your ongoing status as a licensed person. To do that the Principal Racing Authority may disclose your information to other racing bodies. You do not have to supply the information requested in this application, but if the information (or any part of it) is not provided, your application may be rejected. You can gain access, and request that corrections be made, to information held about you by the Principal Racing Authority. By completing and submitting this application, you authorise the Principal Racing Authority to collect, use and disclose information about you for the purposes described in this notice, including the usual publication of such information in race books, racing calendars and other publications that can include (but are not limited to) websites.

INTELLECTUAL PROPERTY

I agree that Thoroughbred Racing SA Limited will own all intellectual property in the information I submit with and in connection with this application, for the granting and future maintenance of the Licence. I hereby assign to Thoroughbred Racing SA Limited (and warrant that I am authorised to provide and assign) all such intellectual property and information and acknowledge that Thoroughbred Racing SA Limited may use (including by collating, modifying, publishing and distributing) all such intellectual property and information as it sees fit. Note: For Licensed Persons this information relates to the usual publication of material in race books, racing calendars, publications and websites etc. Any information outside this standard will not be released by Thoroughbred Racing SA Limited without the written permission of the licensed person.

SECTION 5: SIGNATURE

Please note - AR 278

- (1) Subject to subrule (2), if a licensed person is disqualified, that person's licence immediately ceases and becomes void, and the person must make application to a PRA to be relicensed in order to be granted a new licence.
- (2) For the duration of a period of disqualification, a disqualified person is and remains bound by, and subject to, the Rules

I certify that to the best of my knowledge and belief the particulars as outlined in this application are true and correct. I also declare that I understand that it is a serious offence under the Rules of Racing to make a false declaration and failure to accurately answer these questions may lead to this application being refused.

Signature of Applicant	
Name	
Date	

NOTE: All applicants must provide a full TRSA medical, signed by a doctor

NOTE: This document remains the property of Thoroughbred Racing S.A. Limited (TRSA). The contents of the document must not be copied or further disseminated without prior approval of the Chairman of Stewards. The information contained in this document is strictly confidential and may also be the subject of on-going enquiries conducted by TRSA, legal or professional privilege, or public interest immunity.

Please circle: Bankcard Visa Mastercard Cash Cheque Card number ____ / ____ / ____ / ____ Expiry Date __ / __ Amount: \$ ____ Cardholder's Name: _____ Signature of cardholder: _____	Please tick if Tax Invoice is required <input type="checkbox"/>
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ADMINISTRATIVE USE ONLY:

<u>Date Received</u>	<u>Amount Paid</u>	<u>Pass Posted</u>