

**San Diego Scholastic Equestrian League (SDSEL)  
RIDER MEMBERSHIP/ELIGIBILITY FORM**

**Rider's Information**

NAME: \_\_\_\_\_ Birth Date/Grade: \_\_\_\_\_

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

Rider's Email: \_\_\_\_\_

Rider's Cell Phone Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Cell Phone Number: \_\_\_\_\_

**School and Team Information:**

School Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Supervisor - Must be an adult with a child on the team or a member of the school staff who travels with the team.

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please ask your trainer to fill out the following information:**

Name: \_\_\_\_\_ Barn Name \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

According to SDSEL "Rules and Regulations", which division will rider show in?  
\_\_\_\_\_

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I agree to uphold the rules and regulations of the SDSEL and the individual associations/shows/managers as they relate to competing within the SDSEL. By signing below, I acknowledge that I have read the rules and understand them.

\_\_\_\_\_  
Rider's Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Team Representative Signature

**Please attach a check made out to the SDSEL in the amount of \$75.00 and mail, along with completed form, to: SDSEL, 1577 Greenacres Road, Fallbrook, California, 92028.**