



ERASA CUSTODIAN /PARENT(S)/GUARDIAN INFORMATION FORM

To be completed in full for any application / registration to the Endurance Ride Association of South Africa (ERASA) by the custodian/guardian/parent of the minor child.

NAME OF MINOR	
ID NUMBER OF MINOR	
NAME OF CUSTODIAN / PARENT(S)/GUARDIAN	
ID NUMBER OF CUSTODIAN/PARENT(S)/GUARDIAN	
CONTACT DETAILS OF CUSTODIAN / PARENT(S)/GUARDIAN	
EMAIL DETAILS OF CUSTODIAN / PARENT(S)/GUARDIAN	
POSTAL ADDRESS OF CUSTODIAN / PARENT(S)/GUARDIAN	
PHYSICAL ADDRESS OF CUSTODIAN /PARENT(S)/GUARDIAN	

I hereby declare that I am the custodian/parent(s) /guardian of

.....(name of minor rider).

I acknowledge the rules of ERASA and declare that I will make sure that the rules are always adhered to.

Signed at On this day of 2026

SIGNATURE:

FULL NAMES: