



APPLICATION FOR REGISTRATION

I hereby apply for registration with Greyhound Racing SA as an Owner Attendant

Section	Licence	Practical required	\$ for 1 year	
A	Owner Attendant	Yes	20.00	✓

This information is provided in accordance with the provision of GRSA's Privacy Policy

Applicant must be at least 16 years of age

****Please be advised licences approved will be published****

MR / MRS / MS / MISS _____

DATE OF BIRTH _____ OCCUPATION _____

RESIDENTIAL ADDRESS _____

SUBURB _____ POSTCODE _____

POSTAL ADDRESS _____

SUBURB _____ POSTCODE _____

PHONE (Home) _____ (Work) _____ (Mobile) _____

Email _____

Name of registered person you intend to handle for: _____

I HEREBY apply for registration as indicated above with Greyhound Racing SA (referred to as GRSA from this point forward) and I acknowledge and accept that upon acceptance by GRSA of this application, I will become immediately bound by the following conditions that will continue to operate until this registration lapses or is otherwise cancelled or terminated.

- I agree to be bound by and comply with the Greyhound Racing Rules of Greyhound Racing SA Limited dated 1 January 2008 as amended (hereinafter "Rules") in force at the time of acceptance of this application and as amended from time to time (a copy of which is available for download at www.grsa.com.au; copies are also available for inspection at GRSA head office and by enquiry with the Chief Steward at any GRSA sanctioned event).
- I acknowledge that all Events (as defined in the Rules), including Races and Trials, will be conducted in accordance with, and any nomination and/or participation in any Event shall be subject to and on the terms of:
 - the Rules (including Rules L57A and L57B in relation to the exclusion of liability): and
 - any rules of a specific Club registered by GRSA at which Events take place: and
 - the rules of anybody that may be declared by GRSA to be an Approved Registration Authority.
- I will comply with any directions which may be given by GRSA or the Stewards.

FOR OFFICE USE ONLY	RECEIVED	RECEIPT NO.	PAID \$
	DATE ISSUED	LICENCE NO.	

ALL THE FOLLOWING QUESTIONS **MUST** BE ANSWERED

1. Have you previously been registered with GRSA or **ANY other** Greyhound, Thoroughbred, or Harness racing authority? **YES / NO**

Name of Racing Body _____

Type of registration _____ Year of expiry _____

2. Have you ever been refused registration or had a licence revoked or cancelled by **ANY** registration authority? **YES / NO**

3. Have you ever been suspended, disqualified, warned off, fined or listed as a defaulter for any reason with GRSA, any other registration authority, or any other sport? **YES / NO**

4. Have you ever been convicted for any offence punishable by fine or imprisonment or both? **YES / NO**

If you have answered **YES** to **ANY** of the above questions (2 – 4), please include a letter giving details of the offence.
Please supply in a sealed envelope marked, **strictly confidential and address to Chief Steward.**

SECTION A: to be read by an applicant seeking registration as an Owner Attendant.

(Applicant must be no less than 16 years of age, unless approved by the chief steward)

In making an application for registration as an Owner Attendant with GRSA I acknowledge that any registration issued to me is subject to the following conditions:

1. I have read and understand the conditions on the front page.
2. That I undertake that in the event of registration being granted to me to observe the following conditions when exercising greyhounds in any public place, street or park:
 - a. Such greyhounds shall be properly muzzled and on a leash.
 - b. One person shall not exercise more than four (4) greyhounds at any one time.
 - c. No greyhound shall be exercised in any public park without consent.
3. That I will undertake to notify GRSA in writing within 48 hours of any change in the answers given to questions or details submitted in this application that may affect the continuance of such registration.
4. That I will notify GRSA forthwith of any change (temporary or otherwise) to my address.
5. That I will notify GRSA within 48 hours the names of all greyhounds owned by me and of greyhound's which have been transferred from my ownership.
6. **I have submitted a police clearance with application.(Requirement)**
7. One (1) passport photograph (32mm x 25mm) must accompany this application along with proof of identity. Photos can be taken at Angle Park office Monday – Friday (9am – 4pm) free of charge.

PROOF OF IDENTITY DECLARATION

Must be completed by one of the following: -

Police Officer, Registered Medical Practitioner, Officer of GRSA, or a Justice of the Peace.

PLEASE PRINT – Applicants do not complete this, must be person from above selection

I _____

Address _____

Suburb _____ Postcode _____

Home phone _____ Work phone _____

Date _____

Signature

declare that I have known _____

Print full name of applicant

For _____ year/s **OR** I have sighted the below details licence and vouch for their identity.

Photo ID sighted _____ ID number _____

I have endorsed the back of Two photographs **YES / NO**

CONSENT OF PARENT OR GUARDIAN

(If applicant is under the age of 18 years old this MUST be completed)

I (name) _____, of (address) _____

hereby consent to this application for my (please circle) **son / daughter / grandson / granddaughter**

Signature _____

Date _____

DECLARATION OF ACCURACY

I, _____ of _____

The above-named Applicant do solemnly and sincerely declare that the information tendered in this application is correct and accurate and that I have read all the conditions appearing in this application and acknowledge and agree to abide by all such conditions. I also hereby authorise GRSA to check any details of information given in this statement, i.e., criminal convictions, financial commitments, as GRSA in its absolute discretion deems necessary.

I make this solemn declaration consciously believing the same to be true.

Made and subscribed by the above named and declared

Date _____

Signature of Declarant (Applicant)

Signature: _____

Officer of GRSA

OWNER ATTENDANT QUESTIONNAIRE

Answers to be obtained from relevant Rules and Policies.

Rules of Greyhound Racing SA Limited Rulebook and Policies can be found on the GRSA website www.grsa.com.au under Integrity banner and Rules and Policies. Contact Integrity department for assistance.

1. **How long prior to the first race do the kennels close? (R86)**

2. **List all rug colours next to their respective numeral / box numbers? (R85)**

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

3. **What is the penalty if a greyhound is not presented for racing or kenneling? (R86)**

4. **What certificates should be produced on presentation of your greyhound for kenneling? (R 88)**

5. **If you are bringing a greyhound to the track for a trainer what must you provide the Stewards prior to kenneling the greyhound? (R83)**

6. **What procedures follow upon the presentation of your greyhound at the kennel house?**

7. **What is a greyhound weighed with? (R100)(7)**

8. **Are you permitted to carry or assist any greyhound to the starting boxes? (R103)**

9. In what order are greyhounds placed in the starting boxes? (R105)

10. Who may direct that a greyhound be:

a. Examined by the Veterinary Surgeon? (R41) _____

b. A blood/saliva/urine sample be taken from a greyhound? (R136) _____

11. What are the six (6) penalties that may be imposed upon a person found guilty of an offence? (R174)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

12. What do you believe are your responsibilities to Greyhound Racing in the presentation and handling of greyhounds?

13. When must you arrive at the catching pen to catch your greyhound? (R99)

14. In the catching pen what kind of shoes must you wear? (Policy – website)

15. After the race, when do you attempt to catch your greyhound? (Policy – website)

16. Can you handle other greyhounds in your race? (Policy – website)

17. If an incident occurs in the catching pen area, who do you contact? (Policy – website)

18. When catching your greyhound, are you permitted to take other people with you? (Policy – website)

19. What must you observe at all times during and after a race? (Catching pen policy- Website)

20. What is the dress code? (Policy – website)

21. What three (3) things are NOT PERMITTED in the dress code? (Policy – website)

- a. _____
- b. _____
- c. _____

22. When and where do you have to comply with the dress code? (Policy – website)

23. Give details prohibiting the use of communication devices (R96)

24. Explain your responsibilities whilst in charge or handling greyhounds with alcohol in your system (L37A)

Applicant	Stewards
Signature _____	Signature _____

CHECK LIST

If any of the listed below are not submitted with application we will not accept application or begin processing

1. Has the Proof of ID been completed by the appropriate person?
2. Enclosed one passport sized photo or had your photo taken at Angle Park office?
3. If under the age of 18 years old, has the consent of guardian been completed?
4. Has Statutory Declaration been signed by yourself and GRSA officer?
5. Has the questionnaire been completed?
6. Is the correct money enclosed or payment details provided below?
7. **Have you provided GRSA with a national police certificate?** (if over the age of 18 and haven't submitted a clearance to GRSA within the last four years)

8. Have you given permission for GRSA to give out your details? (below)

From time to time Greyhound Racing SA is contacted by various people interested and requiring information about the Greyhound Racing Industry. However, we cannot provide this information without the consent of the individual under GRSA's Privacy Policy. It would be appreciated if you could complete the following question in relation to your NAME and PHONE NUMBER being released.

Do you give permission for GRSA to release your name and phone number/s with respect to industry related items? (please circle)

YES / NO

Should you wish to pay for your application via credit card, please complete details below:

Card Number

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Expiry

CVV

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Card Holder's Name: _____

Card Holder's Signature: _____