ERASA
ENDURANCE RIDE ASSOCIATION OF SOUTH AFRICA

ERASA PARENT(S)/LEGAL GUARDIAN INFORMATION FORM

To be completed in full for any application / registration to the Endurance Ride Association of South Africa (ERASA) by the parent/legal guardian of the minor child. ***If legal guardian, court documents to be attached.***

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

I hereby declare that I am the parent(s) /legal 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 ……20 ……..

SIGNATURE: **FULL NAMES:**

ERASA
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17 NOVEMBER 2026