



Welcome...

Thank you for your interest in affiliating with the APRA for Jackpots, Clinics & Practice Days

Please read the below information before you proceed with the attached application form.

Affiliation Benefits:

- Public liability insurance for sanctioned events
 - One year | sessions at the one nominated venue to 30 Sept 2025 - \$980
 - One event | 1-2 days \$440, 3 days \$540
- Quick and easy paperwork provision for ease of administration
- APRA membership acknowledgement
- APRA staff available weekdays for assistance
- Personal accident cover for your participants (compulsory)
- Personal accident cover for volunteer workers free of charge

Requirements if your application is successful:

- Notification of each intended event via supplied form by **3pm AEST** the business day prior
- Notification of the nature of your event via email one week prior, or earlier if possible
- Compulsory day membership paid by non-APRA members or unfinancial APRA members; Seniors \$44.00, Juniors \$16.50
- Compulsory personal accident levy paid by participants; Seniors \$16.20, Juniors \$6.30
- APRA approved Personnel at each event
- Payment of competitor levies due within 7 days of the event
- Only participants listed on prior event notification form may participate

Provided paperwork for each session will ask for:

- Event details and date including necessary APRA approved officials
- List of participants – name, DOB, APRA membership number if applicable (anyone not on the paperwork cannot participate, you put your affiliation in jeopardy if you allow anyone to participate that is not on the list) providing this information is non-negotiable
- Calculation of levies due to APRA

If you agree to the above terms we welcome you to fill out the following application form and return for approval.

Before you submit your application check the following essentials:

- You are a financial APRA Member
- You have APRA approved Personnel available for each session
- You are able to submit your application with photos and videos of your event area



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PO Box 264
Warwick Q 4370





Application for Affiliation of Jackpots, Clinics and Practice Days

This application will only be reviewed when it is completed in its entirety and includes APRA approved personnel. This is for cover from 1 Oct 2024 – 30 Sept 2025 for sanctioned events.

Cover for: <input type="checkbox"/> ONE YEAR \$980 <input type="checkbox"/> ONE EVENT 1-2 days \$440, 3 days \$540	
<input type="checkbox"/> Jackpots <input type="checkbox"/> Clinics <input type="checkbox"/> Practice Days	
Name of Club or Affiliate responsible:	
Name of individuals conducting the event: Including Membership Numbers	
Event date:	
Name of instructor and credentials if applicable:	
Names of APRA approved personnel:	
Bullfighters:	Pick Up Men:
Stock Contractors:	First Aid Officer:
Events to be conducted:	
Name of venue and full address:	
Full name of owner of venue:	
Full name of person completing this application:	
Phone number:	Email:
Postal Address:	
I agree to all requirements listed on Page 1 of this application.	Date: ____ / ____ / ____
Signature:	
<ul style="list-style-type: none">• Please include photos & video of your event area with this application.• Payment is due when application is successful.	



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Site Inspection Checklist

Are there designated areas for?	Yes	No	Notes
• Competition (including warm up areas)			
• Spectators (separated from horses & vehicles)			
• Competitor parking (floats, trucks etc.)			
• Public parking (guest & spectator vehicles etc.)			
• Horses (yards, stables, laneways etc.)			
• First Aid (competitors/general public/access by emergency vehicles & services)			

Inspection of Competition/Activity Areas (including warm up areas)

• Are each of these areas free of hazards and obstacles? (Rocks, sticks, overhanging branches, rubbish)			
• Are the surfaces safe and appropriately prepared for their intended use? (Slippery, too wet, too dry, dust, level, ploughed, suitable depth)			
• Are the fences and gates appropriate for the activities? (Keeping livestock in, spectators out, numbers of competitors)			
• Is there signage identifying each of these areas and their intended use? (Competitors Only, No Dogs, Warm Up Arena, Marshalling Yard)			
• Is there appropriate signage at all access points to competition areas? (No Entry, Competitors Only)			

Inspection of Spectator Areas (separated from horses & vehicles)

• Are each of these areas, including roads & tracks free of hazards & obstacles? (Rocks, sticks, overhanging branches, rubbish, uneven surfaces)			
• Seating & grandstands are properly erected and separate from livestock access? (Check access to seating areas, that access to under grandstands is restricted)			
• Food, eating & drinking areas are separated from livestock? (Livestock should not have access to these areas)			
• Access to food areas, toilets & public parking is free of hazards & obstacles? (Check for varied weather conditions, night lighting and trip hazards)			
• Are fences or barriers properly erected? (Check for nails, broken rails, rail heights)			
• Is there signage identifying each of these areas and their intended use? (Spectators Only, No Horses, No Vehicles)			

Inspection of Parking Areas

• Are competitor and spectator parking areas separated?			
• Are loading and unloading areas for livestock separated from the general public?			
• Is supervision of parking areas required?			
• Has traffic flow and pedestrian flow been addressed			
• Is there signage identifying each of these areas and their intended use? (Competitors Only, ← Public Parking, Floats and Trucks →)			

Inspection of Livestock Yards & Stable Areas

• Are fences and rails secured properly? (Safe, appropriate height, no hazards)			
• Is adequate water available?			
• Do the gates & Latches work properly?			
• Can escaping livestock be contained effectively? (Perimeter fencing, gates closed, emergency procedures)			
• Is there signage identifying these areas and restricting access? (No Entry, Competitors Only)			



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Site Inspection Checklist

General

• Can officials be identified clearly?			
• Is there a designated and signed "Assembly Area" in the event of an emergency?			
• Is there a plan for the treatment or removal of injured stock?			
• Is there a map of the facility identifying each of the designated areas?			
• You have completed a COVID-19 safe plan to be actioned at the event.			
• Your event is in line with your State Government laws and regulations.			

This form has been completed by:	Signed:	Date



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