



# ROYAL SAINT LUCIA TURF CLUB



Unit #108 Johnson Centre, No. 2 Bella Rosa Road, Gros Islet LC 01601, Saint Lucia, [rsltc.com](http://rsltc.com)

## For RSLTC Use Only

Registration No: \_\_\_\_\_

Cash: \_\_\_\_\_ Date: \_\_\_\_\_

THOROUGHBRED FEES	
__ Owner EC\$ 50	__ Trainer EC\$ 800
__ Asst. Trainer EC\$ 500	__ Jockey EC\$ 100
__ Jockey Agent EC\$ 50	__ Farrier EC\$ 100
__ Jockey Apprentice EC\$ 50	__ Authorised Agent EC\$ 70
__ Stable Employee EC\$ 20	__ Exercise Rider EC\$ 20

Title(Mr/Mrs/Miss/Ms):	Surname:	Given Names:					
Place of Birth:	Nationality:				Date of Birth:		
Residential Address:							
Postal Address:							
Mobile Phone:	Phone:	Sex:	Height:	Weight:	Hair:	Eyes:	Marital Status:
Trainer:	Email Address:	Occupation/Duties:					
Person to notify in case of emergency:				Phone Number:			

### ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS - ATTACH ADDITIONAL PAGES IF NEEDED FOR EXPLANATIONS

- Have you been convicted of or plead no contest to a crime, other than a traffic violation, in the last 15 years? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_
- Have you ever been fined over \$100 by any racing jurisdiction? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_
- Have you ever had a license denied, revoked, suspended, or have a complaint pending in any jurisdiction? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_
- Have you ever been ruled off, ejected, or excluded from any racing association grounds?  
Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_
- Have you ever been issued a license under another name? Yes \_\_\_ No \_\_\_  
If yes, provide other names \_\_\_\_\_

**OWNERS ONLY**

STABLE/FARM NAME \_\_\_\_\_ LIST OF HORSES \_\_\_\_\_

HORSES TO RUN IN NAME OF \_\_\_\_\_

**TRAINER ONLY**

Number of horses in training \_\_\_\_\_ Number of employees \_\_\_\_\_ (Attached List of Employees Required)

You are required to have workers' compensation insurance covering employees in connection with racing. Indicate company name \_\_\_\_\_ Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Trainer:

Initial Here

At the present time I have no full-time employees or part-time employees. I understand my responsibilities. And in the future if I employ anyone. I understand that I must obtain worker's compensation insurance and a copy of said certificate will be forwarded to the RSLTC office. Failure to comply with this may result in the revocation of my racing license. Please initial the box to the left of this section indicating that you have read this article.

**ASST. TRAINER ONLY**

Name of trainer you are assistant to \_\_\_\_\_

Number of horses in your care \_\_\_\_\_

**STABLE EMPLOYEE ONLY:** \_\_\_\_\_ (TRAINER or ASST. TRAINER SIGNATURE REQUIRED)

**VET ASSISTANT/TECHS/EQUINE THERAPISTS ONLY:** \_\_\_\_\_

**LICENSED VETERINARIAN:** \_\_\_\_\_

**EXERCISE RIDER ONLY:** \_\_\_\_\_ (TRAINER'S SIGNATURE REQUIRED)

ALL APPLICANTS READ AND SIGN AT BOTTOM:

I understand that participation in racing in Saint Lucia is a privilege and not a right. I agree to comply with all rules, regulations, statues, and stewards' directives related to racing. I authorize the RSLTC or its agents to conduct a background check to determine my fitness to be registered, with may include access to public, private and confidential information. I release all providers of information, and release all employees and agents from any liability related to the release of any information requested by RSLTC. I agree that my registration may be revoked or suspended by the RSLTC at any time. I acknowledge that the RSLTC has the right to search any location and may seize any medication, drug, substance, paraphernalia, object, or device in violation or suspected violation. I agree to cooperate with the RSLTC during any such investigation and respond correctly to the best of my knowledge if questioned by the RSLTC about a racing matter. I certify that the information contained in this application is accurate and complete, and I understand that any material misrepresentation or omission on this application shall subject me to immediate revocation of any issued license, and all other appropriate penalties under the statues of Saint Lucia. I agree to "out of competition" drug testing on all race horses which I own or train in conformity with the Rule and Regulation of the RSLTC.

\_\_\_\_\_  
Signature/Date