

2010
APPLICATION FOR CLUB MEMBERSHIP
(Separate form for each applicant)

TO: **PONY CLUB INC**

NAME OF APPLICANT: BLUE CARD NO.....

ADDRESS:

POST CODE: PHONES: (07) home (07) work

..... mobile EMAIL:

DATE OF BIRTH: MALE/FEMALE: RIDING/SOCIAL:

HAVE YOU PREVIOUSLY BEEN A MEMBER OF A PONY CLUB IN QUEENSLAND:

IF YES, WHICH YEAR WERE YOU LAST FINANCIAL?

WHICH CLUB? ZONE: MEMBERSHIP NO.....

ANY ACCREDITATION HELD:

SPECIAL SKILLS:

DO YOU OR HAVE YOU EVER SUFFERED FROM ANY ILLNESSES OR ALLERGIES WHICH MIGHT AFFECT YOUR ACTIVITIES AT PONY CLUB eg Epilepsy, Asthma, Diabetes etc.

(Please give details of any medication relating to these conditions - refer "Medical Profile".)

I UNDERSTAND THAT, IF I AM ACCEPTED AS A MEMBER:

- I AM OBLIGED TO ABIDE BY THE CLUB'S RULES AND REGULATIONS AND BY-LAWS
- IN THE CASE OF EMERGENCY I MAY BE TRANPORTED FOR MEDICAL ASSISTANCE
- IN THE CASE OF EMERGENCY VETERINARY HELP MAY BE OBTAINED FOR MY HORSE/PONY
- I AM AWARE THAT THE CLUB THROUGH AFFILIATION WITH THE PONY CLUB ASSOCIATION OF QLD INC HAS PUBLIC LIABILITY INSURANCE COVER WITH A SUM INSURED OF \$20,000,000.00 (ANY ONE OCCURRENCE)
- THE RESPONSIBLE PERSON NOMINATED BY THE CLUB MAY USE THE INFORMATION CONTAINED IN THIS FORM TO ENTER INFORMATION INTO A COMPUTERISED MEMBERSHIP SYSTEM ON MY BEHALF
- MY PERSONAL DETAILS WILL BE PROVIDED TO THE PONY CLUB ASSOCIATION OF QUEENSLAND INC
- MY NAME WILL BE GIVEN TO THE INSURANCE BROKER
- MY NAME AND ADDRESS MAY BE GIVEN TO PCAQ SPONSORS

I UNDERSTAND THAT I WILL BE EXPECTED TO BECOME INVOLVED AND PARTICIPATE IN THE NORMAL RUNNING OF THE CLUB'S AFFAIRS eg working bees, fundraising, setting out and packing up equipment on club days etc.

SIGNED:

(Applicant)

SIGNED: DATE:

(Parent/Guardian if under 18)

This application should be accompanied by the appropriate fees and will be presented at the next Club Management Committee meeting. You will be advised immediately of the decision of the Committee and in the case of non-acceptance any fees will be refunded immediately.

CLUB USE ONLY:

Accepted Management Committee Meeting Membership No.

Date.....

RIDER'S MEDICAL PROFILE - PERSONAL RECORD

SURNAME: GIVEN NAMES:
 ADDRESS:
 POST CODE: PHONES: (07) home (07) work
 SEX: DATE OF BIRTH: AGE: HEIGHT: WEIGHT:Kg
 BLOOD GROUP: Do you object to transfusions:

EMERGENCY CONTACT

SURNAME: GIVEN NAMES:
 PHONES: (07) home (07) work mobile
 Relationship:

HEALTH CARE DETAILS

MEDICARE NO: Private Health Insurance Yes / No Which:

DOCTOR: PHONE: (07)

DR's ADDRESS:

Can the Doctor be contacted at all times? Yes / No

DENTIST: PHONE: (07)

Dentist's Address:

Can the Dentist be contacted at all times? Yes / No

CURRENT HISTORY

Current Medical Problems:

Regular medications including supplements, stating name and dosage

Allergies: Injuries:

Is your tetanum booster current? Yes / No. Date of last booster:

Have you had...	Yes/No	Do You Wear..	Yes/No
Epilepsy		Glasses	
Hepatitis A		Contact Lenses	
Hepatitis B		Protective	
Diabetes		Equipment	
Heart Problems		Mouthguard	
Asthma/bronchitis		Braces	
Hernia			
Concussion			

<p>Have you sustained... A fracture in the last 3 years? Yes No Where?</p> <p>A dislocation? Yes No Where?</p> <p>Do you suffer from..... Recurring pain in any joints? Yes No Which Joint?</p>
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Have you ever been treated for head or spinal injury? Yes () No () Give details:

To the best of my knowledge, all information contain on this sheet is correct.

Signed: Date:

(Rider or Parent/Guardian)

Pony Club Association Of Queensland Inc

LIABILITY, WAIVER, RELEASE AND INDEMNITY

WARNING: This is a legal document that affects your rights. If you do not understand it, consult a lawyer before signing it

Full Name

Address:

.....Postcode

Date of Birth:

Emergency Contact Name:.....Tel.....

Known medical conditions or disabilities

TO: The Pony Club Association of Queensland Inc. and its affiliated clubs. and their respective directors, officers, employees, agents, contractors, representatives and volunteers ("Pony Club")

In consideration of the Pony Club accepting my membership and/or allowing me to participate in its events and activities, including riding:

1. I acknowledge that participation involves the real risk of injury, possibly serious. This includes injuries related to or resulting from pre-existing disabilities or medical conditions.
2. It is not possible to list all potential injuries or their possible causes. Injury may be unforeseen, accidental or preventable. Although it is uncommon, the injury may be extremely serious. I acknowledge that the most common injuries result from falls from horses. Injury might be caused by failure to follow instructions, failure to wear protective equipment, carelessness, the negligence of co-participants, animal misbehaviour, equipment failure or other causes.
3. I understand that before participating in any physical activity, I should obtain the approval of a qualified medical practitioner. This is particularly important if I am over 35 years of age or I have a pre-existing disability or medical condition.
4. By participating, I accept all risks necessarily flowing from my participation which could result in loss of life, temporary or permanent injury or economic loss.

Accordingly, I release Pony Club from, and will indemnify it against (to the extent my actions are not excused or protected by law), all liability for all injury, loss or damage arising out of or connected with my participation in Pony Club activities. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns. It includes loss or damage related to my equipment and the death or injury of my animal.

5. I have disclosed to you (on this form) all personal medical and other details that might be relevant to my participation or if medical treatment is needed. I promise to keep you up to date with any changes in my medical condition.
6. I consent to receiving any medical treatment or injury assistance that Pony Club thinks desirable during or after my participation. However, I do not require that special medical facilities or equipment be made available for me and I understand that treatment or assistance might not be immediately available when needed.

7. I understand that any insurance cover effected for participants may not cover me for any or all injury, loss or damage sustained by me.
8. I acknowledge that safety precautions undertaken by Pony Club (such as course supervision, safety briefings, animal inspections and equipment safety checks) are a service to me and other participants but are not a guarantee of safety.
9. Animals are ridden by me at my risk. Pony Club is not responsible for injury, loss or damage resulting from animal behaviour (including behaviour caused by the presence of other animals or participants). In particular, Pony Club is not responsible for animal selection by or on behalf of participants (for example, an animal may be unsuitable for a participant by reason of the participants inexperience or age).
10. I warrant that:
 - * all equipment provided or used by me in Pony Club activities is reasonably fit for its purpose: and
 - * any animal used by me in Pony Club activities is in good physical condition and is appropriate for my age, experience and anticipated riding activities.
11. **I declare that I have received and read the summary of the Pony Club Association of Queensland Codes of Behaviour Policy and understand that failure by myself or my family members and supporters to abide by its requirements can result in any or all of the following penalties:**
 - * **disqualification from an event;**
 - * **removal from the grounds of an event;**
 - * **temporary suspension from pony club;**
 - * **permanent cancellation of pony club membership.**

I am aware I can read the complete Pony Club Association of Queensland Codes of Behaviour Policy, together with all PCAQ adopted policies, on the PCAQ web site www.pcaq.asn.au under the section Rules/Policies
12. I acknowledge that in order for the Pony Club Association of Queensland to function it is necessary for it to share information including known medical conditions or disabilities, membership standing, club, age, grading and horse ownership. People to whom my personal information may be disclosed (without limitation) include other members, other clubs and zones, sponsors, team managers and event organisers.

I certify that I am 18 years of age or older and I have read this document and fully understand it.

.....
Signature

.....
Date

**DECLARATION BY PARENT OR GUARDIAN
(for Participants under 18 years of age)**

As parent or guardian of the participant:

- * I agree to the above for myself and on behalf of my child
- * I Indemnify and will keep indemnified Pony Club and all other people referred to above on the terms referred to above.

.....
Parent/Guardian Signature

.....
Date

Full Name: