



Peel Metropolitan Horse & Pony Club Inc.



Membership Application Form 20%\$

SURNAME _____

(PLEASE INDICATE AND PONY CLUB CERTIFICATES CHILDREN HAVE COMPLETED UNDER "Riding Ability", PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE)

RIDERS FIRSTNAME

(1) _____ DOB _____ Horse/Pony Name _____ Height _____ Riding Ability _____

(2) _____ DOB _____ Horse/Pony Name _____ Height _____ Riding Ability _____

(3) _____ DOB _____ Horse/Pony Name _____ Height _____ Riding Ability _____

Birth Certificate Sighted: Yes/No

Disclaimer Signed: Yes/No

Permission to use photos on webpage/other publicity: Yes/No

Permission to publish names and contact details on club membership list for distribution: Yes/No

FATHER _____ MOTHER _____ GUARDIAN _____

ADDRESS _____ SUBURB _____ POSTCODE _____

TELEPHONE NO: HOME _____ WORK _____ MOBILE _____

EMAIL _____ NOMINATED RESPONSIBLE ADULT _____

PARENT HELPER POSITION(S) _____

I give consent to allow medical treatment of the above member/s by way of contacting my doctor:

NAME _____ ADDRESS _____ PHONE _____

OR should my nominated doctor not be available, the nearest hospital or Medical Practitioner. In case of an emergency I consent to medical and ambulance services being called.

I also give consent for my horse/pony to receive treatment by contacting my vet:

NAME _____ ADDRESS _____ PHONE _____

OR if my vet is unavailable, by any other vet approved by an instructor or committee member.

I have read the terms and conditions of the club and agree to abide by them

SIGNED: _____ DATE: _____

PONY CLUB ASSOCIATION OF WESTERN AUSTRALIA INC (PCAWA)



DISCLAIMER STATEMENT – PCAWA MEMBERS

CLUB NAME

CLUB ADDRESS

EVENT:
(hereafter referred to as "EVENT(S)")

I acknowledge and agree as a condition of participating that neither the Club/Coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

Print Name Here

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PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS

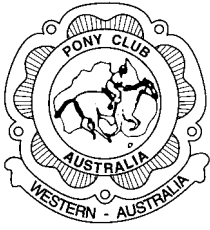
I, being the parent/guardian of the abovenamed, confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the abovenamed, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the club/coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at the EVENT(S) except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I AND MY DEPENDANT ABOVE NAMED ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

.....
NAME (BLOCK LETTERS)

.....
SIGNED

DATED THIS DAY OF 2____



PONY CLUB ASSOCIATION of WESTERN AUSTRALIA INC

STATE EQUESTRIAN CENTRE
CATHEDRAL AVENUE
BRIGADOON WA 6069
PHONE 08 9296 1500
FAX 08 9296 1545
EMAIL office@pcawa.com

www.pcawa.com

SECTION A – MEDICAL and CONSENT FORM - CONFIDENTIAL

Name of Participant..... Date of Birth:

Address.....

.....Telephone No:

This form is to completed by a parent or guardian of a Rider under the age of 18 years, or the Rider if they are over 18, that is attending activities of the Pony Club Association of Western Australia. The information contained herein may be required by a Medical practitioner in the event of a Rider requiring emergency treatment. The information given here is not intended to stop a Rider participating in the activity. It is important for the wellbeing of the Rider that this form be completed fully and accurately.

CONTACT: (In case of emergency)

ADDRESS:

TELEPHONE: Home Work Mobile.....

Relationship to participant

ARE YOU IN A MEDICAL INSURANCE FUND? YES/NO

DOES THE ABOVE NAMED PARTICIPANT SUFFER FROM ANY OF THE PROBLEMS LISTED BELOW?

If so please circle. If 'yes' please provide details.

- (A) Heart Problems Yes/No _____
- (B) Respiratory Problems Yes/No _____
 - (i) Asthma Yes/No _____
 - (ii) Other Yes/No _____
- (C) Allergies Yes/No _____
 - (i) Food Yes/No _____
 - (ii) Drugs Yes/No _____
 - (iii) Ointment Yes/No _____
 - (iv) Other Yes/No _____
- (D) Diabetes Yes/No _____
- (E) Blood Pressure Yes/No _____
- (F) Recent Operations Yes/No _____
- (G) Epilepsy Yes/No _____

(H) Recent Illness Yes/No _____
(L) Past Injuries Yes/No _____
(M) Others: (please list) Yes/No _____

Date of last Tetanus injection ____/____/____

I give permission for (name of participant) to be involved in Pony Club Association of Western Australia activities.

(Please circle) YES / NO

I consent for the above named participant to be allowed emergency medical/dental attention, if necessary, during the participation in any activity.

(Please circle) YES / NO

I understand that no liability can be accepted by the Association or Centre concerned in the event of an injury or accident occurring.

Signature.....

I understand that PCAWA reserves the right to refuse any person access to PCAWA activities if it is reasonably believed that participation may be detrimental to the person's health.

Signature.....

In the ease of emergency and I cannot be contacted, I give permission for the above named participant to be transported by private car, ambulance or whatever other means is appropriate, and agree to cover the cost of such transport.

Signature.....

In the ease of emergency and I cannot be contacted, I give permission for a Pony Club Official to allow treatment of the participant as deemed necessary and agree to cover the cost of such transport.

Signature.....

I have disclosed all information, to the best of my knowledge, required by this form. The above named participant is cleared by their registered Medical Practitioner to undertake all PCAWA Activities. In the case that a Medical restriction has been imposed on certain activities, I have listed these here:

Signature.....

I have read and fully understood the content of this Medical and Consent Form.

Signature Date

Self if over 18 and able to sign / Parent / Guardian / Legal Advocate (Please circle)