

THE PERTH HORSE & PONY CLUB INC.

2010 RIDING MEMBERSHIP APPLICATION

Please use 1 form per riding member

FULL NAME:		Date of Birth:
ADDRESS:		
SUBURB:		POSTCODE:
EMAIL ADDRESS:		PHONE NO:

PARENT/GUARDIAN NAME(S)

Please tick if you are a member of the following:

SHOWHORSE: _____	MEMBERSHIP NO:	
EFA: _____	MEMBERSHIP NO:	
PCAWA: _____	MEMBERSHIP NO:	

HORSES NAME(S)	

MEMBERSHIP RATES: PH&PC Riding Membership entitles the member to receive the PH&PC Strides Newsletter, Members nomination rates at PH&PC events and to accumulate points toward annual awards. If the riding member is under 18 years, they are ineligible to vote at general meetings. Their Guardian may join as a non riding member as their proxy.

	Amount Enclosed
RIDING MEMBERSHIP <i>(1 Rider any age)</i>	\$30.00

I agree to provide/nominate a representative to help at, at least 1 show during the year. Failure to do so will render the rider ineligible to receive any trophies that they may have qualified for. Rosters must be nominated at the beginning of the season. Should you be unable to fulfil your arranged roster it is your responsibility to appoint a substitute or to swap rosters with another member.

DATES NOMINATED: 1. _____
2. _____

EMERGENCY CONTACT:

In the event of an emergency, if the Parent/Guardian can not be contacted quickly, is there any other person who could be contacted?

NAME OF CONTACT: _____

ADDRESS: _____

TELEPHONE: HOME: _____ MOBILE: _____

ALLERGIES OR DISABILITIES:

PLEASE LIST: _____

MEDICATIONS:

PLEASE LIST ALL LONG TERM PRESCRIBED MEDICATIONS AND DOSAGES.

In consideration of the PERTH HORSE AND PONY CLUB Inc (hereinafter called "The Club") accepting my child/myself as a member (hereinafter called "The Member") and enrolling the member and keeping the member enrolled, I, the undersigned agree to the member attending and participating in all pony club activities and agree to and do indemnify the club, it's officers, instructors and helpers are not entitled to be indemnified under a policy of insurance whatsoever from and against any damages, compensation claims of demands arising out of any accident, injury, disease or illness which may befall or occur to the member during the members participation in any pony club activity or function connected with the club or when travelling to or from such activity or function. I further authorise any officers, instructors and helpers of the club in the event of such accident, injury, disease or illness to obtain the necessary medical assistance or treatment and for this purpose engage any medical, ambulance and nursing assistance and/or hospital treatment and in this event, I agree to pay all such fees and expenses, these said fees to be paid to the club on demand.

I hereby agree to my child/myself applying for membership of the Perth Horse & Pony Club Inc. and I/We agree to abide by their rules and regulations, and indemnity as listed above.

SIGNATURE: _____ **DATE:** _____

NAME (Please Print): _____

Send to: Mrs Melanie Bray
Lot 7 Cranleigh Street
WEST SWAN WA 6055
PH: 92503963

Office Use	
Receipt No.	
Member No.	