

# CALOUNDRA PONY CLUB INC. MEMBERSHIP FORM

**Name of Applicant:**

**Address:**

**Telephone:**

**HM:**

**WK:**

**MB:**

**Email:**

**Date of Birth:**

**Male/Female:**

**Riding or Social Membership:**

Have you previously been a member of a Pony Club in Queensland?:

If yes, which year were you last financial?:

Which Club?:

Zone?:

Any Accreditation held?:

Special Skills?:

Do you, or have you ever suffered from any illness or allergies which might affect your activities at Pony Club? E.g. Epilepsy, asthma, diabetes etc?:

If yes, please give full details along with any medication relating to these conditions on the Medical Profile below.

I understand, will be bound to, will abide by and agree to the following if I am accepted as a member of Caloundra Pony Club inc.:

1. I understand the dangers and risks involved in any activities involving horses.
2. I am obliged to abide by the regulations and rules of Caloundra Pony Club.
3. I may, in the case of emergency, be transported for medical assistance.
4. In the case of an emergency, veterinary help may be obtained for my horse/pony and any expenses incurred will be my responsibility.
5. I understand and agree to be an active member through a roster system by participating in the setting up and running of a minimum of four working bees and four events per calendar year whether the membership is for myself or as a representative for a member under the age of 18years.
6. I agree to attend a minimum of four musters per calendar year.
7. I understand that, as a member or a representative of a member that it would be to my advantage to attend monthly meetings so that I can have an informed and constructive opinion in the running of Caloundra Pony Club and its facilities.

**Name (please print):**

(APPLICANT)

**Signature:**

**Name (please print):**

(PARENT/GUARDIAN IF UNDER  
18 YEARS)

**Signature:**

**Date:**

## RIDER'S MEDICAL PROFILE – PERSONAL RECORD

**SURNAME:**  
**ADDRESS:**

**GIVEN NAMES:**

**TELEPHONE:** HM:  
MB:

WK:

D.O.B.:  
HEIGHT:  
BLOOD TYPE:

AGE:  
WEIGHT:  
Do you object to transfusions?:

### **EMERGENCY CONTACT**

SURNAME:  
TELEPHONE: HM:  
MB:

GIVEN NAMES:  
WK:  
RELATIONSHIP:

### **HEALTH CARE DETAILS**

MEDICARE NUMBER:  
PRIVATE HEALTH INSURANCE:  
DOCTOR:  
ADDRESS:  
Can your Doctor be contacted at all times?:  
DENTIST:  
ADDRESS:  
Can your Dentist be contacted at all times?:

Which Fund?:  
TELEPHONE:

TELEPHONE:

### **CURRENT HISTORY**

Current Medical Problems:  
Regular medications including supplements,  
stating name and dosage:

Allergies:  
Injuries:

Is your tetanus booster current?:

Date of last booster:

| <b>Have you had.....</b> | <b>Yes or No</b> | <b>Do you wear.....</b>  | <b>Yes or No</b> |
|--------------------------|------------------|--------------------------|------------------|
| Epilepsy                 |                  | Glasses                  |                  |
| Hepatitis A              |                  | Contact Lenses hard/soft |                  |
| Hepatitis B              |                  | Protective Equipment     |                  |
| Diabetes                 |                  | Mouth Guard              |                  |
| Heart Problems           |                  | Braces                   |                  |
| Asthma/Bronchitis        |                  |                          |                  |
| Hernia                   |                  |                          |                  |
| Concussion               |                  |                          |                  |

| <b>Have you sustained.....</b>  | <b>Yes or No</b> | <b>Do you suffer from.....</b> | <b>Yes or No</b> |
|---------------------------------|------------------|--------------------------------|------------------|
| A fracture in the last 3 years? |                  | Recurring pain in any joints?  |                  |
| Where?                          |                  | Which joint?                   |                  |
| A dislocation?                  |                  |                                |                  |
| Where?                          |                  |                                |                  |

Have you ever been treated for head or spinal injury?:  
Give Details:

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

**Name** (please print):  
(APPLICANT or PARENT/GUARDIAN)

**Signature:**

**Date:**

### **MEMBERSHIP FEES**

|   |                 |
|---|-----------------|
| <b>Social:</b>  | <b>\$25.00</b>  |
| <b>Riding:</b>  | <b>\$ 80.00</b> |
| <b>additional family members if paid prior to 31 March:</b> | <b>\$ 70.00</b> |
| <b>after 31 March</b>                                       | <b>\$ 75.00</b> |
| <b>Working Bee Levy per family</b>                          | <b>\$50.00</b>  |

**Please complete these forms and post with a cheque/money order/bank cheque to:**

**CALOUNDRA PONY CLUB INC.  
PO BOX 720  
CALOUNDRA QLD 4551**

If you are transferring from another Pony Club you will need to include a 'transfer form' from your current club.

Your membership application, once received, will be reviewed at the next monthly meeting. You will receive a letter notifying you of your acceptance or non-acceptance shortly after.

# 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 participant's 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 read the Pony Club Association of Queensland Codes of Behaviour Policy and understand that failure by me or my family members 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.
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: .....