



Application for Club Membership (One form per applicant)

TO: **PONY CLUB INC**

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

ADDRESS: POST CODE PIC:

PHONES: HOME (07) WORK (07) MOBILE EMAIL:.....

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

HAVE YOU PREVIOUSLY BEEN A MEMBER OF A PONY CLUB? YES/NO: IF SO WHICH CLUB

IF YES, WHICH YEAR WERE YOU LAST FINANCIAL?CLUB ZONE:

MEMBERSHIP NO..... ANY ACCREDITATIONS HELD:

EMERGENCY CONTACT

SURNAME:GIVEN NAMES: Relationship:

PHONES: HOME (07) WORK (07) MOBILE EMAIL:.....

Do you or have you ever suffered from any illnesses or allergies

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

I understand that, if I am accepted as a member by making this application for membership with the Pony Club Association of Queensland I agree to and declare that:

- As a member, I agree to abide by the Pony Club Association of Queensland Inc. Constitution, and any regulations, and any determination, resolution or policy, which may be made or passed by the Board or other entity with delegated authority; and
- This Constitution of the Pony Club Association of Queensland Inc. constitutes a contract between the Member and the Association and that I am bound by the Constitution and the Regulations and NSO constitution and regulations, as they are in force and amended from time to time.
- I am obliged to abide by the PCAQ and club's rules, regulations, by-laws and codes of conduct
- I also understand that by becoming a member of the club I may be the subject of disciplinary action should I fail to abide by this
- In the case of emergency I may be transported for medical assistance in the case of emergency veterinary help may be obtained for my horse/pony at my expense
- 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
- I understand and agree that images of pony club activity that may include me may be used by the club and PCAQ for publicity purposes.
- I understand that I will be expected to become involved & participate in the normal running of the club's affairs e.g. working bees, fundraising, setting out and packing up equipment on club days etc.

Signed:
(Applicant)

Signed:
(Parent/Guardian if under 18)

Date:20.....

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:

If application **accepted** by Management Committee, date of Meeting/...../ 2016
Date applicant advised by (method of advice)...../...../ 2016
If **not accepted**, date applicant given a fair hearing to defend the application/...../ 2016
After hearing, date of meeting to accept/reject the application/...../ 2016
Decision was to accept/reject/...../ 2016
Date applicant advised by (method of advice)...../...../ 2016
Signed Club Secretary:

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

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 misbehavior 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 affected 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 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 Pony Club or 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 including the PCAQ Member Protection Policy, on the PCAQ web site www.pcaq.asn.au under the section PCAQ 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 and agree to abide by the terms referred to above. I indemnify and will keep indemnified Pony Club and all other people referred to above on the terms referred to above.

.....20.....
Signature Date

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

As parent or guardian of the participant and on behalf of myself and the participant:

* I have read this document and fully understand it and agree to abide by the terms referred to above.

* I Indemnify and will keep indemnified Pony Club and all other people referred to above on the terms referred to above.

.....20.....
Parent/Guardian Signature Date

Full Name: