



FRIENDS OF DANDENONG RANGES HORSE AND PONY CLUB – RIDING GROUP

MEMBERSHIP APPLICATION FORM

2017-2018

For fees please refer to Fee Schedule 2017/18

MEMBER DETAILS AND DECLARATION			
I wish to acquire Membership of the <i>FRIENDS OF DANDENONG RANGES HORSE AND PONY CLUB</i> and undertake to support the Club and observe its rules.			
FIRST NAME(S)		SURNAME	
ADDRESS-STREET -SUBURB -POSTCODE		DATE OF BIRTH	
		PHONE: Home:	
		Mobile:	
Member's email address (Your email address is very important! Please check regularly)			
NAME(S) AND AGE OF HORSE(S) TO BE RIDDEN AT RALLIES/RIDING EVENTS			
COMPETITION NAME	PADDOCK NAME		AGE OF HORSE
1.			
2.			
3.			
Members signature			DATE
NEXT OF KIN/EMERGENCY CONTACT DETAILS – (Please state relationship to member)			
FIRST AND LAST NAME	RELATIONSHIP	MOBILE PHONE	EMAIL ADDRESS
1.			
2.			
CONDITIONS OF MEMBERSHIP AND DECLARATION			
<p>As a condition of membership, ALL MEMBERS ARE EXPECTED TO COMMIT TO THE FOLLOWING:</p> <ul style="list-style-type: none"> - Assist with “set up” and “pack up” of club equipment at rally/riding day and club related events - Assist on the day of ALL club events –NB even if member competing or not competing - Attend a minimum of 2 working bees per year to prepare the club grounds or equipment for events, such as Combined Training Day, Show Jumping, Freshmans event or other events as required - Assist in the canteen if required and when rostered - When present at rallies/riding days assist the instructors with equipment changes as required, e.g pole stewards at Show Jumping - Act as an Official/Club representative at PCAV/SMZ events when required or requested by the Committee 			

CONSENT: (please circle)

I/we do (agree/not agree) for our photo(s) to be displayed on Dandenong Ranges Horse and Pony Club and PCAV websites or publications

I/we do (agree/ not agree) to my/our contact details being circulated on a list to other club members

I/we accept all conditions of membership and will comply with the PCAV Code of Conduct

I/we support the membership application and consent to provide assistance and comply with the conditions of membership as above

MEMBER SIGNATURE:

DATE:

Working with Children Check no:

Valid to:

Please return this form to Kelly and you will receive a membership invoice:

Kelly Lloyd

DRH&PC Secretary

9a Edemont Road

EMERALD VIC 3782

Email: drhpc.secretary@gmail.com

ALL ENQUIRIES TO:

KELLY LLOYD - DRH&PC Secretary mobile 0488 968 885 or email drhpc.secretary@gmail.com

PLEASE NOTE ALL FEES MUST BE PAID IN FULL AND EVIDENCE OF PCAV INSURANCE PROVIDED PRIOR TO RIDING AT ANY RALLY OR RIDING EVENT

office use only

Payment & method	\$ cash/cheque/EFT	Date received	Receipt no
Treasurer signature:			

Checklist

tick

Membership list 2016/17 paid	
PCAV – MyClub database	
DRH&PC email contact list - Secretary	
DRH&PC DC notification	
DRH&PC facebook group/TeamApp	



FRIENDS OF DANDENONG RANGES HORSE AND PONY CLUB – RIDING GROUP MEMBER APPLICATION FORM

2017 -2018

Emergency contact and Medical information

EMERGENCY CONTACT FORM			
MEMBERS FIRST AND LAST NAME:			
EMERGENCY CONTACT NAME:		PHONE CONTACT:	
RELATIONSHIP TO MEMBER:			
MEDICAL INFORMATION – In Case of Emergency			
DOCTOR:		PHONE:	
MEDICARE NUMBER:		AMBULANCE SUBSCRIPTION:	YES / NO (circle)
PRIVATE HEALTH FUND:		Membership number:	
MEDICAL BACKGROUND:			
<p>Please state if you are subject to any medical treatment or physical ailment that Dandenong Horse and Pony Club should be aware of e.g Asthma, Epilepsy, Diabetes, any past injuries etc that may be relevant to your well being during Riding group/Pony Club activities. If nothing relevant please state “ none” here in your handwriting:</p>			
Tetanus Vaccination:	Year:		
Current Medications: (please provide details including dosage, etc, and/or any additional treatment recommended)			
<p>Known Allergies, their reactions and ACTION PLAN – please provide any action which needs to be taken:</p>			
<p>Medical Consent: In the event of any medical emergency, I understand that every effort will be made to contact my emergency contact. However, if it is impracticable to communicate with my emergency contact, I hereby authorise the Committee member(s) in charge to consent to my child receiving such medical treatment as deemed necessary.</p>			
MEMBERS SIGNATURE			DATE:

