



MEMBERSHIP APPLICATION FORM

Junior/Senior (17+) Riding Member

- new and renewing members-

2017-2018 - (01/03/2017 to 28/02/2018) For fees please refer to Fee Schedule 2017/18

MEMBER DETAILS AND DECLARATION			
I wish to acquire Membership of the <i>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 RALLYS			
COMPETITION NAME	PADDOCK NAME	AGE OF HORSE	
1.			
2.			
3.			
Members signature:			DATE:
PARENT, GUARDIAN OR ADULT SUPPORTER DETAILS:			
FIRST AND LAST NAME	HOME PHONE	MOBILE PHONE	EMAIL ADDRESS
Parent 1:			
Parent 2:			
Guardian/AS:			
CONDITIONS OF MEMBERSHIP AND DECLARATION			
<p>As a condition of membership, ALL MEMBERS ARE REQUIRED TO:</p> <ul style="list-style-type: none"> - Have an adult supporter present at the Rally or event to encourage the member in training and be available in case of injury - Assist with "set up" and "pack up" of club equipment at ALL rally and club 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 event or other events as required - Assist in the canteen when rostered - 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 - Adult supporter have to supply the club with their current Working With Children Check number/expiry date 			

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'S (18+), PARENT or GUARDIAN

SIGNATURE:

Working with Children Check no:

DATE:

Valid to:

ALL ENQUIRIES TO:

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

Please return this form to:

Kelly Lloyd

DRH&PC Secretary

9a Edenmont Road

EMERALD VIC 3782

Email: drhpc.secretary@gmail.com

PAYMENT OPTIONS:

1. Cheque made out to Dandenong Ranges Horse and Pony Club Inc.
2. EFT – Westpac BSB 033 609 Acc no 470986 – please identify payment reference with surname of rider

To arrange a payment plan please contact Claudia Schulz Treasurer mob: 0423 003 294

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	



MEMBERSHIP APPLICATION FORM

Junior/Senior (17+) Riding Member

Emergency contact and Medical information

2017-2018

EMERGENCY CONTACT:			
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 child's well being during Pony Club activities.</p> <p>If nothing relevant please state " none" in your handwriting</p>			
Tetanus Vaccination:	Year:		
Current Medications: (please provide details including dosage, etc, and/or any additional treatment recommended)			
Known Allergies, their reactions and ACTION PLAN – please provide any action which needs to be taken:			
Medical Consent:			
<p>In the event of any medical emergency, I understand that every effort will be made to contact me(the nominated parent or guardian).</p> <p>However, if it is impracticable to communicate with me, I hereby authorise the Committee member(s) in charge to consent to my child receiving such medical treatment as deemed necessary.</p>			
MEMBERS (18+) or PARENTS/GUARDIAN SIGNATURE:		DATE:	