

2010
APPLICATION FOR CLUB MEMBERSHIP
(Separate form for each applicant)

TO: **PONY CLUB INC**

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

ADDRESS:

POST CODE: PHONES: (07) home (07) work

.....mobile EMAIL:

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

HAVE YOU PREVIOUSLY BEEN A MEMBER OF A PONY CLUB IN QUEENSLAND:

IF YES, WHICH YEAR WERE YOU LAST FINANCIAL?

WHICH CLUB? ZONE: MEMBERSHIP NO.....

ANY ACCREDITATION HELD:

SPECIAL SKILLS:

DO YOU OR HAVE YOU EVER SUFFERED FROM ANY ILLNESSES OR ALLERGIES WHICH MIGHT AFFECT YOUR ACTIVITIES AT PONY CLUB eg Epilepsy, Asthma, Diabetes etc.

(Please give details of any medication relating to these conditions - refer "Medical Profile".)

I UNDERSTAND THAT, IF I AM ACCEPTED AS A MEMBER:

- I AM OBLIGED TO ABIDE BY THE CLUB'S RULES AND REGULATIONS AND BY-LAWS
- 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
- 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
- MY NAME AND ADDRESS MAY BE GIVEN TO PCAQ SPONSORS

I UNDERSTAND THAT I WILL BE EXPECTED TO BECOME INVOLVED AND PARTICIPATE IN THE NORMAL RUNNING OF THE CLUB'S AFFAIRS eg working bees, fundraising, setting out and packing up equipment on club days etc.

SIGNED:
(Applicant)

SIGNED: DATE:
(Parent/Guardian if under 18)

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:

Accepted Management Committee Meeting Membership No.

Date.....

RIDER'S MEDICAL PROFILE - PERSONAL RECORD

SURNAME: GIVEN NAMES:
 ADDRESS:
 POST CODE: PHONES: (07) home (07) work
 SEX: DATE OF BIRTH: AGE: HEIGHT: WEIGHT:Kg
 BLOOD GROUP: Do you object to transfusions:

EMERGENCY CONTACT

SURNAME: GIVEN NAMES:
 PHONES: (07) home (07) work mobile
 Relationship:

HEALTH CARE DETAILS

MEDICARE NO: Private Health Insurance Yes / No Which:

DOCTOR:PHONE: (07)
 DR's ADDRESS:

Can the Doctor be contacted at all times? Yes / No

DENTIST: PHONE: (07)

Dentist's Address:

Can the Dentist be contacted at all times? Yes / No

CURRENT HISTORY

Current Medical Problems:

Regular medications including supplements, stating name and dosage

Allergies: Injuries:

Is your tetanum booster current? Yes / No. Date of last booster:

Have you had...	Yes/No	Do You Wear..	Yes/No	Have you sustained...
Epilepsy		Glasses		A fracture in the last 3 years? Yes No
Hepatitis A		Contact Lenses		Where?
Hepatitis B		Protective		A dislocation? Yes No
Diabetes		Equipment		Where?
Heart Problems		Mouthguard		Do you suffer from.....
Asthma/bronchitis		Braces		Recurring pain in any joints? Yes No
Hernia				Which Joint?
Concussion				

Have you ever been treated for head or spinal injury? Yes () No () Give details:

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

Signed: Date:

(Rider or Parent/Guardian)