



Samford Golden Valley Pony Club Inc.

Application for Membership - 2012

FAMILY SURNAME _____

ADDRESS _____

SUBURB _____ Post Code _____

PHONE _____ MOBILE - MOTHER _____

FAX _____ MOBILE - FATHER _____

EMAIL _____

Please nominate one person to receive correspondence from the club _____

All correspondence will be sent via email if an email address is supplied above.

I / WE UNDERSTAND THAT, IF I / WE ARE ACCEPTED AS A MEMBER(S):-

- I / We are obliged to abide by the club's rules and regulations and by-laws.
- In the case of emergency I / We may be transported for medical assistance.
The responsibility for any costs incurred being the liability of the rider / parent / guardian, whichever applies.
- In the case of an emergency veterinary help may be obtained for my horse / pony.
The responsibility for any costs incurred being the liability of the rider / parent / guardian, whichever applies.
- I / We are 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 onto a computerised membership system on my behalf.
- My / Our personal details will be provided to the Pony Club Association Of Queensland Inc.
- My / Our Names(s) will be given to the insurance broker.
- My / Our Names(s) 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.

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.

PCAQ SUNSMART POLICY

Samford Golden Valley Pony Club Inc. complies with the current PCAQ Sunsmart Policy guidelines (Available on the PCAQ Web Site or in a hard copy in the clubhouse)
Sunscreen is provided for use by members and is kept in the canteen.

PCAQ ANTI HARASSMENT POLICY

Samford Golden Valley Pony Club Inc. complies with the current PCAQ Anti Harassment Policy guidelines (Available on the PCAQ Web Site or in a hard copy in the clubhouse)

GENERAL

Safety of riders at all times remains the responsibility of the rider (Or parent / guardian if rider is under 18 years of age). The parent / guardian must be present at Musters and / or Events (As per SGVPC Rules).

I / We agree to my / our telephone number being published in the Clubs Newsletter / Rosters / Contact Information (Which appear on our website) for the purpose of the organization of canteen rosters and the like.

I / We agree that photographs and names of members may be reproduced for use in the clubs newsletter on the Club's website and articles relating to club activities published in the local press.

I / We understand that I / We will forfeit the annual working bee levy if the designated number of hours / working bees, and canteen rosters decided by the 2012 Management Committee are not fulfilled.

I / We understand that my key remains the property of SGVPC and undertake to return it if and when requested.

I / We also understand that in the event of loss of my key I / We will forfeit the key levy.

WORKING BEES & CANTEEN ROSTERS

The club expects all members to contribute to the upkeep and maintenance of our grounds and facilities and it is anticipated that this will comprise approximately 15 hours of work per family & two canteen rosters in 2012 (To be ratified by the 2012 Management Committee) .

Working Bees will be organized throughout the year and members advised via email of dates and times.

Working Bees generally entail the following tasks:-

- Whipper Snipping, mowing etc. - This will be mainly before events and during the growing season.
- Painting - Throughout year upkeep of jump rails and sporting equipment etc, larger tasks such as painting interior of clubhouse may also be included.
- Maintenance - New projects and repairs, checking of fencing, equipment etc.
- Cleaning/Set up - General cleaning on regular basis or as required, set up for clinics and musters.
- Specialist - A trade/skill that you can assist the club with.

Indicate here any specialist areas you can assist the club with ie. Trade, etc)

Members will also be required to staff the canteen on 2 musters per year.

Parents with beginner riders or children on lead line can fulfil their canteen duty at events in lieu of musters (Providing their child is not participating at the event)

Dates for canteen duty should be nominated where possible when joining. If you cannot fulfil your rostered date please make early arrangements to swap with someone

EVENTS

We offer a wide range of events at our club which gives our riders a great opportunity to compete.

They also enable us to showcase our club and at the same time earn much needed income by way of nominations, raffles and canteen sales.

Of course they also need plenty of people to make them possible and we require that each rider who is competing supply one adult worker at the set up day as well as at the event (These do NOT count as part of the yearly Working Bee requirement).

Event duties are varied and may include canteen duty.

For planning purposes, please indicate which events you think you / your family may compete at in 2012

- | | | |
|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Dressage | <input type="checkbox"/> One Day Event (Over 2 days) | <input type="checkbox"/> Gymkhana |
| <input type="checkbox"/> Rally | <input type="checkbox"/> Show Jumping | <input type="checkbox"/> None |

MUSTERS AND ADMINISTRATION

Parent / Guardian occupations (Optional) (Mother) (Father)

Does any member hold a current First Aid Certificate? YES NO

RIDER'S PERSONAL & MEDICAL PROFILE

SURNAME: GIVEN NAMES:.....

ADDRESS: SUBURB POST CODE:

TELEPHONE: (07) MOTHER / OWN MOBILE FATHER MOBILE

MEMBERSHIP TYPE: RIDING SOCIAL PEDESTRIAN NOMINATED HORSE NAME:

SEX: DATE OF BIRTH: AGE: HEIGHT: WEIGHT:Kg PCAQ #

BLOOD GROUP: Do you object to transfusions: Yes / No

EMERGENCY CONTACT

SURNAME: GIVEN NAMES:.....

TELEPHONE HOME: (07) TELEPHONE WORK (07) MOBILE.....

Relationship:

HEALTH CARE DETAILS

MEDICARE NO: Private Health Insurance Yes / No FUND :

DOCTOR: PHONE: (07)

DOCTOR'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: Other

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

Table with 2 columns: 'Have You Had?' and 'Do You Wear?'. Rows include Epilepsy, Hepatitis A, Hepatitis B, Diabetes, Heart Problems Asthma / Bronchitis, Hernia, Concussion, Glasses, Contact Lenses, Protective Equipment, Mouthguard, Braces.

Have you sustained...

A fracture in the last 3 years? Yes / No Where?
A dislocation? Yes / No Where?

Do you suffer from.....

Recurring pain in any joints? Yes / No Which Joint?

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

Have you previously been a member of a pony club in Queensland : Yes / No

If yes, which year were you last financial?
Which Club? Zone: Membership Number

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? eg Epilepsy, Asthma, Diabetes etc.

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

Signed: Date:
(Rider or Parent/Guardian)