



## Samford Golden Valley Pony Club Inc.

### *Application for Senior Associate Membership - 2012*

SURNAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ Post Code \_\_\_\_\_

PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

FAX \_\_\_\_\_ MOBILE – NEXT OF KIN \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_

EMAIL \_\_\_\_\_

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

#### **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.  
*The responsibility for any costs incurred being the liability of the rider.*
- 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.*
- 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 onto 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.

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.**

**I agree to my telephone number being published in the Clubs Newsletter / Rosters / Contact Information (Which appear on our website)**

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

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

**I understand that the special conditions of Senior Associate Membership do not entitle me to voting rights at the annual Annual General Meeting of The Samford Golden Valley Pony Club Inc.**

**I understand that if I am an Equestrian Federation Of Queensland (EFAQ) member who has EFAQ Riding Insurance that The Samford Golden Valley Pony Club Inc. will allow me to use this insurance in stead of taking out Pony Club Of Queensland Insurance.**

**I further understand that it is my responsibility to ensure that my EFAQ Insurance is up to date at all times and I must immediately desist from using the grounds and equipment of The Samford Golden Valley Pony Club Inc. until such time as my EFAQ Insurance is reinstated or I take out PCAQ Insurance.**

RIDER'S PERSONAL & MEDICAL PROFILE

SURNAME: ..... GIVEN NAMES:.....

ADDRESS: ..... SUBURB ..... POST CODE: .....

TELEPHONE: (07) ..... MOBILE ..... NEXT OF KIN MOBILE .....

MEMBERSHIP TYPE:  SENIOR ASSOCIATE  NOMINATED HORSE NAME: .....

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

EFA Membership # ..... 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 tetanum 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)