



Membership Type: Junior (up to 18) Senior (18 – 25 @1st July)

Family Membership: First (oldest) member \$ Sibling 2 \$ Sibling 3 \$

Riding Member- Full Name:		
Address:		
Suburb/Town:		Postcode:
Phone Home:	Mobile:	
Email:		
Date of Birth:	Age:	Occupation:
Riding Experience:	Certificates gained:	Previous membership if any
Horse details:	Name:	Name:
	Age:	Age:
	Height:	Height:
Horse agisted:		

Parent/Guardian:		Relationship:
Phone Home:	Work:	Mobile:
Email:		

Member Declaration

I agree to abide by the rules, regulations, policies, procedures and directives as stipulated by Pony Club Association of Victoria Competition rules and affiliated bodies. I acknowledge that horse sport is dangerous and that accidents causing death, bodily injury, disability and property damage can, and do happen. I acknowledge and agree that neither PCAV nor "the organizers" shall be under any liability for death, or bodily injury, loss or damage which may be sustained or incurred by the applicant, as a result of participation in or being present at PCAV endorsed events, except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that I have read and understood the information provided in this membership form regarding codes of conduct and privacy.

Signed: Date:

Member's Parent/Guardian Declaration - Must be signed for all members under the age of 18 years.

I/we consent to our above named child becoming a member of the Pony Club Association of Victoria as a member of the Bunyip & District Pony Club. I/we have read and accept the Member Declaration on behalf of our child.

Signed: Date:

Signed: Date:

Membership Acceptance (Club Use Only)

In accordance with our Club Rules of Incorporation the above named individual has been accepted as a member of our Club.

Signed: **Date:** **Position:**

PCAV MEDICAL HISTORY & EMERGENCY CONTACTS FORM

The information you provide on this Medical History Form will be kept by your Pony Club in a secure place and used only in the event of an emergency. Keep in club – do not send to PCAV

Personal Details

First Name: Last Name:
Sex: Vehicle/Float Reg No.:
Date of Birth: Age:
Height: Weight: Blood Group:
Do you object to blood transfusions? [] Yes [] No
Have you been immunised for Tetanus [] Yes [] No If Yes, Date:

Emergency Contacts

Full Name Relation:
Phone (h) Phone (w):
Full Name Relation:
Phone (h) Phone (w):

Health Cover Details

Medicare No.:
Do you have Ambulance Cover? [] Yes [] No Ambulance No.:
Do you have Private Health Cover? [] Yes [] No Fund:

GP & Dentist Details

Private Doctor: Phone:
Address: Suburb/Town:
Private Dentist: Phone:
Address: Suburb/Town:

Health History

Are you affected by any of the following conditions?

- Epilepsy [] Yes [] No Other (please specify) [] Yes [] No
Diabetes [] Yes [] No
Heart Problems [] Yes [] No
Asthma/Bronchitis [] Yes [] No
Pregnancy [] Yes [] No
Allergic reactions [] Yes [] No
Diabetes [] Yes [] No

If Yes to any of the above, please give details of condition(s) and special requirements:

.....

Regular medications including supplements, stating name and dosage:

.....

Sports injuries (please list any injury, which is current/recurring or requires surgery):

Do you wear?

Glasses: Yes No Contact Lenses: Yes No

I certify that the information given on this form is to be best of my knowledge a true account of my current physical condition.

Rider Name: Signature: Date:

Parent/Guardian: Signature: Date:

Medical Release

Member over 18 years

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Rider Name: Signature: Date:

Member under 18 years

If emergency medical care is required for my child and if permission is not available in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Parent/Guardian: Signature: Date:

Bunyip & District Pony Club

17.4.09 A0005024D

Release Form – Photo, Telephone, Email.

RELEASE TO USE PHOTOS

Photos are occasionally taken of Bunyip Pony Club Members for publishing in the Club Newsletter, Newspapers and the Bunyip Pony Club Website.

Please sign the release below to allow publication of photos of your child/children.

I,.....give permission for photo/s of my
child/children

to be published on the website, newsletter or newspaper.

Signed..... Date.....
Parent/Guardian

DISTRIBUTION OF TELEPHONE LIST

I,.....give permission for my Telephone
Number to be distributed amongst other members of the Bunyip Pony Club.

Signed.....Date.....

DISTRIBUTION OF EMAIL ADDRESS

I,.....give permission for my Email
Address to be distributed amongst other members of the Bunyip Pony Club

Signed.....Date.....

Bunyip & District Pony Club

17.4.09 A0005024D

Members Code of Conduct

1. The care and comfort of your horse is of the utmost importance. Always do your best to look after your horse's health, equipment, tack and your presentation as a combination.
2. Abide by the rules of the PCAV and Bunyip and District Pony Club at all times. Make it your business to understand all the requirements on rally days. Ask questions if you are unsure.
3. Take pride in your club uniform and present yourself as a proud member of Bunyip Pony Club.
4. Always show your respect to the club officials, instructors and volunteer helpers. Remember they are giving their time and effort so you can ride.
5. Any disagreements or concerns at the rally should be discussed immediately with the DC
6. Treat your fellow club members as you would like to be treated at all times.
7. Respect the club grounds and always help to keep them in the best possible condition.
8. When in club uniform you are representing the Pony Club therefore your behaviour is most important. Always show that you are willing to be helpful, courteous, law abiding and a good sportsperson.
9. Verbal or physical abuse, derogatory language or racial comments of any kind, will not be tolerated during Pony Club rallies or whilst in Pony Club uniform.
10. Always try to participate and enjoy events and rallies, as these are designed for your pleasure and development.
11. Make the most of your opportunities and give back what you can for the club

I accept the Bunyip & District Member's Code of Conduct

.....
Members Name

.....Date.....
Member's Signature

.....
Parent/Guardian's Signature

Adult Supporters Code of Conduct

1. Pony club is a youth movement to encourage, instruct and develop our children in a harmonious attitude to the care and comfort of your child's horse.
2. Help to develop a responsible attitude to the care and comfort of your child's horse.
3. Encourage the value of abiding by the rules. Teach that honest effort is victory, not winning.
4. Never ridicule mistakes or losses.
5. Involvement is for the child's enjoyment not yours. Encourage participation do not force it.
6. Remember children learn best by example, your actions and attitudes are always noticed.
7. Recognize positively the valuable contributions of volunteers and officials. Please show them that respect that they deserve.
8. Loud and excessive interference of your child's lesson from the side-line will not be tolerated as this is distracting to both rider and instructor. The instructor is in charge of the group during lessons.
9. Never publicly disagree with officials or instructors. Raise issues privately and quickly with the DC.
10. Support all efforts to remove verbal, racial and physical abuse.
11. Support your club officials to foster high standards of behaviour for the club.
12. Verbal or physical abuse, derogatory language of any kind including gender or race will not be tolerated.
13. Remember the best way to influence the clubs direction is to become involved, not by gossiping behind the scenes.

I accept the Bunyip Pony Club Adult Supporter's Code of Conduct

Name.....

Date

Signature.....