

2010

APPLICATION FOR CLUB MEMBERSHIP
(Separate form for each applicant)

TO: TALLEBUDGERA 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 t your activities at pony club e.g. 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 Queensland 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 e.g. working bees, fundraising, setting out and packing up equipment on club days etc.

SIGNED:

SIGNED:..... DATE:

(Applicant)

(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.

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

Have you had...	Ye s/ No	Do You Wear..	Yes/No
Epilepsy		Glasses	
Hepatitis A		Contact Lenses	
Hepatitis B		Protective	
Diabetes		Equipment	
Heart Problems		Mouth guard	
Asthma/bronchitis		Braces	
Hernia			
Concussion			

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

Signed: Date:

(Rider or Parent/Guardian)