

SHPC ENROLMENT FORM 2012

SURNAME:

STREET ADDRESS:

..... Post Code.....

PHONE :.....MOB:.....

POSTAL ADDRESS:Post Code.....

EMAIL ADDRESS: (please print clearly):

Also riders email address if different from parent.

RIDERS:

CHRISTIAN NAME	PCAWA NO.	Rider or Social	Date of Birth	Horse's Names	Certs held	Former Pony Club	*Aboriginal or Torres Strait Islander	*Any Disabilites (please list if applicable)

* As of 1st January 2010, PCAWA is required to collect additional information regarding membership. This information is for funding purposes only.

NON-RIDERS: (compulsory for one parent/guardian – optional for second)

-This gives the non-riding member public liability cover while involved in Pony Club activities. Please note if second parent has not paid, they will not be covered for public liability. Non-riding members are not covered for personal accident insurance and it is advised they have their own cover. All committee members and coaches must be covered by this non-riding public liability. Gives voting rights at AGM and Special Meetings

SURNAME	CHRISTIAN NAME	RELATIONSHIP TO RIDER	OCCUPATION	DOB	*ABORIGINAL OR TORRES STRAIT ISLANDER	*Disabilities (list if applicable)

* As of 1st January 2010, PCAWA is required to collect additional information regarding membership. This information is for funding purposes only.

Please note this is an application form only, the SHPC Committee retains the right to refuse applications.

2012 SUBSCRIPTION FEES

CLUB FEES 2012

FIRST RIDER: \$135.00

SECOND RIDER: \$115.00

THIRD OR MORE RIDERS: \$95.00 each

PCAWA RIDING MEMBER INSURANCE – PER RIDER : \$71

PCAWA NON-RIDER INSURANCE : \$29

(Compulsory for one parent/guardian; optional for second. Compulsory for committee members and coaches.)

LOG BOOK LEVY (If riders do not already have correct book) : \$30

MOUNTED COACH/ INSTRUCTOR : \$39

PCAWA VISITOR : \$10

SOCIAL RIDER : \$50.00

(Social riders may receive the member's cheaper entry fees in club events, but may not attend rallies as a rider, or represent the Club. \$ of this is used for PCAWA Public Liability insurance – the social rider should have their own Personal Accident insurance.)

MEDICAL FORM (see attached)

A new PCAWA Medical Form must be completed when enrolling at the Club and each year. Forms will be held by the Secretary and returned or destroyed when enrolment is terminated.

PAYMENT DETAILS:

NAME(S): _____

CLUB FEES:	
PCAWA RIDING MEMBER INSURANCE@\$	
PCAWA NON-RIDER INSURANCE @ \$	
LOG BOOK LEVY @\$30	
OTHER	
TOTAL :	Paid Yes/No Receipt no.:

SERPENTINE HORSE & PONY CLUB

HELPER DUTIES

This page is compulsory for at least one parent to complete.

The ongoing success of our club and our riders depends on parental help. Please be aware that if assistance is not given willingly then membership may be refused or terminated.

In 2012 as a condition of joining, parents/guardians/riders are required to complete a minimum of 10 hours per family helping the club, in addition to their rostered duties on Rally or Event/ODE days. These helper duties include busy bees, fundraising, and general help wherever possible. Failure to complete the 10 hours per family means that your child/children may not have their membership to Serpentine Horse and Pony Club accepted the following year. Any family not complying will also have to pay a \$250 bond on rejoining if their membership application is accepted. This bond will be refunded on completion of the ten hours helper duty.

NAME OF PARENT/S:

PHONE: HM:

MOBILE:

EMAIL(Please print clearly!):

OCCUPATION:

AREA AT PONY CLUB WHERE I WILL BE HELPING:

(This does not include rally/event rosters – they are compulsory and part of membership obligations)

Some areas that can be nominated include:

Showjumping days (many jobs to do before, after and during)

Eventing (this does not include rider helper duties)

Canteen (days other than rallies)

Dressage Days (before, after, during)

Gymkhanas

Instructing (unpaid)

Busy Bees

Other: (Please specify)

**PONY CLUB ASSOCIATION OF WESTERN AUSTRALIA INC (PCAWA)
PCAWA DISCLAIMER STATEMENT**



CLUB NAME:

CLUB ADDRESS:

I acknowledge and agree as a condition of participating in any PC or PCAWA event that neither the Club/Coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENTS, shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation). I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

Print Name Here

Sign Here

Dated

.....
.....

PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS

I, being the parent/guardian of the abovenamed, confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the abovenamed, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the club/coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at any PC or PCAWA EVENTS except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I AND MY DEPENDANT ABOVE NAMED ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

.....

.....

NAME (BLOCK LETTERS)

SIGNED

DATED THIS DAY OF 2_____

THIS DISCLAIMER FORM MUST BE COMPLETED OR MEMBERSHIP WILL BE REFUSED.