



**PINJARRA HORSE AND PONY CLUB**

# **PINJARRA HORSE & PONY CLUB INC. APPLICATION FOR MEMBERSHIP 2020**

**Post Office Box 517  
Pinjarra WA 6208**

| <b>Fee Structure 2020</b>      |   |
|--------------------------------|---|
| <b>Riding Members</b>          | \$230 for ordinary riding member + 1 adult supporter per family |
|                                | \$230 for associate riding member over 18                       |
|                                | \$272 for affiliate riding member over 25yrs                    |
| <b>Adult Supporter</b>         | \$56 (1 per family)   |
| <b>Adult Supporter Mounted</b> | \$272 (can ride at rallies and also be child's guardian)        |

**Rider's Surname:** .....

**Rider's Given Names:** .....

**Rider's Preferred Name:** .....

**Date of Birth (Rider):** .....

**PARENT/GUARDIAN 1 (full name):** .....

**PARENT/GUARDIAN 2 (full name):** .....

**ADDRESS:** .....

**TELEPHONE:** ..... **MOBILE:** .....

**GUARDIAN E MAIL:** .....

**RIDERS E MAIL:** .....

**MOUNT'S NAME:** ..... **AGE:** ..... **HEIGHT:**.....

**Address where Mount is kept if not as above**.....

Name of any other PCAWA club's you have been a member of: .....

What PCAWA certificates are held? .....Have you ever been refused membership of a PCAWA Club Y/N

Do you give permission for your child's forename/photograph/image to be used to promote the PCAWA Y/N

Fields of Interest:(Please circle those of most interest to you) Dressage, Showjumping, Eventing, Show Horse, Polocrosse. Novelties, Prince Phillip Mounted Games, Polo.

Please indicate what riding level you are: (example: jumping height, confident to canter in a group, lead line, etc):  
.....

Please indicate if you are interested in representing the club at: State Show Jumping (min 60cm), State dressage (min prelim) and/or state eventing (min 80cm)

Signature: ..... Parent/Guardian Date: .....

I confirm to the best of my knowledge all details are true and correct at the time of application

**I agree to a minimum of fulfilling two helper duties at Pinjarra Horse and Pony Club events other than rallies.**

Within the Constitution under Section 6 CLUB MEMBERSHIP. The management committee may, at its discretion, approve or refuse any application for membership and, in the latter, without giving any reason for refusal.

**Proposed:** ..... **Seconded:** .....

---

Checklist: Medical/Consent Form & Disclaimer signed Y/N

Fee payable \$..... Receipt number: ..... Amount Paid: .....

Receipt number: ..... Amount Paid: \$.....

PCAWA Card Number: .....

# 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 ..... 2020

# PONY CLUB WESTERN AUSTRALIA INC

STATE EQUESTRIAN CENTRE  
CATHEDRAL AVENUE  
BRIGADOON WA 6069  
PHONE 08 9296 1500

[www.ponyclubwa.asn.au](http://www.ponyclubwa.asn.au)

ARE YOU IN A MEDICAL INSURANCE FUND?

YES/NO

## SECTION A – MEDICAL AND CONSENT FORM - CONFIDENTIAL

Name of Participant..... Date of Birth: .....

Address.....

.....Telephone No: .....

This form is to be completed by a parent or guardian of a Rider under the age of 18 years, or the Rider if they are over 18, that is attending activities of the Pony Club Association of Western Australia. The information contained herein may be required by a Medical practitioner in the event of a Rider requiring emergency treatment. The information given here is not intended to stop a Rider participating in the activity. It is important for the wellbeing of the Rider that this form be completed fully and accurately.

CONTACT: (In case of emergency) .....

ADDRESS: .....

TELEPHONE: Home ..... Work ..... Mobile.....

Relationship to participant .....

DOES THE ABOVE NAMED PARTICIPANT SUFFER FROM ANY OF THE PROBLEMS LISTED BELOW?

If so please circle. If 'yes' please provide details.

- (A) Heart Problems Yes/No .....
- (B) Respiratory Problems Yes/No .....
- (i) Asthma Yes/No .....
- (ii) Other Yes/No .....
- (C) Allergies Yes/No .....
- (i) Food Yes/No .....
- (ii) Drugs Yes/No .....
- (iii) Ointment Yes/No .....
- (iv) Other Yes/No .....
- (D) Diabetes Yes/No .....
- (E) Blood Pressure Yes/No .....
- (F) Recent Operations Yes/No .....
- (G) Epilepsy Yes/No .....
- (H) Recent Illness Yes/No .....
- (L) Past Injuries Yes/No .....
- (M) Others: (please list) Yes/No .....

Date of last Tetanus injection \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for ..... (name of participant) to be involved in Pony Club Association of Western Australia activities. (Please circle) YES / NO

I consent for the above named participant to be allowed emergency medical/dental attention, if necessary, during the participation in any activity. (Please circle) YES / NO

I understand that no liability can be accepted by the Association or Centre concerned in the event of an injury or accident occurring.

Signature: .....

I understand that PCAWA reserves the right to refuse any person access to PCAWA activities if it is reasonably believed that participation may be detrimental to the person's health.

Signature: .....

In the ease of emergency and I cannot be contacted, I give permission for the above named participant to be transported by private car, ambulance or whatever other means is appropriate, and agree to cover the cost of such transport.

Signature: .....

In the ease of emergency and I cannot be contacted, I give permission for a Pony Club Official to allow treatment of the participant as deemed necessary and agree to cover the cost of such transport.

Signature: .....

I have disclosed all information, to the best of my knowledge, required by this form. The above named participant is cleared by their registered Medical Practitioner to undertake all PCAWA Activities. In the case that a Medical restriction has been imposed on certain activities, I have listed these here:

.....  
.....  
.....  
.....  
.....

I have read and fully understood the content of this Medical and Consent Form.

Signature: .....

Signature: ..... Date .....

Self if over 18 and able to sign / Parent / Guardian / Legal Advocate (Please circle)