



## Goolwa District Pony Club Inc.

PO Box 672, Goolwa SA 5214

ABN: 33 378 819 661

goolwaponyclub@gmail.com

goolwaponyclub.weebly.com

### Application for Membership 2022-2023

*one form to be completed per member*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian (if under 18yo): \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Horse Age: \_\_\_\_\_

Just Go Database ID: \_\_\_\_\_ PIC No.: \_\_\_\_\_

#### Type of Membership

<b>Junior Rider</b>	Financial year membership for rider under 26 years of age. (Includes affiliation & insurance fee to PCASA, PCA & MZ of <b>\$159.45</b> )	\$211	
<b>Adult Rider</b>	Financial year membership for rider 26 years of age and over. (Includes affiliation & insurance fee to PCASA, PCA & MZ <b>\$159.45</b> )	\$211	
<b>Non-Riding/Social Member</b>	Financial year membership for any person interested in helping with the running of the Club (must be a financial member to join committee, vote at AGM, etc.). (Includes affiliation fee to PCASA of <b>\$6.60</b> )	\$25	
<b>Day Membership</b>	Riders who have not been financial members of Pony Club in the past 2 years will need to apply for Rally Participation via JustGo using the South Australia Direct Club. <b>DO NOT USE THE CLUB THEY ARE ATTENDING.</b> All Rally Participation applications will be processed by PCASA JustGo Admin.	\$22	
		<b>Total</b>	

**PLEASE NOTE ALL MEMBERSHIPS MUST BE COMPLETED BY YOU ON THE JUST GO DATABASE**

#### Your interests (what you would like to occur at Club):

Dressage/Flatwork  Showjumping  Eventing  Mounted Games

Western Pleasure  Trail Riding  Social Activities  Certificates

Other: \_\_\_\_\_

<b>Admin use only</b>	Payment date:	Payment method:	Payment received by:
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### Members Medical Information Form

The information you provide on this Medical Information Form will be kept by Goolwa District Pony Club in a secure place and will be used only in the event of an emergency.

Members Name: \_\_\_\_\_

#### Emergency Contacts

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

#### Health Cover Details

Medicare Number: \_\_\_\_\_ Concession Card Number: \_\_\_\_\_

Do you have Ambulance Cover?  Yes  No Ambulance Number: \_\_\_\_\_

Do you have Private Health Cover?  Yes  No Fund Name: \_\_\_\_\_

Are there any conditions that the Riding Member may need to disclose that could affect them whilst taking part in organised Pony Club rallies or competitions? (i.e. asthma, heart conditions, allergies, diabetes, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Note: Riders under the age of 18 years MUST always have a parent or guardian present at all rallies or competitions.**

#### Medical Release

##### Member under 18 years of age

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

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

##### Member 18 years of age and over

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Member Declaration

I agree to abide by the rules, regulations, policies, procedures, and directives as stipulated by Pony Club Australia (PCA) and Pony Club Association of South Australia Inc. (PCASA) competition rules and affiliated bodies.

I agree to abide by the constitution and by-laws of the Goolwa District Pony Club Inc. (GDPC).

I acknowledge that horse sport is dangerous and that accidents causing death, bodily injury, disability, and property damage can, and do, happen.

GDPC is a small Club dedicated to the development of riders of all abilities and ages, in a friendly and relaxed environment. We ask that all families assist us by being ready to help with set-up and pack-up at rallies, working bees and with the running of events throughout the year.

GDPC needs the support of all members to help raise funds through fundraising so we can keep our Club fee as low as possible.

#### Volunteering

We, as members of the \_\_\_\_\_ family, agree to assist the Club at rallies, working bees and Zone Events throughout the year

I understand that as a member of the PCASA Metropolitan Zone Inc., I have obligations to provide volunteer help with Zone Events.

#### Rallies

I will let the relevant person(s) know prior to the rally if I will be attending or not.

All persons have a current 'Working with Children' check (for 14 years of age and over) which have been provided to the Club. (These can be arranged for you free of charge through PCASA).

#### Content Publishing & Social Media

I will be aware of comments made by myself on social media to ensure they do not bring myself, the Club, or the PCASA into disrepute. I give permission to GDPC to publish any appropriate photo or any other relevant information pertaining to my Pony Club activities.

#### Declaration

I acknowledge that I have read and understood the information provided within the membership form and members pack regarding the Codes of Conduct and Privacy and agree to this declaration.

Members name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent/Guardian Declaration

I/we consent to our above-named child becoming a member of PCASA as a member of GDPC.

I/we have read and accept the Member Declaration on behalf of our child.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_