



<b>FORM PCAQ-101</b>	<b>2015 Application for Club Membership (One form per applicant)</b>
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**Riding Members:**  
**1<sup>st</sup> - \$110-00 ea**  
**2<sup>nd</sup> - \$ 90-00 ea**  
**3<sup>rd</sup> - \$ 80-00 ea**  
**Social Member \$30 ea**  
**Working Bee Levy \$200 ea**

**TO: BURPENGARY PONY CLUB**

FULL NAME OF APPLICANT: \_\_\_\_\_ BLUE CARD NO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_ PIC: \_\_\_\_\_  
 PHONES: HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ MALE/FEMALE: \_\_\_\_\_ RIDING/SOCIAL MEMBERSHIP: \_\_\_\_\_  
 HAVE YOU PREVIOUSLY BEEN A MEMBER OF A PONY CLUB? YES/NO: \_\_\_\_\_ IF SO WHICH CLUB: \_\_\_\_\_  
 IF YES, WHICH YEAR WERE YOU LAST FINANCIAL? 20\_\_\_\_ CLUB: \_\_\_\_\_ ZONE: \_\_\_\_\_  
 MEMBERSHIP NO: \_\_\_\_\_ ANY ACCREDITATIONS HELD: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS:**

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 PHONES: HOME: (07) \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Do you or have you ever suffered from any illnesses or allergies: Click Box to Tick Yes or No**

Have you had:	Yes	No	Do you Wear:	Yes	No
Epilepsy			Glasses		
Hepatitis A			Contact Lenses		
Hepatitis B			Protective Equipment		
Diabetes			Mouthguard		
Asthma/Bronchitis			Braces		
Hernia					
Concussion					

**I understand that, if I am accepted as a member:**

- I am obliged to abide by the PCAQ and club's rules, regulations, by-laws and codes of conduct
- I also understand that by becoming a member of the club I may be the subject of disciplinary action should I fail to abide by this
- 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 at my expense
- I am aware that the club through affiliation with the pony club association of Qld 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
- I understand and agree that images of pony club activity that may include me, may be used by the club and PCAQ for publicity purposes.
- I understand that I will be expected to become involved & 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:** \_\_\_/\_\_\_/20\_\_\_\_  
 (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.

**CLUB USE ONLY:**

If application **accepted** by Management Committee, date of Meeting: \_\_\_/\_\_\_/2015  
 Date applicant advised by (method of advice): \_\_\_/\_\_\_/2015  
 If **not accepted**, date applicant given a fair hearing to defend the application: \_\_\_/\_\_\_/2015  
 After hearing, date of meeting to accept/reject the application: \_\_\_/\_\_\_/2015  
 Decision was to accept/reject: \_\_\_\_\_  
 Date applicant advised by (method of advice): \_\_\_/\_\_\_/2015  
**Signed Club Secretary:** \_\_\_\_\_

## LIABILITY, WAIVER, RELEASE and INDEMNITY

**WARNING: This is a legal document that affects your rights. If you do not understand it, consult a lawyer before signing it.**

**Known medical conditions or disabilities:** Type below - maximum 3 lines

**TO:** The Pony Club Association of Queensland Inc. and its affiliated clubs and their respective directors, officers, employees, agents, contractors, representatives and volunteers ("Pony Club").

In consideration of the Pony Club accepting my membership and/or allowing me to participate in its events and activities, including riding:

1. I acknowledge that participation involves the real risk of injury, possibly serious. This includes injuries related to or resulting from pre-existing disabilities or medical conditions.
2. It is not possible to list all potential injuries or their possible causes. Injury may be unforeseen, accidental or preventable. Although it is uncommon, the injury may be extremely serious. I acknowledge that the most common injuries result from falls from horses. Injury might be caused by failure to follow instructions, failure to wear protective equipment, carelessness, the negligence of co-participants, animal misbehaviour, equipment failure or other causes.
3. I understand that before participating in any physical activity, I should obtain the approval of a qualified medical practitioner. This is particularly important if I am over 35 years of age or I have a pre-existing disability or medical condition.
4. By participating, I accept all risks necessarily flowing from my participation which could result in loss of life, temporary or permanent injury or economic loss. Accordingly, I release Pony Club from, and will indemnify it against (to the extent my actions are not excused or protected by law), all liability for all injury, loss or damage arising out of or connected with my participation in Pony Club activities. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns. It includes loss or damage related to my equipment and the death or injury of my animal.
5. I have disclosed to you (on this form) all personal medical and other details that might be relevant to my participation or if medical treatment is needed. I promise to keep you up to date with any changes in my medical condition.
6. I consent to receiving any medical treatment or injury assistance that Pony Club thinks desirable during or after my participation. However, I do not require that special medical facilities or equipment be made available for me and I understand that treatment or assistance might not be immediately available when needed.
7. I understand that any insurance cover affected for participants may not cover me for any or all injury, loss or damage sustained by me.
8. I acknowledge that safety precautions undertaken by Pony Club (such as course supervision, safety briefings, animal inspections and equipment safety checks) are a service to me and other participants but are not a guarantee of safety.
9. Animals are ridden by me at my risk. Pony Club is not responsible for injury, loss or damage resulting from animal behaviour (including behaviour caused by the presence of other animals or participants). In particular, Pony Club is not responsible for animal selection by or on behalf of participants (for example, an animal may be unsuitable for a participant by reason of the participant's inexperience or age).
10. I warrant that:
  - ◆ all equipment provided or used by me in Pony Club activities is reasonably fit for its purpose and;
  - ◆ any animal used by me in Pony Club activities is in good physical condition and is appropriate for my age, experience and anticipated riding activities.

11. I declare that I have received and read the summary of the Pony Club Association of Queensland Codes of Behaviour Policy and understand that failure by myself or my family members and supporters to abide by its requirements can result in any or all of the following penalties:

- disqualification from an event;
- removal from the grounds of Pony Club or removal from the grounds of an event;
- temporary suspension from Pony Club;
- permanent cancellation of Pony Club membership.

I am aware I can read the complete Pony Club Association of Queensland Codes of Behaviour Policy, together with all PCAQ adopted policies including the PCAQ Member Protection Policy, on the PCAQ web site [www.pcaq.asn.au](http://www.pcaq.asn.au) under the section PCAQ Policies.

12. I acknowledge that in order for the Pony Club Association of Queensland Inc to function, it is necessary for it to share information including known medical conditions or disabilities, membership standing, club, age, grading and horse ownership. People to whom my personal information may be disclosed (without limitation) include other Members, other clubs and zones, sponsors, team managers and event organisers.

I certify that I am 18 years of age or older and I have read this document and fully understand it and agree to abide by the terms referred to above. I indemnify and will keep indemnified Pony Club and all other people referred to above on the terms referred to above.

\_\_\_\_\_/\_\_\_\_\_/201  
(Signature) (Date)

**DECLARATION BY PARENT OR GUARDIAN (for Participants under 18 years of age):**

As parent or guardian of the participant and on behalf of myself and the participant:

\* I have read this document and fully understand it and agree to abide by the terms referred to above.

\* I Indemnify and will keep indemnified Pony Club and all other people referred to above on the terms referred to above.

\_\_\_\_\_/\_\_\_\_\_/201  
(Parent/Guardian Signature) (Date)

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



Pony Club Association of Queensland Inc.  
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ABN: 49 040 247 044

## MEMBER PROTECTION DECLARATION

The PCA/PCAQ has a duty of care to all those associated with the sport at state/national level and to the individuals and organisations to whom our national Member Protection Policy applies. As a requirement of our state/national Member Protection Policy, the PCA must enquire into the background of those who undertake any work, coaching or regular unsupervised contact with people under the age of 18 years.

I \_\_\_\_\_ (name) of \_\_\_\_\_

\_\_\_\_\_ (address) born \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Sincerely declare:

1. I do not have any criminal charge pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence.
3. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence.
4. I am not currently serving a sanction for an anti-doping rule violation under an ASADA approved anti-doping policy application to me.
5. I will not participate in, facilitate or encourage any practice prohibited by the World Anti-Doping Agency Code or any other ASADA approved anti-doping policy applicable to me.
6. To my knowledge there is no other matter that the PCA/PCAQ may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by engaging me.
7. I will notify the President of the organisation(s) engaging me immediately upon becoming aware that any of the matters set out in clauses (1 to 6) above has changed.

I have read and understood the declaration. I confirm and warrant that the contents of the declaration provided by me are true and correct in every particular.

Declared in the State/Territory of \_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (date) Signature \_\_\_\_\_

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