

APPLICATION FOR MEMBERSHIP/RENEWAL

Mt Evelyn Pony Club Inc. A0007316L

Location: Mt Evelyn Club Rooms Graeme Colling Reserve, Bailey Road Mount Evelyn 3796

Postal Address: PO BOX 152, Mount Evelyn VIC 3796



Member: Surname:
Christian Names:
Address:
Home Phone: Mobile: Date of Birth:
Previous Pony Club Experience: **Yes/No** Number of years: Graded level if applicable:
Email:

Medical: Allergies or disabilities (if any):
Ambulance Subscriber: Yes/No Fund Number if applicable:
Medicare number: Doctor's Name:
Doctor's Phone: Doctor's Address:

Parents: Father's Surname: Father's Christian Names:
Mother's Surname: Mother's Christian Names:
Father's Occupation: Mother's Occupation:

Horse's: Name: Name:
Age: Height: Age: Height:
Preferred Veterinary Surgeon:
Phone No: Mobile:

(Membership is conditional as follows:

(i) Parents will assist the club as rostered.

(ii) A levy, the amount of which will be determined by the Committee annually and advised in the Newsletter, will be payable if the parents are unable or unwilling to assist.

(iii) Should the member fail to attend Pony Club for three consecutive rallies without notifying a member of the Committee or the District Commissioner of the reason for such non attendance, his or her membership will lapse and the balance of any annual fees will be forfeited.)

I agree to accept the conditions of membership of the Mt. Evelyn Pony Club Inc. A0007316L as set out herein and on the attached sheet.

Signature of Parent/Guardian:

Date:

Consent Form

I (being over 18 years of age) hereby give permission for my son/daughter/myself to attend Mt Evelyn Pony Club rallies and events associated with Pony Club Activities.

I understand that in the event of this rider requiring urgent medical attention, every effort will be made to inform me first, however if I cannot be informed I HEREBY AUTHORISE the Mt Evelyn Pony Club to obtain any medical treatment required for the rider named above (including ambulance service, blood transfusions, anesthetics and doctors) as considered necessary at the time AND I ALSO AUTHORISE the Mt. Evelyn Pony Club to seek the assistance of a veterinarian for the treatment of this rider's horse/pony in the case of an emergency. AND I UNDERTAKE to reimburse Mt. Evelyn Pony Club for any costs incurred.

Signed (Parent/Guardian/ Member over 18 years)

Date:

EFT PAYMENTS - BANK DETAILS - MT. EVELYN PONY CLUB INC.

BSB: 063 852 ACCOUNT: 10037979

Office Use Only: GRADING CARD NO:

SUBS PAID TO INSURANCE:

RECORD NO:

DATE:

SUBS PAID TO MEMBERSHIP FEES:

RECORD NO:

DATE: