



FORM PCAQ-9

Application for Membership for the Club 2012 year
(Separate application required for each applicant each year)

TO: **PONY CLUB INC**

FULL NAME OF APPLICANT:..... BLUE CARD NO.....

ADDRESS: POST CODE:

PHONES: HOME (07) WORK (07) MOBILEEMAIL:.....

DATE OF BIRTH: MALE/FEMALE: RIDING/SOCIAL MEMBERSHIP:

HAVE YOU PREVIOUSLY BEEN A MEMBER OF A PONY CLUB IN QUEENSLAND? YES/NO:

IF YES, WHICH YEAR WERE YOU LAST FINANCIAL?CLUB ZONE:

MEMBERSHIP NO..... ANY ACCREDITATIONS HELD:

SPECIAL SKILLS:

DO YOU OR HAVE YOU EVER SUFFERED FROM ANY ILLNESSES OR ALLERGIES WHICH MIGHT AFFECT YOUR

ACTIVITIES AT PONY CLUB eg Epilepsy, Asthma, Diabetes etc. **Yes** **No**

(Please give details of any medication relating to these conditions - refer "Medical Profile".)

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
- MY NAME & ADDRESS MAY BE GIVEN TO PCAQ SPONSORS
- 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 eg working bees, fundraising, setting out and packing up equipment on club days etc.
- THE MEMBERSHIP TO WHICH THIS APPLICATION REFERS EXPIRES AND CEASES AT THE END OF THE MEMBERSHIP YEAR.

SIGNED: SIGNED: DATE:
(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:

PCAQ Club Membership Receipt number
If application accepted by Management Committee, date of Meeting/...../ 2012
Date applicant advised by (method of advice)...../...../ 2012
If not accepted, date applicant given a fair hearing to defend the application/...../ 2012
After hearing, date of meeting to accept/reject the application/...../ 2012
Decision was to accept/reject	
Date applicant advised by (method of advice)...../...../ 2012



FORM PCAQ-10

MEMBER'S MEDICAL PROFILE - PERSONAL RECORD the Club 2012 year
(Separate application required for each applicant each year)

Signed Club Secretary:

FULL NAME OF APPLICANT:.....

ADDRESS: POST CODE:

PHONES: HOME (07) WORK (07) MOBILE EMAIL:.....

DATE OF BIRTH: AGE: HEIGHT:cm WEIGHT:kg.

BLOOD GROUP: Do you object to transfusions: YES/NO

EMERGENCY CONTACT

SURNAME:GIVEN NAMES: Relationship:

PHONES: HOME (07) WORK (07) MOBILE EMAIL:.....

HEALTH CARE DETAILS

MEDICARE NO: Private Health Insurance YES/NO Name of Fund:

PRIMARY PHYSICIAN: PHONE: (07)

ADDRESS:

Can the Doctor be contacted at all times? YES/NO

DENTIST: PHONE: (07)

ADDRESS:

Can the Dentist be contacted at all times? YES/NO

CURRENT MEDICAL HISTORY (IF INSUFFICIENT ROOM PLEASE ATTACH SHEET)

Current Medical Problems:

Regular medications including supplements, stating name and dosage

Allergies: Injuries:

Is your tetanus booster current? Yes / No. Date of last booster:

Have you had...	Yes/No	Do You Wear...	Yes/No
Epilepsy		Glasses	
Hepatitis A		Contact Lenses	
Hepatitis B		Protective	
Diabetes		Equipment	
Heart Problems		Mouthguard	
Asthma/bronchitis		Braces	
Hernia			
Concussion			

Have you sustained...	
A fracture in the last 3 years?	YES/NO
Where?	
A dislocation?	YES/NO
Where?	
Do you suffer from.....	
Recurring pain in any joints?	YES/NO
Which Joint?	

Have you ever been treated for head or spinal injury? YES/NO

Give details:

To the best of my knowledge, all information contain on this sheet is correct.

Signed:

(Applicant)

Signed:

(Parent/Guardian if under 18)

Date: