2009
APPLICATION FOR CLUB MEMBERSHIP
(Separate form for each applicant)

TO: .... PONY CLUB

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

ADDRESS: ....

POST CODE: .... PHONES: (07) .... home (07) .... work

EMAIL: ……………………………………………………………………………………………….

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

HAVE YOU PREVIOUSLY BEEN A MEMBER OF A PONY CLUB IN QUEENSLAND: ....

IF YES, WHICH YEAR WERE YOU LAST FINANCIAL? ....

WHICH CLUB? .... ZONE: .... MEMBERSHIP NO…………..

ANY ACCREDITATION 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. ....
(Please give details of any medication relating to these conditions - refer “Medical Profile”.)

I UNDERSTAND THAT, IF I AM ACCEPTED AS A MEMBER:

MY PERSONAL DETAILS WILL BE PROVIDED TO THE PONY CLUB ASSOCIATION OF QUEENSLAND AND I AM AWARE THAT MY NAME WILL BE GIVEN TO THE INSURANCE BROKER AND THAT MY NAME AND ADDRESS *MAY POSSIBLY* BE GIVEN TO PCAQ SPONSORS

I AM OBLIGED TO ABIDE BY THE CLUB’S RULES AND REGULATIONS
I MAY, IN THE CASE OF EMERGENCY, BE TRANPORTED FOR MEDICAL ASSISTANCE IN THE CASE OF EMERGENCY, VETERINARY HELP MAY BE OBTAINED FOR MY HORSE/PONY,
I UNDERSTAND THAT I WILL BE EXPECTED TO BECOME INVOLVED AND PARTICIPATE IN THE NORMAL RUNNING OF THE CLUB’S AFFAIRS eg working bees, fundraising etc.

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:
Accepted Management Committee Meeting …………………………. Membership No. …………………
.
Date

RIDER'S MEDICAL PROFILE - PERSONAL RECORD

SURNAME: .... GIVEN NAMES: ....
ADDRESS: ....
POST CODE: .... PHONES: (07) .... home (07) .... work
SEX: .... DATE OF BIRTH: .... AGE: .... HEIGHT: .... WEIGHT: ....Kg
BLOOD GROUP: .... Do you object to transfusions: ....

EMERGENCY CONTACT

SURNAME: .... GIVEN NAMES: ....
PHONES: (07) .... home (07) .... work .... mobile
Relationship: ....

HEALTH CARE DETAILS

MEDICARE NO: .... Private Health Insurance Yes / No Which: ....
DOCTOR: .... PHONE: (07) ....
DR's ADDRESS: ....
Can the Doctor be contacted at all times? Yes / No
DENTIST: .... PHONE: (07) ....
Dentist's Address: ....
Can the Dentist be contacted at all times? Yes / No

CURRENT HISTORY

Current Medical Problems: ....
Regular medications including supplements, stating name and dosage ....
Allergies: .... Injuries: ....
Is your tetanum 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 Equipment	
Diabetes			
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: .... Date: ....
(Rider or Parent/Guardian)