



# WANNEROOHORSEANDPONYCLUB

## ENROLMENT FORM 2017

POST THIS FORM AND PAYMENT OR CONFIRMATION OF EFT PAYMENT) TO

**T. Short, PO BOX 141, Wanneroo WA 6065 or email to: [secretarywhpc@outlook.com](mailto:secretarywhpc@outlook.com)**

### RIDER DETAILS - PLEASE USE 1 FORM PER RIDER

SURNAME	FIRSTNAME	
DATE OF BIRTH	AGE AS AT 1/1/17	
ADDRESS		
PHONE	RIDERS MOBILE IF APPLICABLE)	
RIDER EMAIL		

### PARENTS/GUARDIANS

MOTHERS NAME	PHONE	
FATHERS NAME	PHONE	
EMAIL		
EMAIL		

### PONY CLUB EXPERIENCE

NAME OF CLUB	NO OF YEARS THERE
CERTIFICATE COMPLETED	D    D*    C    C*    K    B    A

### HORSE/PONY DETAILS

1.	NAME		STABLE NAME	
	AGE	HEIGHT	COLOUR	SEX
2.	NAME		STABLE NAME	
	AGE	HEIGHT	COLOUR	SEX

### ANNUAL FEES

1 Riding Member (6- 25 years of age)	\$450.00	\$	<b>PAYMENT METHODS:</b> Please post Enrolment, Medical & Current EA card <b>WHPC Enrolments</b> T Short PO Box 141, Wanneroo WA 6065 or email to <a href="mailto:secretarywhpc@outlook.com">secretarywhpc@outlook.com</a> Payment may be made by Cheque, Cash or EFT <b>EFT Details: BSB 036079 A/C 131285</b> Please use your <b>SURNAME</b> in the <b>REFERENCE</b> <b>Cheques payable to Wanneroo Horse &amp; Pony Club</b> Do not post cash Please indicate your payment method: EFT _____ DATE OF EFT _____
2 Riding Members (6- 25 years of age)	\$400.00 (Per rider)	\$	
3 Riding Members (6- 25 years of age)	\$350.00 (Per rider)	\$	
Lead Rein /First Ridden	\$300 (Per rider)	\$	
Dual Membership (5 rallies) Must be current member of EA	\$300 (Per rider)	\$	
Associate Riders (18yrs -25 yrs) (3 rallies)	\$150	\$	
Deposit 5 <sup>th</sup> Feb.		\$200	
Balance owing		\$	

FAMILY SURNAME \_\_\_\_\_



## WANNEROO HORSE AND PONY CLUB

ENROLMENT FORM 2017

### Information and Declaration

1. Enrolment is from 1st January 2017 to 31st December, 2017  
**FEES ARE NOT REFUNDABLE AFTER THE RALLY IN MARCH**
2. Current EA membership form must accompany enrolment form
3. All rallies attended after the nominated membership will incur a cost of \$50 per rally Payable before the day or on the day. Rider/Parent **MUST** notify the Chief Instructor or Rally Coordinator of their attendance before the day.
4. Enrolment forms lodged on Sunday 5<sup>th</sup> February 2017 must be accompanied By \$200 deposit or paid in full. Any outstanding balance to be paid prior to commencement of the first rally on the 19<sup>th</sup> February 2017.

No member is permitted to ride at **ANY WHPC OR PCAWA** rally or event unless all fees have been paid in full. PCAWA membership insurance does not cover any non financial members.

5. Should a rider leave the grounds before the end of the designated finish time for a rally, the parent/guardian must have the time noted in the Attendance Register.

Failure to do will have that rally marked as "unattended" and the rally will not be included in rally qualifications where needed.

6. I consent/ do not consent to photographs and names of your child(ren) being published in the WHPC Newsletter, Website, Face book page, Newspaper and equestrian publication. (Please Circle response)

7. As part of my membership with Wanneroo HPC the following conditions will apply:
  - 4 Rosters must be nominated for by the end of the March rally. 3 rosters and a Compulsory roster at the Wanneroo Agricultural Show.
  - 1 Busy Bee must be nominated for by the end of the March rally.
  - If you are unable to attend your nominated roster, **YOU** must arrange a replacement and notify the volunteer **coordinator** of your replacement. If there are extenuating circumstances, please contact Volunteer Coordinator by phone or email.
  - If you have not nominated rosters and busy bee, by end of March rally, they will be assigned to you.

8. Riders/Parents/Guardians must abide by the rules and regulations set out by PCAWA.

#### **DECLARATION– TO BE COMPLETED BY PARENT IF RIDER UNDER 18 YEARS OF AGE**

I \_\_\_\_\_ Being a Parent/Guardian of (Rider) \_\_\_\_\_

have read the above information and agree to the conditions of membership as outlined above.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**PONY CLUB ASSOCIATION OF WESTERN AUSTRALIA INC PCAWA)  
DISCLAIMER STATEMENT – PCAWA MEMBERS**

CLUB NAME:.....  
CLUB ADDRESS: .....  
EVENT: .....  
hereafter referred to as “EVENT S)”) )

I acknowledge and agree as a condition of participating that neither the Club, Coach, Participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT S), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 Cth) or similar State legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

**Print Name Here**

.....

**PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS**

I, .....being the parent/guardian of the above named, ..... confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the above named, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the club/coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the above named or by me in or being present at the EVENT S) except for any rights the above named or I may have arising under the Trade Practices Act 1974 Cth) or similar State legislation).

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I AND MY DEPENDANT ABOVE NAMED ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

.....  
NAME BLOCK LETTERS) SIGNED

DATED THIS ..... DAY OF ..... 2.....



# MEDICAL AND CONSENT FORM – CONFIDENTIAL



**Full Name of Participant**  
**Address** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

This form is to be completed by a parent or guardian of a Rider under the age of 18 years, or the rider if they are over 18, that is attending activities of the Pony Club Association of Western Australia. The information contained herein may be required by a Medical Practitioner in the event of a Rider requiring emergency treatment. The information given here is not intended to stop a Rider participating in the activity. It is important for the wellbeing of the Rider that this form be completed fully and accurately.

**Contact (in case of emergency)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **or** \_\_\_\_\_

**Relationship to participant** \_\_\_\_\_

Does the above participant named on this form suffer from any of the problems listed below? Please indicate either yes or no and provide details if “yes”.

			Yes or No?	Details if YES
A	Heart Problems			
B	Respiratory Problems	Asthma		
		Other		
		Food		
C	Allergies	Drugs		
		Ointment		
		Other		
D	Diabetes			
E	Blood Pressure			
F	Recent Operations			
G	Epilepsy			
H	Recent Illness			
I	Past Injuries			
J	Others (please list)			



# MEDICAL AND CONSENT FORM – CONFIDENTIAL (cont)



Date of Last Tetanus Injection \_\_\_\_\_

Are you in a Medical Insurance Fund? **YES / NO** (please circle)

I give permission for \_\_\_\_\_ (name of participant) to be involved in Pony Club Association of Western Australia Activities.

**Yes/No** \_\_\_\_\_ **Signature** \_\_\_\_\_

I consent for the above named participant to be allowed emergency medical/dental attention, if necessary, during the participation in any PCAWA activity.

**Signature** \_\_\_\_\_

I understand that no liability can be accepted by the Association or Centre concerned in the event of an injury or accident occurring.

**Signature** \_\_\_\_\_

In the case of emergency and I cannot be contacted, I give permission for the above named participant to be transported by private car, ambulance, or whatever other means is appropriate and agree to cover the cost of such transport.

In the case of emergency and I cannot be contacted, I give permission for a Pony Club Official to allow treatment of the participant as deemed necessary and agree to cover the cost of such treatment.

I have disclosed all information, the best of my knowledge, required by this form. The above named participant is cleared by their registered Medical Practitioner to undertake all PCAWA activities. In the case that a Medical restriction has been imposed on certain activities, I have listed these here:

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_