



• **President:** Michael Fitzpatrick  
[www.bacchusmarshponyclub.com.au](http://www.bacchusmarshponyclub.com.au)

**District Commissioner:** Tracey Paterson  
Ph: 0408594766

## MEMBERSHIP REGISTRATION FORM 2010/2011

### Riders Details

Mr / Mrs / Miss / Ms/ Other: ..... Full Name: .....

Address: .....

Suburb/Town: ..... Postcode: .....

Phone (H): ..... Phone (W): .....

Phone (M): ..... Fax: .....

Email: .....

Date of Birth: ..... Age: .....

Postal Address if different from above.

Certificates held: (please circle if applicable):  
 H       A       B       K  
 C\*       C       D       D\*

**Adult Supporters Details:** Note cost of one Adult supporter is included in each Membership Fee.

1<sup>st</sup> Name \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ \$1.00

#### Fee Details:

BMPC Membership for 2010 /2011

Nomination for NEW membership      \$ 60.00

1<sup>st</sup> Rider in the family      \$180.00

2<sup>nd</sup> Rider in the family      \$160.00

3<sup>rd</sup> Rider in the family      \$140.00

1<sup>st</sup> Adult Supporter      \$ 0.00

2<sup>nd</sup> Adult Supporter      \$ 1.00

New Members Feb to June      \$120.00

Rider Transfer fee from another club \$50.00 plus \$10.00 per rally left in financial year

Total Payable: \$ \_\_\_\_\_

Cheques payable to Bacchus Marsh Pony Club Inc. Posted to P.O Box 701, Bacchus Marsh 3340



**Membership Registration Form 2010 / 2011**

**NOTE 1:** BMPC exists of volunteers. We expect a 9 hour working bee levy per financial year **PLUS** help on our events (usually 3 to 4 event per year), and of course any extra help is more than appreciated.

If you do not complete the 9hrs then a **\$200.00** fee will be added to your account.

Please acknowledge our working bee levy of 9 hours work per financial year or a **\$200.00 will** be added to my fees.

**I accept the conditions of the working bee levy.**

Parent/Guardian Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**NOTE 2** There is no day membership....

All applications must nominate and be presented to the committee, complete with the fees.

If you want to come along to a rally to see how it works, you are most welcome, however it must be unmounted.

**Membership Type:**

- Riding Member (please specify)
  - Junior (Under 17years)
  - Associate (17-25 years)
  - Riders without Horses program
- Non-Riding Member (Adult/Club Supporter)

**Horse Details (if Riding Member)**

Main address of location of horses .....

.....

.....

.....

Horse Name: .....

Age: ..... Height: .....

Horse Name: .....

Age: ..... Height: .....

Horse Name: .....

Age: ..... Height: .....

Horse Name: .....

Age: ..... Height: .....

**Riding Experience (if Riding Member)**

Years: ..... Months: .....

Ever attended a Pony Club?  Yes  No

If Yes, Pony Club: .....

*If you are currently a member of this Pony Club you need to complete a PAV Membership Transfer Form.*



## CODES OF CONDUCT

### *Participants/Riders*

- ★ Participate and compete within the rules.
- ★ Never argue with an official. If you disagree, discuss your concerns with the organising committee or use official protesting procedures to lodge your complaint.
- ★ Control your temper. Verbal abuses of officials, organising personnel or other individuals are not acceptable or permitted behaviours in any sport.
- ★ Work to better yourself there is always satisfaction in improving your performance.
- ★ If working in a team, work to support your teammates and be positive about your teammate's performance.
- ★ Be a good sport.
- ★ Treat all participants in your sport, as you like to be treated.
- ★ Cooperate with your coach, teammates and organising personnel. Without them there would be no competition or activities to be involved with.
- ★ Participate for your own enjoyment and benefit, not just to please parents and coaches.
- ★ Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.

### *Parents/Guardians*

- ★ Remember that children participate in sport for their enjoyment, not yours.
- ★ Encourage children to participate, do not force them.
- ★ Focus on the child's efforts and performance rather than winning or losing.
- ★ Encourage children always to play according to the rules and to settle disagreements without resorting to hostility or violence.
- ★ Never ridicule or yell at a child for making a mistake or losing a competition.
- ★ Remember that children learn best by example. Appreciate skilful performances by all participants.
- ★ Support all efforts to remove verbal and physical abuse from sporting activities.
- ★ Respect officials' decisions and teach children to do likewise.
- ★ Show appreciation for volunteer coaches, officials and administrators. Without them, your child could not participate.

- ★ Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.

★

### *Officials*

- ★ Understand and accommodate the skill levels and needs of young people.
- ★ Compliment and encourage all riders.
- ★ Be consistent, objective and courteous when making decisions.
- ★ Condemn unsporting behaviour and promote respect for all individuals.
- ★ Emphasise the spirit of the game rather than the errors.
- ★ Encourage and promote rule changes, which will make participation more enjoyable.
- ★ Be a good sport yourself. Actions speak louder than words.
- ★ Keep up to date with the latest trends in officiating and the principles of growth and development of young people.
- ★ Remember, you set an example. Your behaviour and comments should be positive and supportive.
- ★ Place the safety and welfare of the participants above all else.
- ★ Give all young people a 'fair go' regardless of their gender, ability, cultural background or religion.

### *Coach/Instructor*

- ★ Remember that young people participate for different reasons, for many winning is only part of the fun, participating, and learning and enjoying others company is often just as important.
- ★ Never ridicule or yell at a young person for making a mistake or not coming first.
- ★ Be reasonable in your demands on young people's time, energy and enthusiasm.
- ★ Operate within the rules and spirit of your sport and teach your Pony Clubbers to do the same.
- ★ Ensure that the time spent with you is a positive experience. All Pony Clubbers are deserving of equal attention and opportunities.
- ★ Avoid focussing on the talented riders; the just average participants need and deserve equal time.





## Membership Registration Form 2010 / 2011

- ★ Ensure that equipment and facilities meet safety standards and are appropriate to the age and ability of all riders.
- ★ Display control, respect and professionalism to all involved with the sport. This includes opponents, coaches/instructors, officials, administrators, the media, parents and spectators. Encourage your Pony Clubbers to do the same.
- ★ Show concern and caution toward sick and injured riders. Follow the advice of a physician when determining whether an injured Pony Clubber is ready to recommence riding at rallies or competition.
- ★ Obtain appropriate qualifications and keep up to date with the latest coaching/instructing practices and the principles of growth and development of young people.
- ★ Ensure you understand the motivational reasons for your Pony Clubber being involved with Pony Club and develop your sessions to meet these needs.
- ★ Any physical contact with a young person should be appropriate to the situation and necessary for the Pony Clubber's skill development.
- ★ Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.
- ★ Ensure that everyone involved in junior sport emphasises fair play, and not winning at all costs.
- ★ Give a Code of Behaviour sheet to spectators, officials, parents, coaches, players and the media, and encourage them to follow it.
- ★ Display all Code of Behaviour sheets in a prominent place so that all spectators, officials, parents, coaches, players and the media view them at any time.
- ★ Remember, you set an example. Your behaviour and comments should be positive and supportive.
- ★ Support implementation of the National Junior Sport Policy.
- ★ Make it clear that abusing young people in any way is unacceptable and will result in disciplinary action.
- ★ Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.

### **PRIVACY STATEMENT**

### **Administrator**

- ★ Involve young people in planning, leadership, evaluation and decision making related to their Club and activities.
- ★ Give all young people equal opportunities to participate.
- ★ Create pathways for young people to participate in Pony Club not just as a rider but as a coach, referee, administrator etc.
- ★ Ensure that rules, equipment, length of games and rally schedules are modified to suit the age, ability and maturity level of young riders.
- ★ Provide quality supervision and instruction for junior riders.
- ★ Remember that young people participate for their enjoyment and benefit. Do not overemphasise awards.
- ★ Help coaches and officials highlight appropriate behaviour and skill development, and help improve the standards of coaching and officiating.
- ★ Pony Club Victoria recognises that privacy is important and that individuals have a right to control their personal information. Pony Club Victoria acknowledges that providing personal information is an act of trust and Pony Club Victoria takes that seriously.
- ★ Pony Club Victoria will release in print media, electronic media and verbally the contact information of individuals acting in Official Pony Club positions.
- ★ Unless an individual gives Pony Club Victoria consent to act otherwise, the following PAV Privacy Policy will govern how Pony Club Victoria handles personal information of individuals.
- ★ Pony Club Victoria is committed to complying with the private sector National Privacy Principles set out in Privacy Act (Cth) 1988. Pony Club Victoria is committed to protecting personal information.
- ★ PAV requires the information requested on this form to accept your membership. Your personal information will only be used in accordance with the objects of PAV and PAV general business.
- ★ In applying for membership of the PAV I consent to my personal information being used by PAV sponsors or other third parties for the purpose of providing me with promotional materials from PAV sponsors or other third parties.



**Member Declaration**

I ..... agree to abide by the rules, regulations, policies, procedures and directives as stipulated by Pony Club Association of Victoria Competition rules and affiliated bodies.

I acknowledge that horse sport is dangerous and that accidents causing death, bodily injury, disability and property damage can, and do happen.

I acknowledge and agree that neither PCAV nor "the organizers" shall be under any liability for death, or bodily injury, loss or damage which may be sustained or incurred by the applicant, as a result of participation in or being present at PCAV endorsed events, except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that I have read and understood the information provided in this membership form regarding codes of conduct and privacy.

**Health of Horse(s)** I declare that the horse(s) I bring to pony club will be in good health, eating normally and not showing signs of respiratory disease during the last 3 days leading up to attending any pony club rallies, activity or event. I give my authorisation for the Club or Event Secretary to call for veterinary inspection of the horse(s) in my care should they be showing signs of a respiratory illness at any time during the course of the activity/event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

**Horse Activity/Event Declaration Waiver** I understand that due to diseases such as equine influenza, the Victorian Department of Primary Industries, or other State or Commonwealth government body, may restrict or prevent the movement of horses, vehicles and personnel for a period of time ("Standstill"). I acknowledge and agree that a Standstill is a risk of competing at this event and I agree to pay all costs or expenses incurred by the organising committee as a result of a Standstill.

**Biosecurity Guidelines** I have read and understand the PCAV Biosecurity Guidelines as read on the website [www.ponyclubvic.org.au](http://www.ponyclubvic.org.au) and I will act in accordance with these guidelines.

Signed: ..... Date: .....

**Member's Parent/Guardian Declaration**

Must be signed for all members under the age of 18years.

I/we consent to our above named child becoming a member of the Pony Club Association of Victoria as a member of the ..... Pony Club.

I/we have read and accept the Member Declaration on behalf of our child.

Signed: ..... Date: .....



Membership Registration Form 2010 / 2011

***Membership Acceptance (Club Use Only)***

In accordance with our Club Rules of Incorporation the above named individual has been accepted as a .....member of our Club.

Signed: ..... Date: .....

Position held: .....

Signed: ..... Date: .....

Position held: .....

PCAV Membership Fees payable to PCAV: \$ .....



**Membership Registration Form 2010 / 2011**

***MEDICAL HISTORY FORM***

The information you provide on this Medical History Form will be kept by your Pony Club in a secure place and used only in the event of an emergency.

***Personal Details***

First Name: ..... Last Name: .....

Sex: ..... Vehicle/Float Reg No.: .....

Date of Birth: ..... Age: .....

Height: ..... Weight: .....

Blood Group: .....

Do you object to blood transfusions?  Yes  No

Have you been immunised for Tetanus  Yes  No If Yes, Date: .....

***Emergency Contacts***

First Name ..... Last Name: .....

Phone (h) ..... Phone (w): .....

Relationship: .....

First Name ..... Last Name: .....

Phone (h) ..... Phone (w): .....

Relationship: .....

***Health Cover Details***

Medicare No.: .....

Do you have Ambulance Cover?  Yes  No Ambulance No.: .....

Do you have Private Health Cover?  Yes  No Fund: .....

***GP & Dentist Details***

Private Doctor: ..... Phone: .....

Address: .....

Suburb: ..... Postcode: .....

Can your Doctor be contacted at all times?  Yes  No

Private Dentist: ..... Phone: .....

Address:.....

Suburb: ..... Postcode: .....

Can your Dentist be contacted at all times?  Yes  No



Membership Registration Form 2010 / 2011

**Health History**

Are you affected by any of the following conditions?

- |                            |                              |                             |                              |                              |                             |
|----------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|
| Epilepsy                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hepatitis (any form)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dyslexia                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Eating problems              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blood Pressure problems    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hay Fever                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Problems             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Migraine                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma/Bronchitis          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nerve Disorder               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pregnancy                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Skin Complaints              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hernia                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Visual or hearing complaints | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attention Deficit Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other (please specify)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergic reactions         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | .....                        |                              |                             |
| Bladder/Bowel complaints   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | .....                        |                              |                             |

If Yes to any of the above, please give details of condition(s) and special requirements: .....

.....

.....

.....

.....

Regular medications including supplements, stating name and dosage: .....

.....

.....

.....

Sports injuries (please list any injury, which is current/recurring or requires surgery): .....

.....

.....

.....

**Do you wear?**

- Glasses:  Yes  No
- Contact Lenses:  Yes  No
- If Yes:  Soft  Hard



**Membership Registration Form 2010 / 2011**

**In the past have you ever sustained?**

A fracture  Yes  No

If Yes, when & body part:.....

.....

A dislocation  Yes  No

If Yes, when & body part:.....

.....

**Have you or do you suffer from:**

Recurring joint pain  Yes  No

If Yes, when & body part:.....

.....

Back/Neck pain  Yes  No

If Yes, when:.....

.....

**Have you ever been treated for a:**

Concussion  Yes  No

If Yes, when:.....

.....

Head injury  Yes  No

If Yes, when:.....

.....

Neck injury  Yes  No

If Yes, when:.....

.....

Spinal injury  Yes  No

If Yes, when:.....

.....



Membership Registration Form 2010 / 2011

Pony Club Association  
Of Victoria

I certify that the information given on this form is to be best of my knowledge a true account of my current physical condition.

Rider Name: ..... Signature: ..... Date: .....

Parent/Guardian: ..... Signature: ..... Date: .....

**Medical Release**

**Member over 18years**

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Rider Name: ..... Signature: ..... Date: .....

**Member under 18years**

If emergency medical care is required for my child ..... and if permission is not available in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Parent/Guardian: ..... Signature: ..... Date: .....

**Permission for use of photo's for BMPC purposes only:**

I give permission for BMPC to use \_\_\_\_\_ (insert child's name) Photograph for the sole purpose of advertising the club, promotional material for the club and/or the BMPC website only. Please note that the copy and past function will be disabled to avoid illegal usage of the images.

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_