



Whittlesea Horse & Pony Club (A0007644H)
(INCORPORATED IN VICTORIA)
PO Box 59, Whittlesea 3757

www.whittleseaponyclub.com

Application for NEW membership (2019-2020)

All parents/guardians/carers of members, and members over 18, must provide a current Working with Children Check.

Therefore, in order for your membership application to be processed, you will need to attach a copy of either *the receipt for application of the Check OR a copy of the WWCC card* to this application.
THIS IS FOR ALL ADULT SUPPORTERS (PARENTS) AND MEMBERS OVER 18.

If grandparents, siblings or other family members or friends attend the occasional rally as spectators, no WWCC is required for these people.

Surname/Family name of applicant: _____

Given Names: _____ Date of Birth: _____

For the purposes of insurance and voting rights, up to two adult supporters may be nominated free of charge. These adult supporters are normally the parents / guardians of the riding member.

Adult supporter (1) _____ Adult supporter (2) _____

Address for correspondence: _____

Postcode: _____

Email _____ Tel No: _____

Name of horse: _____ Horse's Age _____ height _____

Name of horse: _____ Horse's Age _____ height _____

Certificates Held (If applicable): _____ PC Grade (If applicable): _____

Riding Experience:

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 PCAV Membership Transfer Form.

Please return this form completed with payment of fees to the Secretary, PO Box 59 Whittlesea 3757

\$429.00* for riders aged 17 years and over (includes PCAV Fee)

\$409.00* for riders aged under 17 years (includes PCAV Fee)

*Note – if you pay your fees later than the 30th June 2019, the PCAV Fee will be an extra \$5.00 per rider.

CHQ'S PAYABLE TO: Whittlesea Horse & Pony Club
BANK TRANSFER: BSB-033682 ACCOUNT-960877

Date of committee approval	Form & Amount of payment
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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 team mates and be positive about your team mates' performance.
- Be a good sport.
- Treat all participants in your sport, as you like to be treated.
- Cooperate with your coach, team mates 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, 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.
- 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.

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.

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

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 PCAV 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.

PCAV requires the information requested on this form to accept your membership. Your personal information will only be used in accordance with the objects of PCAV and PCAV general business.

In applying for membership of the PCAV I consent to my personal information being used by PCAV sponsors or other third parties for the purpose of providing me with promotional materials from PCAV 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.

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:

Signed:..... Date:

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: \$

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

Health History

Are you affected by any of the following conditions?

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



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:.....
.....

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 18 years

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 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 18 years

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

Parent/Guardian: Signature: Date:

VOLUNTEER REQUIREMENTS

It is also expected that all members actively support the club. When you sign this form, you are confirming that you understand the volunteer requirements relating to your involvement in the club, i.e. attendance at working bees and carrying out duties as per the roster for each rally and the competitions that we run each year. If you choose not to support the club over the next 12 months, that is your prerogative, however you must understand that the lack of involvement may prejudice future renewal applications.

IMPORTANT

PLEASE REMEMBER TO ATTACH EITHER A COPY OF THE RECEIPT FOR YOUR WORKING WITH CHILDREN CHECK APPLICATION OR A COPY OF YOUR WORKING WITH CHILDREN CHECK CARD

Consent to reproduce photographs for publications, promotional and marketing materials and for use on web sites

Whittlesea Horse & Pony Club (WH&PC) often reproduces photographs in its publications, marketing material and on its web site for promotional purposes.

WH&PC would like to be able to use and reproduce any photographs of you (& Family members) for this purpose and is seeking your consent to do so.

Photographs of you (& family members) which are sufficiently clear to identify you are considered to be "personal information" under the *Privacy and Data Protection Act 2014 (Vic)*

If you agree to us using your photograph/s in this way, please sign below where indicated.

I agree to WH&PC using, reproducing and disclosing the photographs of me in the manner explained above.

Signature: _____

Name: _____

Date: _____

If under 18 years
Parent/Guardian

Signature: _____

Name: _____

Date: _____

