



## ALICE SPRINGS PONY CLUB 2009 MEMBERSHIP FORM

<b>Type of Membership:</b> (Please circle)	Junior Member (under 26 years)	\$120
	Additional child per family	\$100
	Adult Riding Member (26 years and over)	\$100
	Social Member	\$10
	Working Bee Levy (new members)	\$40

**Full Name of Member:** .....

**Address:** .....

**Home Phone #** ..... **Mobile #** .....

**Name of Horse:** .....

**EMERGENCY CONTACT PERSON:** .....

**EMERGENCY CONTACT PHONE NUMBER:**.....

**EMAIL ADDRESS:** .....

(Notifications of rallies, competitions and other events will be distributed via email so please ensure you provide an address that is checked regularly)

**Date of Birth** (Junior Members only) .....

**Age at 8<sup>th</sup> February 2009** .....

**Level of last Pony Club certificate attained** (in any state or Territory) .....

**Name(s) of Parent / Guardian** (junior members only) .....

**Detail of any known medical condition and / or allergies, and any medication required:**

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I hereby give permission for my son/daughter to attend events and rallies held by the Alice Springs Pony Club in the Alice Springs locality. I hereby grant permission for club officials to arrange any emergency medical treatment that my son/daughter may require on the advice of a doctor when I / we cannot be contacted. I understand that I will be responsible for any costs incurred.

**Signature of parent/guardian of junior members:** .....

**Date:** .....

**Total Cost**..... **Paid** **Y** **N**

# PONY CLUB ASSOCIATION OF THE NORTHERN TERRITORY INC

## DISCLAIMER STATEMENT - PCANT MEMBERS

CLUB NAME:.....

CLUB ADDRESS:  
.....

**EVENT: All Pony Club Organized Activities**  
(hereafter referred to as EVENT(S))

I acknowledge and agree as a condition of participating that neither the Club/Coach, participants, PCANT 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 (or similar State/ Territory 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, AND PCANT EVENTS THAT I ATTEND WITHIN THE TWELVE-MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

**Print Name Here**

**Sign Here**

**Dated**

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...../...../.....

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

I, ..... being the parent/guardian of the abovenamed, ....., 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 abovenamed, 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, PCANT 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 abovenamed or by me in or being present at the EVENT(S) except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (or similar State/Territory 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 AND PCANT 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.

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.....

NAME (BLOCK LETTERS)

SIGNED

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