

The following information is required:

please circle one

1. Are you a member, or have you been a member of any other Pony Club yes / no

If so, state Club(s) _____

2. Have you ever been suspended, expelled or asked to resign from any Pony Club? yes / no

If so, state why _____

3. Are you in possession of a current transfer certificate? yes / no

4. Have you filled out the Online Child Protection Form and Risk Forms yes / no

5. Do you have any medical condition or disability that would affect your participation in Pony Club activities? yes / no

If so, please explain _____

To be completed on behalf of junior members only

Medical and ambulance authorisation

6. Does your child suffer from any medical problems which should be made known to instructors? yes / no

If so, give particulars: _____

7. Does your child suffer from any allergies yes / no

If so, give particulars _____

8. In the case of an emergency, do you agree to have medical and/or ambulance services called for the child member(s) on this application? yes / no

If yes, please complete: I hereby authorise that medical/ambulance services be sought for the child members named on this application in case of emergency.

Signed Date

Medicare Number: _____

Note: Schedule A, 5.9: "Any member desiring to become a member of the Club shall apply in writing on the official form of application of the club stating name, address, telephone number, date of birth for Juniors or Associates and all particulars therein required – such applications shall be delivered to the Secretary of the Club at least one week before the date of the meeting at which such member comes forward for election. New members shall be admitted upon election by a simple majority of the Committee".

Please return completed: Application form, Risk forms and Child Protection forms with membership fees to

**Berry Pony Club
PO Box 227
Berry NSW 2535**

(Membership is Non refundable)

Please make cheques payable to: Berry Pony Club