



**CMPC Member Renewal Form, 2017-2018**

**Riders Name**

Full Name:.....  
Address: .....  
Date of Birth: .....Phone: .....  
Email: .....Second Email.....

**Emergency Contacts**

Full Name..... Relation: .....  
Phone (h) ..... Phone (w): .....  
Full Name..... Relation: .....  
Phone (h) ..... Phone (w): .....

**Health Cover Details**

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

**Health History**

.....  
.....

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

**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 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 18 years**

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: .....

**Code of Conduct**

I .....have read and agree to abide by the CMPC's Code of Conduct.

Rider's signature.....Parent's signature.....

Certificates held:  D,  D\*,  C,  C\*,  K,  B,  A,  H

Did you compete last year? ..... Do you hope to compete this year?.....

Do you have a family member who has a current Level 2 First Aid certificate? .....



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### NON RIDER/PARENT REGISTRATION-

<b>Membership Type: Adult Supporter (Parent/Guardian)</b>		
Full Name:		PCAV M'ship/Reg No. (if known)
Working With Children No:		
Address:		
Suburb/Town:		Postcode:
Phone Home:	Mobile:	
Email:		
Any skills or other attributes that might be useful to the club?		
<b>Membership Type: Adult Supporter (Parent/Guardian)</b>		
Full Name:		PCAV M'ship/Reg No. (if known)
Address:		
Suburb/Town:		Postcode:
Phone Home:	Mobile:	
Email:		
Any skills or other attributes that might be useful to the club?		

### 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 have read and agree to abide by the Club and PCAV Code of Conduct.

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

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

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