AVON VALLEY ADULT RIDING CLUB INC

**

Box 224 NORTHAM 6401 ([avonvalleyarc@outlook.com](mailto:avonvalleyarc@outlook.com))

Day Membership Form

Hunter Trials - Sunday 28th May 2023

**Rider Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Riding insurance: EA / PCAWA /other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /none (circle)

Membership number of above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information** (confidential):

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This information is confidential, but will be passed on to the treating medical officer(s) in the event of an accident

Do you have any allergies? Yes / No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any of the following:

Heart Problems: Yes / No

Diabetes: Yes / No

Respiratory Problems (inc. asthma) Yes / No

Anything else that medical attendants should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that in the event of an accident or incident, if the decision is made to call an ambulance on my behalf, I will be responsible for any fees incurred.**

*(It is recommended but not mandatory all members have ambulance cover & personal insurance)*

Do you hold a current Senior First Aid Certificate? Yes / No

**Emergency Contact** — in case of accident:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Memberships forms can be returned to: [avonvalleyarc@outlook.com](mailto:avonvalleyarc@outlook.com)

NOTE: Our Club is covered for Public Liability. No personal accident insurance is provided under this cover and it is recommended that you join Equestrian Western Australia, Pony Club of WA, or arrange your own personal accident cover especially if you wish to compete. It is not a requirement of the club for you to have private insurance, however it is strongly advised that you do so. We also recommend you have ambulance cover.

**WAIVER**

Club Avon Valley Adult Riding Club Inc. Northam Equestrian Park Northam

Event: any event in which the club is involved either at club grounds or any other venue

I acknowledge and agree as a condition of participating that neither the Club, coach, participants, EA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors and advertisers, owners and lessees of premises used to conduct the event/s shall be under any liability for any death or 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 have arising under the Trade Practices Act 1974. I acknowledge that equestrian activities are dangerous and the accidents causing death bodily injury disability and property damage can and do happen.

I agree to wear an approved helmet at all times while participating in the sport where this is relevant to the EA and FEI rules and regulations.

I understand that in the event of an accident or incident, if the decision is made to call an ambulance on my behalf, **I will be responsible for any fees incurred**.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_