

**SOUTHERN PENINSULA
PONY CLUB**
INCA0003277X
2012 – 2013
MEMBERSHIP RENEWAL FORM



ANNUAL SPPC MEMBERSHIP FEE - \$250.00
ONCE OFF LEVY FEE - \$100.00
01/06/2012 TO 31/05/2013
\$240.00 EACH FOR FURTHER CHILDREN OF THE SAME FAMILY

All fees are due at the May rally & must be paid in full by our June rally

MEMBER DETAILS and DECLARATION

I wish to *Renew my membership* of SPPC and undertake to support the Club and observe its rules.

FIRST NAMES		SURNAME	
ADDRESS st		DATE OF BIRTH	
sub		PHONE hm	
pc		mb	

PREFERRED EMAIL ADDRESS
Your email address is very important! Please provide if possible.

NAME(S) AND AGE OF HORSE(S) TO BE RIDDEN AT RALLIES

Competition Name	Paddock Name	Age of Horse
1.		
2.		

MEMBER'S SIGNATURE		DATE	
---------------------------	--	-------------	--

PARENT or GUARDIAN DETAILS

FIRST & LAST NAME	HOME PHONE	MOBILE PHONE	PREFERRED EMAIL ADDRESS <small>Your email is very important! Please provide if possible.</small>
Mother			
Father			
Guardian			

CONDITIONS of MEMBERSHIP and DECLARATION

AS A CONDITION OF MEMBERSHIP, YOU ARE TO ABIDE BY OUR CLUB & PCAV RULES, YOU ARE ALSO REQUIRED TO PROVIDE ASSISTANCE IN THE FOLLOWING WAYS:

- Remain at the Rally to encourage their child in training, be available in case of injury.
- Assist with "Set Up" & "Pack Up" of club equipment.
- Assist the instructors with equipment changes when required e.g. pole stewards.
- Attend at least two WORKING BEES a year to prepare the Club grounds or equipment for special events, such as our Combined Training Day, Show, Games or Jumps Training days. Levy fee of \$50 required and will be used if you don't attend your required duties.
- Act as an Official or Club Representative at PCAV /South Metro Zone Events when and if required. Levy fee of \$50 required and will be used if you don't attend your required duties.

HEALTH OF HORSE(S):

I declare that the horse(s) I bring to pony club will be in good health, eating normally and not showing signs of respiratory disease during the last 3 days leading up to attending. I give my authorisation for the Club to call for veterinary inspection of the horse/(s) in my care should they be showing signs of a respiratory illness at any time during the course of the activity/event.

I agree to pay any veterinary fees incurred as a result of this veterinary examination.

SERVICES:
I/We can assist with the following services to the Club (e.g. plumbing, building, printing, catering, business contacts, etc.):
.....

I/We do Agree or Not Agree (please circle) for our child's photo(s) to be displayed on SPPC and PCAV websites.

I/We accept all conditions of Membership and will comply with the current PCAV Code of Conduct.

I/We support my child's application and consent to provide assistance to comply with my child's condition of membership as above.

MEMBER'S (over 18), PARENT'S or GUARDIAN'S SIGNATURE		DATE	
---	--	-------------	--

PLEASE UPDATE MEDICAL INFORMATION SECTION OVERLEAF...

EMERGENCY CONTACT			
MEMBER'S FIRST & LAST NAME			
EMERGENCY CONTACT NAME		PHONE	hm
RELATIONSHIP TO MEMBER			mb
MEDICAL INFORMATION – In Case of Emergency			
DOCTOR		PHONE	
MEDICARE NUMBER		AMBULANCE SUBSCRIPTION	Yes / No
PRIVATE HEALTH FUND		MEMBERSHIP NUMBER	
MEDICAL BACKGROUND			
Please state if you are subject to any medical treatment or physical ailment that SPPC should be aware of e.g. asthma, epilepsy, diabetes, any past injuries etc. that may be relevant to your child's well being during Pony Club activities: (If nothing write 'none' in your handwriting)			
YEAR OF MOST RECENT TETANUS INJECTION:			
ANY PERMANENT MEDICATION - please provide details including dosage, etc., and / or the special care recommended:			
KNOWN ALLERGIES, THEIR REACTIONS and ACTION PLAN – please provide any action which needs to be taken:			
MEDICAL CONSENT			
In the event of any medical emergency, I understand that every effort will be made to contact me (the nominated parent or guardian). However, if it is impracticable to communicate with me, I authorize the Committee Member(s) in charge to consent to my child receiving such medical treatment as may be deemed necessary.			
PARENT or GUARDIAN SIGNATURE (If member is under 18 years of age)		MEMBER'S SIGNATURE	
DATE		DATE	

PLEASE RETURN FORM TO: Southern Peninsula Pony Club Secretary, PO Box 171, Rosebud 3939
ENQUIRIES TO: sppclub1@gmail.com Mb 0420 990 190

PAYMENT OPTIONS

Cash – Payment can be made on the day to our Treasurer, be sure to obtain a receipt for your records.

Cheque – Please make cheques payable to Southern Peninsula Pony Club, payment can be made on the day or sent to our mailing address at the attention of our club Treasurer so you can be sure to receive a receipt for payment.

Direct Deposit - ***IMPORTANT*** When making a direct deposit into our account please be sure to put your name as the reference otherwise we have no way of confirming your payment.

Account Name: Southern Peninsula Pony Club **BSB:** 633000 **ACC:** 141351882 **Bank:** Bendigo Bank

**SOUTHERN PENINSULA PONY CLUB INC.
COMMITMENT FORM**

As a member of the Southern Peninsula Pony Club it is a condition of membership that a parent/guardian or member commit to being a helper at an event below.
Information regarding times and venues will be forwarded by mail and posted in the club rooms. If by any unforeseen circumstances you are unable to attend the event of your choosing your SMZ levy fee will be used to find a replacement.

****Please note these dates are approximate and could possibly change as the event draws closer.***

GRADED SHOW JUMPING & DRESSAGE CHAMPIONSHIPS

Zone qualifying event.
Sunday 2nd December 2012
Eastfield park Croydon
Showjumping A, B & C – Dressage grades 1, 2 & 3

TOORADIN HORSE TRIALS

Zone qualifying event Grades 1 & 2
Sunday 10th March 2013
Tooradin Estate - Tooradin

GAMES FLAT TEAMS & MUSICAL RIDE

Qualifying zone event
Sunday 21st April 2013
Teams event and Grade any age
Emu Plains Bittern

MINI TOORADIN ONE DAY EVENT

Sunday 20th May
Teams event Grades 3 & 4
Tooradin Estate

I will commit to being a helper at the following event:

.....

Name:

Name of club member:

Event:

Signature: **Date:**

OFFICE USE ONLY

Payment and Method	\$	Cash / Cheque / DD	Date		Receipt No	
Membership - Data Entry (tick ✓)		PCAV - Myclub Website		Grading Card No		
SPPC Email Contact List		SMZ Duty section completed		SPPC Grading List	SPPC Monthly News	
Levy Fees Paid						