

GALSTON EQUESTRIAN CLUB INC

2012 MEMBERSHIP FORM – 1st FEBRUARY 2012 to 31st JANUARY 2013 *(one form per person please)*

Name:	
Address:	Postcode:
Phone:	Mobile:
Email:	Birth Date: (if under 18 years)

FEES *(please circle one)*

Full Membership : \$ 100.00 new members \$ 85.00 existing members	
Associate Membership (10 to 17 years): \$ 100.00 new members \$ 85.00 existing members	

PLEASE READ THIS IMPORTANT INFORMATION ABOUT YEARLY MEMBERSHIPS;

Full Membership allows members to ride on all club activity days at riding member rates for all activities. Full Membership entitles the member to receive all communications from the Committee, attend and vote at members' meetings, and to stand for and serve on any Committee position Full members will be issued with a membership card that entitles them to discounts at selected stores.

Associate Membership is available for riders aged 10 years to 17 years. Associate Members may participate, where appropriate, in club activity days subject to being **accompanied and supervised by a parent or guardian when engaging in any club activity**. An Associate member may attend members' meetings but may not vote at such meetings or hold Committee positions.

All members must complete the attached EA waiver 'Member Dangerous Activity Acknowledgment'.

Persons under the age of 18 years - all forms (including this one) must be approved by the signature of a parent or guardian.

Family discount – A family discount may apply with a cap of \$200. Please contact the Secretary for further information on secretary@galstonequestrianclub.org.au

FIRST AID INFORMATION

Emergency Contact Name: (and Relationship)	Contact Number:
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In the event of **(members name)** requiring medical attention and treatment whilst at a Galston Equestrian Club activity or at an outside event, I authorize the Galston Equestrian Club Inc. to obtain all the necessary medical assistance or treatment, to engage as my agent any doctor, nursing assistance or hospital accommodation, with expenses incurred to be met by me. I further authorize the use of anesthetic by a qualified medical practitioner if in his/her judgment this is necessary. Without limiting the above, I appoint the Galston Equestrian Club Inc to act as my agent with full authority to do any act, matter or thing on my behalf (including signing any hospital or medical form on my behalf) in respect of myself whilst I am at or near the Club Ground

Signature of member (or parent/guardian if under 18 years):

SURVEY – to be completed by new members

I am interested only in the following horse pursuits: 1 = most important 2 = second most, and so on	<input type="checkbox"/> Eventing <input type="checkbox"/> Dressage <input type="checkbox"/> Showjumping	<input type="checkbox"/> Hacking <input type="checkbox"/> Horsemanship <input type="checkbox"/> Trail riding	<input type="checkbox"/> Social events <input type="checkbox"/> Others
I would prefer a break up of the following on the club calendar: (Should add up to 100%)	<input type="checkbox"/> % Competition <input type="checkbox"/> % Clinics (known accomplished riders) <input type="checkbox"/> % Training days (knowledgeable local instructors)	<input type="checkbox"/> % Educational (information sessions) <input type="checkbox"/> % Fun/Social Days (just for fun) <input type="checkbox"/> % Social Events (non riding social events)	

CONDITIONS and CHECKLIST

<input type="checkbox"/> I have read and understood the Galston Equestrian Club Constitution and Guidelines available at www.galstonequestrianclub.org.au
<input type="checkbox"/> I understand that full membership requires me to volunteer on at least one club day per year <i>and</i> help to set up <i>or</i> pack up on days that I ride
<input type="checkbox"/> Galston Equestrian Club Inc (GEC) regularly reproduces photographs of people and horses in its publications, promotional and marketing material and on its web site in order to promote Galston Equestrian Club and its events. I consent to GEC using photographs of me in this way
<input type="checkbox"/> I have completed and signed the 'Member Dangerous Activity Acknowledgment' (the EA waiver) which accompanies this form
<input type="checkbox"/> I have included a cheque or money order made to Galston Equestrian Club Inc
Signature of Applicant: Signature of Guardian:
POST TO: GALSTON EQUESTRIAN CLUB Memberships PO BOX 243 GALSTON NSW 2159



**EQUESTRIAN
AUSTRALIA**

Member Dangerous Activity Acknowledgement

Full Name of participant (and of guardian if under 18 years).....

.....

Address.....

StatePost Code.....Date of Birth

Name of Club/Organisation.....

Membership No.

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur.

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

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: ___/___/___

Signature of rider _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: ___/___/___

Signature of guardian _____