

SOUTHERN STAR WESTERN PERFORMANCE CLUB Inc.



MEMBERSHIP APPLICATION FORM

Membership Year _____ (from July 1st to December 31st)

RENEWAL

NEW MEMBER

FIRST NAME:	SURNAME:
ADDRESS:	
SUBURB:	POSTCODE:
EMAIL ADDRESS:	
PHONE:	MOBILE:
AMBULANCE COVER: YES / NO	
EMERGENCY CONTACT:	PHONE:
Do you have a medical condition that we should be aware of e.g. allergies, asthma?	
IF YOU ARE A MEMBER OF THE AQHA? (The Australian Quarter Horse Association)	
Please supply your Membership Number _____ (for affiliation purposes)	

MEMBERSHIP TYPE	SOCIAL (1 adult non riding)	YOUTH (1 Child up to 18 yrs)	ADULT (1 Adult)	FAMILY (2 Adults & children)
FEE (Tick relevant box)	\$20.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	\$70.00 <input type="checkbox"/>

Amount you are paying: \$ _____ by: Cash EFT

Direct Bank Deposit: Southern Star Western Performance Club: BSB 105 160 Account No: 019284540

Payment description: your surname and initial -Membership

Payments can be made by Cash, Direct Deposit or Eftpos on club day, card payments can also be made over the phone.

Enquiries email sswpc@live.com.au

Please complete the following for family memberships that include youth members:

	Child 1	Child 2	Child 3
NAME			
DOB			

SOUTHERN STAR WESTERN PERFORMANCE CLUB Inc.

Email us at: sswpc@live.com.au

Visit our Website at: www.sswpc.com.au



MEMBERSHIP APPLICATION FORM

Member Acknowledgement

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

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

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is significant risk that serious **INJURY** or **DEATH** may result from participating in horse related competition or activities.

I voluntarily **PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

I agree to abide by the Rules & Regulations of the Australian Quarter Horse Association and Southern Star Western Performance Club, its affiliated clubs and/or management/organizer of the activities and that I will follow all directions of the management/organizer of the activities. My failure or refusal to do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such non-compliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

Horse Experience - Not limited to riding: (tick where appropriate)

Very Experienced Participant/competitor	<input type="checkbox"/>	Novice Participant/competitor	<input type="checkbox"/>	Never Participated/competed	<input type="checkbox"/>
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I understand that the Australian Quarter Horse Association and Southern Star Western Performance Club, its affiliated clubs and/or the Management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organizer's staff are appropriately trained.

I further confirm that I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

In case of emergency I do hereby give my consent for medical treatment to be given by a Doctor and/or Hospital staff, and I Agree to pay all costs associated with emergency transport and treatment should an accident occur during activities conducted by Southern Star Western Performance Club Inc.

Signature _____ Date _____

(Guardian of children under 18 years give their consent when signing this form)