



Riding Member- Full Name:		
Address:		
Suburb/Town:		Postcode:
Date of Birth:	Age:	Certificates gained:

MEMBERSHIP OF DLPC IS CONDITIONAL UPON PRODUCTION OF A VALID WORKING WITH CHILDREN CHECK FROM 1 JULY 15		
Primary Carer:		Relationship:
Phone Home:	Mobile:	Occupation:
Email:		
Working with Children Check number:		Working with Children Check Exp:
Second Carer:		Relationship:
Phone Home:	Mobile:	Occupation:
Email:		
Working with Children Check number:		Working with Children Check Exp:

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

Signed: Date:

Member’s Parent/Guardian Declaration - Must be signed for all members under the age of 18 years.

I/we consent to our above named child becoming a member of the Pony Club Association of Victoria as a member of the **Drysdale Leopold** Pony Club. I/we have read and accept the Member Declaration on behalf of our child.

Signed: Date:

Signed: Date:

Membership Acceptance (Club Use Only)

In accordance with our Club Rules of Incorporation the above named individual has been accepted as a member of our Club.

Signed: Date: Position: