

# Orange Grove Adult Riders - ARC



## Join Up 2015

Please take the time to carefully read ALL the forms within this pack, before signing in all the necessary places.

**Join Up Day 1 February 2015**  
Karinya Equestrian Park

Welcome and have a fantastic year here with us Orange Grove Adult Riders Club at  
Karinya Equestrian Park

**Orange Grove ARC Inc.**

Website: [www.orangegrovearc.com](http://www.orangegrovearc.com)

Email: [chevwa@iinet.net.au](mailto:chevwa@iinet.net.au)

**ADULT RIDER MEMBERSHIP**  
**Enrolment Form for 2015**



<b>NAME:</b>		
<b>ADDRESS:</b>	<b>POSTCODE:</b>	
<b>HOME PHONE:</b>	<b>MOBILE:</b>	<b>Date Of Birth:</b>
<b>EMAIL:</b>		
<b>Mount's Name</b>		
<b>Mount's Age</b>		
<b>Mount's Height</b>		
<b><u>MEMBERSHIP FEES FOR 2015</u> - MUST BE PAID IN FULL BY MARCH RALLY</b>		
<b>\$190.00 PER ADULT RIDING MEMBER</b>		
<b><u>RALLY FEES ARE NOT INCLUDED IN MEMBERSHIP FEES.</u></b>		
<b>** THEY ARE, \$25.00 FOR ONE LESSON PER RALLY OR \$45.00 IF YOU WOULD LIKE TO DO TWO LESSONS. PAYABLE IN ADVANCE OR YOUR POSITION WILL NOT BE CONFIRMED. IF YOU DO NOT ADVISE THAT YOU CAN NOT MAKE YOUR LESSON OR LESSONS BEFORE THE THURSDAY YOUR FEES ARE NOT REFUNDABLE OR TRANSFERABLE. UNLESS YOU HAVE A VET OR DOCTOR CERTIFICATE. AS WE HAVE TO PAY THE INSTRUCTOR FOR YOUR POSITION.</b>		
<b>**Orange Grove ARC Inc. does not provide Personal Insurance coverage for Adult Rider members. Insurance is the responsibility of the Member.</b>		
<input type="checkbox"/>	<b>Please Indicate if you are a member of EWA</b>	

## **JOINING AGREEMENT OF ORANGE GROVE ADULT RIDERS CLUB INC.**

1. Enrolment signifies acceptance of the rules and constitution.
2. All riding members are required to assist at Orange Grove ARC Inc. run events, which will consist of Either: pencilling, marshalling, gear checking, canteen, setting up for the events or packing away after the events or any assistance with the actual organization on the day.
3. By signing this form you also give consent and authorisation for the members on the enrolment form to be photographed at the Orange Grove ARC Inc. grounds and when representing the club at events held at other venues.
4. It is compulsory to assist with setting up and packing away at each rally that you attend. Failure to do so will result in not being eligible for any club trophies at the end of the year or a suspension of membership.

**By Signing hereunder I confirm having read and understood and agree to the contents of this enrolment form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Can you please ensure to complete in full the Membership pack, this assists the coordinator place you in the correct class for your level or your horses level.**

<b>FEES PAYABLE</b>
Membership Only - \$190.00 per member
Receipt Number

**PAYMENT MAY BE MADE BY DIRECT DEPOSIT,  
CHEQUE OR CASH.**

**ACCOUNT NAME –  
ORANGE GROVE ARC  
BSB – 066-128  
A/C NUMBER – 10496156**

**PLEASE PUT A RELEVANT REFERENCE  
e.g. SURNAME – FEES ARC**

**ORANGE GROVE HORSE AND PONY CLUB INC**



**SECTION A – MEDICAL AND CONSENT FORM - CONFIDENTIAL**

Name of Participant.....

Date of Birth: .....

Address.....

Telephone No: .....

This form is to be completed by the rider that is attending activities of the Orange Grove ARC Inc. The information contained herein may be required by a medical practitioner in the event of a rider requiring emergency treatment. The information given here is not intended to stop a rider participating in the activity. It is important for the wellbeing of the Rider that this form be completed fully and accurately.

CONTACT: (In case of emergency) .....

TELEPHONE: Home ..... Work ..... Mobile.....

Relationship to participant .....

ARE YOU IN A MEDICAL INSURANCE FUND? YES/NO - WHICH FUND:.....

DOES THE ABOVE NAMED PARTICIPANT SUFFER FROM ANY OF THE PROBLEMS LISTED BELOW?

If so please circle. If 'yes' please provide details.

(A) Heart Problems Yes/No \_\_\_\_\_

(B) Respiratory Problems Yes/No \_\_\_\_\_

(i) Asthma Yes/No \_\_\_\_\_

(ii) Other Yes/No \_\_\_\_\_

(C)	Allergies	Yes/No
(i)	Food	Yes/No
(ii)	Drugs	Yes/No
(iii)	Ointment	Yes/No
(iv)	Other	Yes/No

(D) Diabetes Yes/No \_\_\_\_\_

(E) Blood Pressure Yes/No \_\_\_\_\_

(F) Recent Operations Yes/No \_\_\_\_\_

(G) Recent Illness Yes/No \_\_\_\_\_

(H) Past Injuries Yes/No \_\_\_\_\_

I consent for the above named participant to be allowed emergency medical/dental attention, if necessary, during the participation in any activity.  
(Please circle) YES / NO

I understand that no liability can be accepted by the Association or Centre concerned in the event of an injury or accident occurring.

I understand that Orange Grove ARC Inc. reserves the right to refuse any person access to Orange Grove ARC Inc. activities if it is reasonably believed that participation may be detrimental to the person's health.

In the ease of emergency and I cannot be contacted, I give permission for the above named participant to be transported by private car, ambulance or whatever other means is appropriate, and agree to cover the cost of such transport.

In the ease of emergency and I cannot be contacted, I give permission for an Orange Grove ARC Inc. Official to allow treatment of the participant as deemed necessary and agree to cover the cost of such transport.

I agree to all of the above.

Signature.....

I have disclosed all information, to the best of my knowledge, required by this form. The above named participant is cleared by their registered Medical Practitioner to undertake all OGARC Activities. In the case that a Medical restriction has been imposed on certain activities, I have listed these here:

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Signature.....

I have read and fully understood the content of this Medical and Consent Form.

Signature..... Date.....



**SELF AND STEED ASSESMENT \*FOR YEAR 2015**

Name: .....

Horse's name: .....

Horses experience: .....

Currently competing at: .....level.

How often: .....

Currently training: .....Times/week.

Typical training sessions incorporates: .....

.....

.....

This year I would like to achieve: .....

.....

.....

Why have you chosen to join Orang Grove Adult Riders? .....

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.....

Would you like to compete at the ARCA Challenge's throughout the year? .....

If so what discipline? .....

If not how can we help you to join in and compete? .....

.....

If you don't want to compete would you like to be a part of our support team for our members competing? .....