

ORANGE GROVE ADULT RIDERS INC



JOIN UP

2018

PLEASE TAKE THE TIME TO CAREFULLY READ ALL THE FORMS WITHIN THIS PACK BEFORE SIGNING

JOIN UP DAY 28 JANUARY 2018

WELCOME OLD AND NEW MEMEBERS

COME ENJOY A FANTASTIC YEAR HERE WITH US AT

KARINYA EQUESTRIAN PARK

GRANT STREET ORANGE GROVE

**ORANGE GROVE
ADULT RIDERS INC.**

Website: www.orangegrovearc.com

Email: ogarcmembership@gmail.com



MEMBERSHIP
ENROLMENT FORM FOR 2018

NAME:		
ADDRESS:	POSTCODE:	
HOME PHONE:	MOBILE:	Date of Birth:
EMAIL:		
MOUNT'S NAME		
MOUNT'S AGE		
MOUNT'S HEIGHT		
<u>MEMBERSHIP FEES FOR 2018</u> - MUST BE PAID IN FULL BY MARCH RALLY		
\$200.00 PER ADULT RIDING MEMBER		
<u>RALLY FEES ARE NOT INCLUDED IN MEMBERSHIP FEES.</u>		
** THEY ARE, \$30.00 FOR ONE LESSON PER RALLY OR \$55.00 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.		
**Orange Grove Adult Riders Inc. does not provide Personal Insurance coverage for Adult Rider members. Insurance is the responsibility of the Member.		
<input type="checkbox"/>	Please Indicate if you are a member of EWA	

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 AR 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 AR 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.
5. To abide by the Karinya Management rules. All manure must be removed from yards after use and spread over the adjoin grounds. Strictly no lunging in the sand arenas. Only members are allowed to ride at the grounds at any time. And No Dogs on grounds.

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

Name

Signature

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.

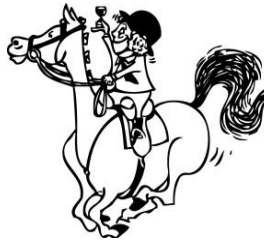
FEES PAYABLE
Membership Only - \$200.00 per member
Receipt Number

**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 –MEMBERSHIP**

ORANGE GROVE ADULT RIDERS 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 too 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 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:

I agree to all of the above.

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

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



SELF ASSESMENT FOR YEAR 2018

Name:

Horse's name:

Horses experience:

Currently competing at:level.

How often:

Training Currently:Times/week.

Typical training sessions incorporates:

.....

.....

This year I would like to achieve:

.....

.....

Why have you chosen to join Orange Grove Adult Riders?

.....

.....

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?