



# Maryborough Active Riders Club Inc.

P O Box 563, Maryborough 4650  
www.maryboroughactiveriders.org.au

## 2012 MEMBERSHIP APPLICATION FORM

### **Ordinary Membership ..... \$60.00**

Persons 18 years and over.

### **Junior Membership ..... \$40.00**

Persons 17 years and under, **but must also have a parent, close relative or guardian as a member** (Ordinary, Non-Riding or Honorary Life Member) who is present and responsible for the Junior member during any Club activity.

### **Non-Riding Membership ..... \$20.00**

Persons 18 years and over, excludes participation in riding activities but includes other aspects of membership (newsletters, voting rights, etc).

### **Family Membership ..... \$100.00 Maximum**

Persons in a family with 1-2 parents or a close relative or a guardian being 18 years and over, present and responsible for that family's members aged 17 years and under, during any Club activity. **Calculated as \$60.00 per riding adult plus \$15.00 per child under 18 years, to a maximum of \$100.00.**

Example: 1 riding adult & 1 child is \$60 + \$15 = \$75.00 payable.  
2 riding adults & 1 child is \$120.00 + \$15.00 = \$135.00 but only pay maximum \$100.00  
1 non riding adult & 1 child pay non riding membership of \$20 + junior membership of \$40.00 = \$60.00.

### **Honorary Life Membership..... No Cost**

### **Mailing of Newsletter ..... \$25.00**

(If Email address not supplied, please add \$25 to Membership Fee to cover printing and postage costs of monthly newsletters and Programs. Some Exemptions apply).

**Renewal of membership is due 28<sup>th</sup> February each year. Please fully complete this form and the attached indemnity form, and submit with payment for registration of membership to the above address.**

**If the indemnity form is not completed, your membership will not be processed.**

Members Name	Date of Birth	Membership type for each person	Blue Card Number	Blue Card Expiry Date	EQ Membership Number	Medicare Number

Email Address: .....

*(IMPORTANT: If no email address supplied, postage of Newsletters and Documents will incur a further \$25 annual fee on Membership.*

Postal Address: .....

Telephone: ..... Mobile Phone: .....

Fax: .....

Newsletter preferred by (please tick)  Email or  Post

(don't forget to add an additional \$25 to your membership for posted newsletters)

Please note: The Newsletter is now emailed to everyone who lists their email address. The newsletter is also available for download on the MARC website: [www.maryboroughactiveriders.org.au](http://www.maryboroughactiveriders.org.au)

Special interests (please tick all that apply)

Dressage  Hacking  Jumping  Sports  Trail rides  Training / Clinics  Other

**MEDICAL CONDITIONS:** Please state if you or family members have any medical conditions that may effect you / them when participating at events held by M.A.R.C Inc, Eg heart condition, diabetes, asthmatic, allergies etc

Members Name	Medical Condition	Allergies

Do you wish for us to contact your family doctor?..... Yes / No (Please circle)

Dr Name	Telephone Number	Afterhours Number

Under the M.A.R.C. Inc. Risk Policy it is a requirement that two (2) EMERGENT CONTACT NUMBERS AND DETAILS ARE GIVEN so that in the event of an Accident / Incident they can be contacted.

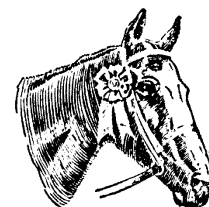
(This Section is Compulsory):

Name	Relationship	Telephone	Mobile
1.			
2.			

*The above information (medical condition, Drs contact and emergent details) will be kept in a confidential register which will be available to the committee members / events coordinators only.*

If you are successful in winning and end of year trophy would you prefer a:

a. Trophy  or b. Saddlery Voucher  (please tick)



I wish to apply for:

Ordinary  Junior  Non-riding  Family  Honorary life

Membership and hereby agree to abide by the rules of the club.

I am a New Member  / I am Renewing my Membership  (Please tick whichever applies):

Payment - Membership \$  
Postal Charge \$ (if applicable)  
My payment of \$ is enclosed

Signed: ..... Dated: .....

*(Ordinary member / parent or guardian of junior / parent or guardian of a family group)*



## Member Dangerous Activity Acknowledgement

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

.....

Address.....

State ..... Post 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 \_\_\_\_\_