



# Maryborough Active Riders Club Inc.

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

## 2012 LIMITED MEMBERSHIP APPLICATION FORM

- Limited membership covers participation at **three (3) MARC activity/competitions days only**.
- If more than 3 activity/competition days are attended, full membership is payable (balance owing).
- Limited members are not eligible for end of year trophies.
- Only points accrued whilst a full member will contribute to the end of year trophies.
- Points obtained on a full members' horse and ridden by a limited member will not be eligible for end of year trophies.
- Limited members who are 17 years & under, are regarded as junior limited members and must have a parent, close relative or guardian who becomes a limited member as well and who is present and responsible for the junior limited member during the 3 activity/competition days.
- The cost for limited membership is **\$20.00 per person**.
- Limited members must complete the Member Dangerous Activity Acknowledgement form.
- Newsletters can be accessed via [www.maryboroughactiveriders.org.au](http://www.maryboroughactiveriders.org.au)  
They will not be emailed to limited members unless full membership is paid.

| Limited Members Name | Date of Birth | Blue Card Number | Blue Card Expiry Date | EQ Membership Number | Medicare Number |
|----------------------|---------------|------------------|-----------------------|----------------------|-----------------|
|                      |               |                  |                       |                      |                 |
|                      |               |                  |                       |                      |                 |
|                      |               |                  |                       |                      |                 |
|                      |               |                  |                       |                      |                 |
|                      |               |                  |                       |                      |                 |

Email Address: .....

Postal Address: .....

.....

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

Fax: .....

List 3 MARC Inc activities/competitions where you anticipate the limited membership will be used -

1. ....
2. ....
3. ....

**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.*

**I wish to apply for Limited Membership and hereby agree to abide by the rules of the club.**

**Payment - Limited Membership of \$.....is enclosed (\$20.00 per person)**

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

*(Limited 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 \_\_\_\_\_