



PONY CLUB ASSOCIATION of WESTERN AUSTRALIA INC

STATE EQUESTRIAN CENTRE
CATHEDRAL AVENUE
BRIGADOON WA 6069
PHONE 08 9296 1500
FAX 08 9296 1545
EMAIL office@pcawa.com
www.pcawa.com

INFORMATION ON THE PCAWA CONSENT FORM

The Pony Club Association of Western Australia Inc is a not-for profit organisation that governs Pony Clubs in this State. Our purpose as a voluntary youth sporting organisation is to promote the physical, mental and spiritual development of young people, encouraging in them an awareness of responsibility, sportsmanship and citizenship. The Pony Club differs from other youth movements because the horse is used as the main centre of interest around which to cultivate strength of character and self-discipline in our members.

This Document comprises the following;

INFORMATION SHEET - about the consent form
SECTION A - CONSENT FORM - for Parent, Guardian or Rider over 18

All potential participants, or their responsible parent, guardian, or legal advocate must have read, understood and signed Section A, the Consent Form.

PCAWA has a duty of care to all participants and as part of that duty each participant must complete a Consent Form and Medical Form as part of the registration process.

The information provides the basis for the PCAWA Coach to develop the most appropriate and suitable activities for each participant, and ensure that participants are not over faced with tasks that may be to the detriment of their health. It also provides information that may be helpful in times of medical emergency.

In order to complete the rider registration process the name and address of the participant and summarised information as listed on the Club Strength Return Form, is retained by the Club.

The Medical Form:

- Is a confidential document which is held in secure conditions by the Pony Club.
- Must be completed fully by the applicant and endorsed by Parent, Guardian or Self if over 18
- Once the participant's application is processed, the information contained in the Form is stored securely, and is accessible only to the Pony Club Coaches at the Club or PCAWA for the purposes of developing the rider's program and ensuring First Aid Officers have access to as much information as possible in the event of a medical emergency.
- Will not be used for any other purpose.
- Is accessible to the participant, parent /guardian at their request.



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SECTION A – MEDICAL AND CONSENT FORM - CONFIDENTIAL

Name of Participant..... Date of Birth:

Address.....

.....Telephone No:

This form is to be completed by a parent or guardian of a Rider under the age of 18 years, or the Rider if they are over 18, that is attending activities of the Pony Club Association of Western Australia. 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)

ADDRESS:

TELEPHONE: Home Work Mobile.....

Relationship to participant

ARE YOU IN A MEDICAL INSURANCE FUND? YES/NO

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) | Epilepsy | Yes/No | _____ |
| (H) | Recent Illness | Yes/No | _____ |
| (I) | Past Injuries | Yes/No | _____ |
| (M) | Others: (please list) | Yes/No | _____ |

Date of last Tetanus injection ____/____/____

I give permission for (name of participant) to be involved in Pony Club Association of Western Australia activities.

(Please circle) 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.

Signature.....

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

Signature.....

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.

Signature.....

In the ease of emergency and I cannot be contacted, I give permission for a Pony Club Official to allow treatment of the participant as deemed necessary and agree to cover the cost of such transport.

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 PCAWA Activities. In the case that a Medical restriction has been imposed on certain activities, I have listed these here:

Signature.....

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

Signature

Date

Self if over 18 and able to sign / Parent / Guardian / Legal Advocate (Please circle)