



SOUTHERN VALES DRESSAGE CLUB INC

Membership Application & Renewal 1st April 2009 – 31st March 2010

Please tick New Member Renewal Previous Year Member No.

NAME: Mr/Mrs/Miss/Ms.....

Address:.....P/Code:.....

Phone: A/H Business/Mobile Fax

Email Address:	
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(Please print clearly as you will be automatically included in our mail list)

Completion and signature on this form indicates agreement and compliance with all Club Rules and Regulations

SIGNATURE: *Date of Birth (Juniors only):.../.../..... Occupation:.....
 Parents or Guardian to sign if under age 18 years

FEES	Amount	
Senior Membership	\$40-00	\$
*Junior Membership (under 18 years at 1 st April 2009)	\$20-00	\$
**Family Membership (Includes Parent(s) or Guardian(s) plus 2 immediate family juniors)	\$60-00	\$
Moving Forward Magazine	\$30-00	\$
Annual Grounds Maintenance Levy	\$20-00	\$20-00
TOTAL ENCLOSED		\$
PAYMENTS ARE TO BE MADE PAYABLE TO SOUTHERN VALES DRESSAGE CLUB INC FORWARD THIS MEMBERSHIP AND WAIVER FORM (SEE REVERSE) WITH YOUR PAYMENT TO: CATHY HIGGINS, PO BOX 349 ALDINGA SA 5173 ENQUIRIES TEL/FAX: 0885563577		

****Family Members please complete below all persons covered by membership**

Name:	Name:
DOB:	DOB:
Signature:	Signature:
Parents or Guardian to sign for junior members	Parents or Guardian to sign for junior members
Name:	Name:
DOB:	DOB:
Signature:	Signature:
Parents or Guardian to sign for junior members	Parents or Guardian to sign for junior members

It is required that each member (including *all* members covered by a family membership) must complete one whole day of service (helper obligation) to the Club per membership year. Please nominate your preferred month and task below OR YOUR APPLICATION WILL NOT BE ACCEPTED.

Date	Day	Comp	Date	Day	Comp	Date	Day	Comp
19/04/07	Sun	Club Day	15/8/09	Sat	Official/FEI - Proposed Annual Classic Champs	22/11/09	Sun	Off/Assoc
17/05/07	Sun	Off/Assoc	16/8/09	Sun		13/12/09	Sun	Associate Champs
21/6/09	Sun	Club Day	20/9/09	Sun	Official/Assoc/FEI/YH	Jan 2010—Date to be advised	Sun	Off/Assoc
19/7/09	Dun	Critique	18/10/09	Sun	Club Day	Feb 2010—Date to be advised	Sun	Club Day
						March 2010—Date to be Advised	Sun	Club Day/AGM

-----Club Use Only-----

Surname/Family Name:.....No. covered by M/ship

New Member – M/Ship No:..... Card Issued Renewal – M/Ship No: Waiver Form Entered DB

Snr Jnr Family M/F Total Amt Pd: \$..... Date Paid:.../.../..... Cheque M/Order Other Rec No.....

Member Release and Waiver of Liability

The Equestrian Federation of Australia
ACN 077 455 755 ABN 19 077 455 755



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

Address.....

StatePost Code.....Date of birth.....

Name of Club/Organisation SOUTHERN VALES DRESSAGE CLUB INC

Membership No.

Address of Event / Activity

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 recreational 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 knowingly and freely assume all such risks, both known and unknown, and **I voluntarily PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities and I take full responsibility for any injury, loss or damage associated with their consumption.

I 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 understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times whilst participating in the sport where this is required under the relevant EFA and FEI rules and regulations, and agree that I am solely responsible for ensuring that whilst participating I wear a suitable helmet at all times where required under the relevant EFA and FEI rules and regulations, and take sole responsibility for my actions.

I have had sufficient opportunity to read this assumption of risk agreement, 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 _____