



TROPICAL COAST WESTERN PERFORMANCE CLUB

TEMPORARY MEMBER APPLICATION FORM

E. tcwesternperformance@gmail.com

W: <https://tropicalcoastwesternperformanc.godaddysites.com>

All members of Tropical Coast Western Performance Club Inc are required to complete this application form and return it with payment prior to membership approval. All details will be kept in a secure database with access restricted to authorised society officers only.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
ADDRESS 1			
	DATE OF BIRTH	D:	/M: /Y:
ADDRESS 2	HOME PHONE		
TOWN	MOBILE PHONE		
POST CODE			
EMAIL			

TEMPORARY (EVENT) MEMBERSHIP

All competitors must be either a full financial member of the TCPWC or complete this form and pay a temporary (EVENT) membership fee to participate in events.

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
ALL	TEMPOARY – EVENT Full Membership	\$20	

Payment can be made by cash, cheque, money order or direct debit. Bank details are as follows:

Tropical Coast Western Performance Club

BSB 484-799

Acc No: 452754754

Please attach payment/transaction receipt to this form and return to the above address.

SECTION 3: BREED / COLOUR SOCIETY MEMBERSHIP INFORMATION

Please list Membership Details for any of the following (if applicable)

AQHA MEMBERSHIP
ASH MEMBERSHIP
PHAA MEMBERSHIP
Other Recognised Breed / Colour Society Membership

SECTION 4: MEDICAL INFORMATION & CONSENT

(To be completed by PARENT or GUARDIAN if under 18)

The Club is an active participant in horse sport activities and accidents causing death, bodily injury and disability can, and do occur. In any case of emergency and as part of the society's responsibility to its membership, ALL members prior to participating in club riding activities are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
As far as you are aware, are you allergic to any drugs/foods? (Please state)					
Are you taking any regular medication? If so, for what reason?					
Do you have any long term illnesses (e.g. Epilepsy, Asthma, Diabetes)					
Declaration: I consider myself (my son/daughter)* to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)* for the society appointed officers to obtain emergency medical treatment on my behalf. (Please delete as appropriate where indicated by a * then sign and date at the bottom.)					
SIGNED		DATE		(RELATIONSHIP)	



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SECTION 5: PHOTOGRAPHY / IMAGE USE CONSENT

I am aware that there maybe times that photographs and/or video footage maybe taken during club activities by approved agents and/or officers of the society. Such images/video shall only be used for society purposes in accordance with the Safeguard and Protection U18's Policy and I give consent for myself (son/ daughter) to feature in such photos/ images. I hereby only grant approved agents the right to use the images resulting from the photo/video. This includes any reproductions or adaptations of the images for all general purposes i.e. local newspapers, local magazines, other community promotional articles (inc. flyers) and the Club's website.

If you do **not** give consent, please do **not** sign below.

SIGNED	DATE	RELATIONSHIP
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SECTION 6: VETERINARY EMERGENCY

In the unlikely event of an accident where your horse is severely injured and in need of emergency veterinary attention, the Tropical Coast Western Performance Club Inc strongly recommends you provide your consent to calling veterinary assistance. Note that you will be responsible for all costs incurred.

Declaration: In the event of an accident, where I am injured and unable to do so, I hereby give my authorisation for an authorised representative of the Tropical Coast Western Performance Club Inc to call for veterinary assistance in the event that the horse is severely injured and in need of emergency veterinary attention.

SIGNED	DATE	(RELATIONSHIP)
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SECTION 7: ADDITIONAL INFORMATION

Please add any additional relevant information:

To ensure that we have the correct contact details for you, please complete the information requested and return the form to the above address. This information will be used to keep you informed about social events and to contact you in the event of an accident or incident.

IMPORTANT: By signing this form, the member agrees to:

1. Abide by the rules and policies (both verbal & written) of the Tropical Coast Western Performance Club Inc Inc.
2. Abide by directives as determined by the Executive Committee and authorised representatives of the Tropical Coast Western Performance Club Inc from time to time.
3. Behave in a manner so as not to discredit the Tropical Coast Western Performance Club Inc in any way.
4. Pay all applicable fees as and when they become due.
5. Accept that failure to abide by any of the above could result in exclusion from use of the Tropical Coast Western Performance Club Inc facilities and or, suspension or cancellation of membership without refund, at the Tropical Coast Western Performance Club's discretion.

Signature
(Parent or Guardian if under 18)

Date/...../.....

OFFICE USE ONLY

Total Fees Remitted	PAYMENT METHOD	RECEIPT GIVEN
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