**Fleurieu Equestrian Clubs 2025—2026 Financial Year**

**Membership application**

PERSONAL DETAILS:

Name of Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property PIC (where horse is kept): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESA Membership Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL DETAILS REQUIRED (IF USING A SPORTS VOUCHER)

Medicare Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Ref No: \_\_

☐ Female ☐ Male ☐ Gender Diverse

☐ Child has been identified as having a disability

☐ English is NOT the main language at home

☐ Child is from an Aboriginal or Torres Strait Islander background

**Note: Riders under the age of 16 years MUST always have a parent or guardian present at all rallies or competitions.**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions or Support Needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to abide by the policies and procedures of the club and to undertake the required volunteer duties. I understand that photographs taken at club events may be used for promotional purposes.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL DETAILS

Please select one of the following membership types:

 Membership Type Includes/excludes Fee ($)

☐ Equestrian Club Junior (under 18) No personal insurance 105

☐ Equestrian Club Adult (18 and over) No personal insurance 125

☐ Equestrian Club Associate (non-riding) No personal insurance 45

☐ Equestrian Club Half-yearly (Jan–June) No personal insurance 80

☐ Pony Club Junior (under 17) PCASA, PCA, zone affiliation & insurance 250

☐ Pony Club Senior (17–25) PCASA, PCA, zone affiliation & insurance 250

☐ Pony Club Adult Riding (25+) PCASA, PCA, zone affiliation & insurance 250

☐ Half-yearly (April–June) PCASA, PCA, zone affiliation & insurance 200

\*The SA Sports Voucher program provides discount for children in Reception to Year 9 to assist with fees. If you wish to use a voucher please give us the Medicare details for your child. You may pay the full fee and we will reimburse you or just the gap ($5) and subject to this being approved

More information available at the [Sports Voucher website](https://www.sportsvouchers.sa.gov.au/how-to-use-voucher/)

**EFT Details:**

**Account Name:** Fleurieu Equestrian Clubs

**BSB:** 105-092

**Account Number: 02798 5040**

**All PONY CLUB MEMBERS must register and pay via:** [**www.pca.justgo.com**](http://www.pca.justgo.com)

☐ I have paid via EFT | Date: \_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_

☐ I have paid via JustGo (for Pony Club)

**Member Acknowledgement of Risk**

Full name of participant and of guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of guardian if under 18 years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release**

Member over 18 years

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Rider’s Name: ………………………………………………………………………………...

Signature: ..................................................................Date: ............................................

Member under 18 years

If emergency medical care is required for my child … …………………. and if permission is not available in a timely manner, then the undersigned authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Parent/Guardian Name: ……….…………………

Signature: ................................................................. Date: ............................................