



Membership Application Form 2010

DETAILS OF MEMBERS			
	NAME	AGE	ID NO/DATE OF BIRTH
1			
2			
3			
4			

Do you own your own pony/horse? Yes/No

RIDER NAME	HORSE/PONY NAME	DISCIPLINE/S

MEDICAL AID DETAILS			
Medical Aid Name		Medical Aid No.	
Primary member		Any allergies, medical problems or medications we should be aware of? Yes/No (If yes, please explain)	
Doctors name & Tel no.			

PARENT / GUARDIAN DETAILS			
Parent/Guardian name		Cell No	
Postal Address			
Tel No (H)		Tel No (W)	
e-mail address			
Signature of Parent / Guardian		Date	

Indemnity

Neither the South African Pony Club, Gauteng Region, nor its officials or representative shall be held responsible for any loss, damage, theft or injury sustained by any horse, rider, spectator or their property during the course of any rallies held.