



# 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](mailto:office@pcawa.com)  
[www.pcawa.com](http://www.pcawa.com)

## 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 | _____ |
| (L) | 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)