

# THE DRESSAGE ASSOCIATION OF WESTERN AUSTRALIA (INC.)



Return to: PO Box 487 Armadale WA 6992 or

Email: [dressageassocwa@gmail.com](mailto:dressageassocwa@gmail.com)

For more information go to [www.dressageassocwa.com.au](http://www.dressageassocwa.com.au)

## APPLICATION FOR 2019 MEMBERSHIP

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Age \_\_\_\_\_ Rider's Experience (no of years riding) \_\_\_\_\_

Any other relevant information \_\_\_\_\_

Horse's name \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Dressage grading /level of training \_\_\_\_\_ No. of points \_\_\_\_\_

Competition experience \_\_\_\_\_

I hereby apply to become a member of the Dressage Association of Western Australia (Inc.)

- Joining fee (new members only) \$50
- Full Riding Member \$460
- Pay as you go Riding Member \$255 base fee + \$50 per rally. Capped at \$560
- Associate Member \$55

TOTAL: \$ \_\_\_\_\_

I enclose the amount of \$ \_\_\_\_\_ being for full payment / deposit of fees or \_\_\_\_\_

I have EFT'd the amount of \$ \_\_\_\_\_ being for full payment / deposit of fees (receipt No: \_\_\_\_\_)

**DAWA BANK DETAILS: BSB 633000 AC 149826109**

**Send this form to PO Box 487 Armadale WA 6992 or via email to [dressageassocwa@gmail.com](mailto:dressageassocwa@gmail.com)**

I acknowledge and agree as a condition of participating that neither the club/coach, participants, EA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

Print Name Here \_\_\_\_\_

Sign Here \_\_\_\_\_ Dated \_\_\_\_\_

I, \_\_\_\_\_  
being the parent/guardian of the abovenamed,  
\_\_\_\_\_, confirm that I have read  
the whole of this document and have taken all necessary actions  
to ensure I am aware of the activity which the abovenamed, will  
be asked to participate in and consent to him/her participating.

In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the club/coach, participants, EFA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at the Event except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

By signing hereunder I confirm having read and understood the contents of this disclaimer.

NAME (BLOCK LETTERS) \_\_\_\_\_

SIGNED \_\_\_\_\_

DATED THIS \_\_\_\_\_

DAY OF \_\_\_\_\_ 2019



## DRESSAGE ASSOCIATION MEMBERSHIP HORSE AND RIDER HEALTH STATEMENT

Members Name: \_\_\_\_\_

Provisions for participant's welfare will be made according to the information supplied in this section.

Please tick boxes and answer fully. Include other documentation as required.

- Does the applicant suffer any of the following?
- If "Yes", please give/supply full details, including names of drugs and frequency of administration.

	Yes	No	Comment
1. Allergy- Drug			
2. Allergy – Food			
3. Allergy – Insect			
4. Asthma			
5. Diabetes			
6. Epilepsy			
7. Heart Condition			
8. Migraine			
9. Intellectual disability			
10. Physical disability			
11. Other			

Will applicant be taking/carrying medication, tablets, prescription drugs, aid, to rally or on their person?

Details

Will applicant wear/carry a medic alert bracelet/charm/card?    Yes    No

Contact for Horse Transport in event of Rider Injury: \_\_\_\_\_

If the above contact is unavailable I give permission for the DAWA Committee to authorise transport of my Horse in accordance with their instructions:

Signed: \_\_\_\_\_

Veterinary Service Contact in event of Horse Injury: \_\_\_\_\_

If the above veterinary service is unavailable I give permission for the DAWA Committee to authorise the attendance of alternative veterinary service in accordance with their instructions:

Signed: \_\_\_\_\_

If you have any specific instructions which need to be given to either transport or veterinary service please list these below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_