



ODRC Membership Application



Member Details

Name _____
 Address _____

 Mobile Phone _____ Home Phone _____
 Email Address _____
 Date of Birth (if under 18) _____

Horse / Pony Details

Stable Name _____ Competition Name _____
 Height _____ Age _____

I wish to become a member of the Over and District Riding Club and agree to abide by its rules.
 Full Membership of the Club is £20 and runs from 1st February 2008 – 31st January 2009.

Signed _____ (By parent or guardian if under 18 and form overleaf completed)

Please send completed forms to Ann Peet, 119 Moats Way, Swavesey, Cambs, CB24 4GQ
 Please make cheques payable to ODRC. ** PLEASE DO NOT SEND CASH **

Do you have a particular interest in any of the following disciplines:

- Dressage Eventing Cross Country Show Jumping
 Natural Horsemanship Western Sponsored Rides BHS Exams
 Showing Other (please specify) _____

In which of the following disciplines would you like to be considered to represent the club:

Discipline (example)	_____	Showjumping	_____	Level (example)	_____	2 ft 6
Discipline	_____		_____	Level	_____	
Discipline	_____		_____	Level	_____	

EVENT SUPPORT The success of our club is driven by its riders and supporters. All of our members are required to provide assistance at least once a year to ensure the safety and enjoyment of all of our participants. We have introduced a 'token' scheme which will benefit those members or supporters that help at our events, these can be used to gain discounts at our clinics and competitions. Please indicate below the areas in which you are able to help.

- Jump Moving/Raising Writing for Judge Stewarding Sponsorship
 Pre-show Setup Other (please specify) _____

Are you available at short notice or do you have any other capabilities that will help the club.

- Short Notice Other _____



Parent/Carer Consent Form



CONFIDENTIAL

FIRST AID

This form is designed to give general consent to administer First Aid treatment to your child/dependant should it be deemed necessary when participating in any Over and District Riding Club activity. All information given will be treated as confidential.

CHILD DETAILS

Name of Child _____

Age of Child _____ (at time of application)

Address of child _____

MEDICAL DETAILS

Name of Doctor _____

Telephone of doctor _____

Any known medical conditions _____

Any known allergies _____

Any medication _____

Any disabilities / special needs _____

PARENT / CARER DETAILS

Name of parent / carer _____

Emergency Numbers: Home _____ Mobile _____

In the event of the 1st named person being unavailable

Name of parent / carer _____

Emergency Numbers - Home _____ Mobile _____

DECLARATION: I agree to any first Aid treatment being given to the above named child

Signed _____ Printed _____

Dated _____

PHOTOGRAPHY

During Over and District Riding Club activities, the club may wish to take photographs that will be used in our newsletter and on our website in order to share these events with our membership and interested parties (the website may be browsed by members of the public). As part of our Childs protection Policy we would like your consent before taking or using photographs of your child / dependant as outlined above.

I agree that photographs of my child / dependant Name _____ (printed) : May be used in connection with ODRC activities, on the ODRC website / in the newsletter (please delete as appropriate)

Signed _____ Printed _____

Dated _____