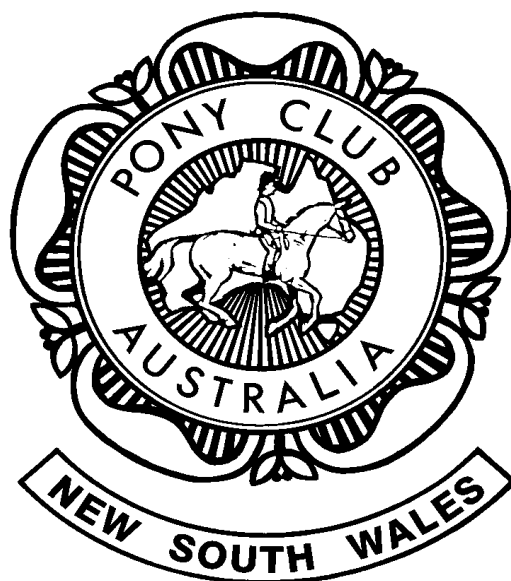


Zone 20 Pony Club Camp 2019 to be held at the Tumbarumba Showgrounds
from **Sunday 13th January to Saturday 19th January 2019 - Application Form**



ZONE 20

2019

PONY CLUB CAMP

Tumbarumba Showgrounds
Sunday 13th January to Saturday 19th January 2019

Application Forms

Enquiries to:

Camp Secretary –Administration, Applications and Logistics – Karen Shore – 0428482328

Georgie Scammell – 0419329831

Jacque Brooksby – 0447476672

Officer in Charge – Marylou Hodges – 0408 401 210

Zone Chief Instructor – Rider/Horse queries – Kim Felton – 0419844141

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FAMILY SUMMARY FORM – please use one per family

Please fill out and return to your club with Rider Application, Adult Helper Forms, Merchandise orders and your payment.

Club: _____

Parent or Guardian Name in Full: _____

Home Ph: _____ Mobile: _____

Parent or Guardian Name in Full: _____

Mobile: _____

Residential Address: _____ PIC# _____

Town/Suburb: _____ State: _____ Postcode: _____

Email Address: _____

A – Applicants for 2019 Zone 20 Camp

	Rider Name	Age	Dorms. Yes/No	Rider Payment	
1				\$240	
2				\$215	
3				\$190	
4				\$190	
				Total A	\$

B – Non-Helper Levy

1	No helper available from this family	\$100	
		Total B	\$

C – Adults and Additional Children

All members of your family attending camp need to be included on your summary form.

A WWC number MUST be provided for ALL adults 18yrs of age and over.

	Name	F/T Helper role	WWC #	Date of Birth	Meals Y/N	Dietary Requirements	
1							
2							
3							
4							
						Total C	\$

D- Merchandise

Total of merchandise ordered	\$	
	Total D	\$

E - Camping - Showgrounds Camping

2 Adults and 2 children arriving Saturday January 6th

Powered \$130.00	Unpowered \$90.00	Extra people \$30 each	Extra night \$15 per night	Arrival date	
				Total E	\$

Please circle: small tent large tent small van/camper large van/camper truck float
1-4 person 4 person plus

Total Payment made to Club: **A + B + C + D + E**

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RIDER APPLICATION - ONE FORM PER CHILD

Name of Pony Club to which applicant belongs: _____

First Name: _____ Surname: _____

Gender: M / F Date of Birth: ____/____/____ Age as at 13th Jan 2019: _____

IN THE EVENT THAT YOUR CHILD SHOULD NEED MEDICAL TREATMENT, IT WOULD ASSIST US IF YOU COULD SUPPLY THE RELEVANT MEDICAL AND INSURANCE INFORMATION BELOW:

1. Is he/she normally in good health? Yes / No

2. Does he/she suffer any chronic illness or disability? Yes / No

Please provide details _____

3. Does he/she suffer from any of the following:-

Asthma Yes / No

Skin conditions or allergies Yes / No

Diabetes Yes / No

Epilepsy, fits or blackouts Yes / No

Adverse reaction to any drugs Yes / No

If YES, to any of these, please give details _____

4. Does he/she have any additional condition(s) that could impact on their participation in any activity at camp including in the dormitories? Yes/ No

Please provide details _____

5. Are his/her immunisations up to date? **YES/ NO** Approximate Date of last tetanus injection _____

6. If the applicant suffers an acute illness or injury between the time of application and the time of the Camp, or is taking any prescribed medication at the time of the Camp, would you please advise the Secretary when signing the child into Camp. All medical conditions need to be fully disclosed. Any Doctor's orders regarding medication or treatment must then be passed on to the Camp First Aid Officer.

7. Name of Applicant's Doctor _____ Doctor Phone Number: _____

Name of Private Health Fund (if any) _____ Number _____

Medicare Number _____ Is he/she covered by Ambulance **YES/NO**

8. For urgent medical treatment when parent, guardian or doctor cannot be contacted, I hereby authorise the medical staff of the Tumbarumba District Hospital to render the necessary treatment or an ambulance to be called if deemed necessary.

Application continues on the following page

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ADULT HELPER FORM Please complete a form for each helper.

Name of Pony Club to which you belong: _____

First Name: _____ Surname: _____

WWC# _____ Date of Birth _____

Rider/s you are associated with: _____ (only siblings allowed to share helpers)

Do you hold a First Aid Certificate? Yes / No

I am willing to be a co-ordinator for the role I have indicated. Please tick

I am the assigned Yard Supervisor for our club Please only allocate 1 per club

Please indicate, in order of preference, a minimum of 3 jobs you are able to assist with. (Refer to brief descriptions/expectations associated with each job) We will endeavour to give you your first choice but cannot guarantee this. All jobs need to be filled adequately for camp to run. If there is a reason you cannot do a particular role please outline below (ie: no drivers licence, back injury)

Role	Number preferences. Ensure you select 3	Circle as required				
Outrider		Please fill out additional form				
Instructor						
Office						
Drinks						
Dining Room		Breakfast	Lunch	Dinner	2 Meals required for full time role	
Cleaning						
First Aid						
Horse Feed Distribution						
Dorm Duty <small>(please contact Karen to confirm you are in dorms and you can adjust your payment accordingly)</small>						

Comments _____

Meals: If you are assisting Full Time do you require daily meals? No Yes

Meal Ticket: Full Time Adult Helper: \$120.00

Child Helper Meal Ticket (aged 12+): \$75.00

Child Meal Ticket (under 12): \$50.00

Individual Meals (Non-Helper): \$20.00 per meal

PLEASE ADVISE IF YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS

**Zone 20 Pony Club Camp 2019 to be held at the Tumbarumba
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Application Form
INSTRUCTORS AND OUTRIDERS FORM**

Club: _____

First Name: _____ Surname: _____

Email: _____ Mobile: _____

What Instructors Certificate do you hold?

- | | |
|--|--|
| <input type="radio"/> NCAS LEVEL ONE | <input type="radio"/> LEVEL ONE (Old System) |
| <input type="radio"/> NCAS PRELIMINARY | <input type="radio"/> PROBATIONARY |
| <input type="radio"/> LEVEL TWO (Old System) | <input type="radio"/> OUTRIDER |

PLEASE CIRCLE: UNMOUNTED MOUNTED

If mounted I confirm I will be on a sensible horse capable of coping with the camp/pony club environment. I understand I may be asked to remove the horse if it is unsuitable to the camp environment. Horses must not be newly broken and must be safe in a group and when leading another horse. **Your club chief instructor must sign that the horse is acceptable.** If you need to change the horse you are bringing for any reason you must contact the ZCI prior to camp commencing.

HORSES' NAME: _____ **HORSES' AGE:** _____

SIGNATURE OF CHIEF INSTRUCTOR: _____ **Date:** _____

Do you hold a current First Aid Certificate? _____

INSTRUCTORS ONLY: PLEASE NOTE that the following will be used as an indication ONLY.

What is your preferred age group when instructing? (circle ALL that are applicable)

Under 9 yrs 9yr to 10 yrs 11yrs to 12yrs 13yrs to 14yrs 15yrs to 16yrs

Do you have a preferred discipline(s) when instructing? _____

Do you have a discipline(s) you would prefer not to instruct? _____

Do you have any additional comments to be taken into consideration? _____

I understand that this is an indication ONLY and I will be required to instruct where I am assigned.

Signed _____