



Eugene Pony Club Application

(For new and returning members)

NEW MEMBER

RETURNING MEMBER

Child's Name: _____

Child's Age: _____ Child's Birth date: _____

Pony's Name: _____

Pony's Age: _____ Pony's Height: _____ Date Measure: _____

Board Member Signature: _____

Board Member Signature: _____

Parent/Guardian Name: _____

Who will vote (please designate parent/guardian allowed to vote at general meetings).

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Message Phone: _____

E-mail Address: _____

One Time Only Initiation Fee: \$20.00 per family

Dues: \$30.00 per month per child if paid monthly

\$28.50 per month if paid in two lump sum payments of \$99.75 in September, 2008 and \$99.75 in February, 2009 (Save 5%)

\$27.00 per month if paid in one lump sum payment for entire year at the commencement of the ride year (Save 10%)

Received: \$ _____ Check#: _____ Cash: _____ By: _____ Date: _____

The Eugene Pony Club and Oregon Horse Center will not be responsible for any accidents, loss or injury that may occur to exhibitor, horse or equipment at any regular ride night or show throughout the year. Equine Law is applicable in most states. Signature of this form shall be deemed acceptance of these rules.

Signature: _____

(Parent or Legal Guardian)

DATE

____ I authorize the Eugene Pony Club to use my child's photo on the Eugene Pony Club website, for any news publications that may be printed in newspapers or magazines, in the year-end slide show and/or memory book and for such other use as the Eugene Pony Club may deem necessary.

____ I authorize the publication of my phone number, address and e-mail in the pony club phone list that will be distributed to Eugene Pony Club members.

Signature: _____

(Parent or Legal Guardian)

DATE

**EUGENE PONY CLUB
EMERGENCY TREATMENT FORM**

Member's Name: _____
Last
First
Middle

Street Address: _____
City
State
Zip

Phone: _____ Date of Birth: _____

Name of person to contact in case of Emergency: _____
 Day Phone: _____ Evening: _____

HEALTH STATEMENT (PLEASE CIRCLE)

1. Is the member diabetic?.....YES NO
2. Is the member subject to seizures of any kind?.....YES NO
3. Does member have any allergies?.....YES NO
4. Is member currently under medical treatment?.....YES NO
5. Does member have any speech, hearing or eyesight impairment
 which may effect participation?.....YES NO
6. Is there a history of behavior disorders or emotional disturbance such
 as difficulties in relationship with authority figures or peers, or
 abnormally sever moodiness?.....YES NO
7. Is there any medical condition now existing that may require
 treatment or affect the members's participation in the club?.....YES NO
8. Name of any medications currently being taken _____
9. Date of last Tetanus shot? _____

Please explain any "YES" answers from above:

Doctor's Name: _____ Phone: _____

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the Eugene Pony Club to order x-rays, routine tests, treatment, release any records necessary for insurance purposes, and to provide or arrange necessary transportation for the person named on this form. I hearby give permission to the physician selected by the person in charge of Eugene Pony Club to hospitalize, secure emergency treatment , to order injections, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

X _____
Signature of Parent or Legal Guardian
Date

If for religious reasons you cannot sign thi, then a notarized letter assuming responsibility must accompany this form for participation.