



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/guarding 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 \$57.00 in January, 2010 and \$85.50 in March, 2010 (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.*