



PCASA Mounted Games National Come n Try Day 13th & 14th Dec Attendance Form

PCASA mounted games invite you to our Come n Try Day 13th & 14th Dec For people of all ages who are interested in having some fun with your pony/ horse learning games.

When: 13th & 14th Dec 2014

Where: Lobethal Polo Grounds

Time: 1pm Saturday & 9am Sunday

Riders Cost: \$10 a day

Camping: \$5 a family for the night

Yards: Plenty are available

Dress: Boots, Approved helmet and Pony Club Polo must be worn

What you must bring: Packed Lunch, water for Saturday & Pony Club Card

Saturday Night Dinner: There will be BBQ tea on Saturday night for all **\$5 a head**

Please Return ASAP!

✂.....

Riders Full Name: _____ **Riders Age** _____

Address: _____

_____ **Contact Phone Number:** _____

Your horse

Horse Name: _____ **Height:** _____

Card Number: _____ **Age:** _____ **Mare/ Gelding**

Number attending tea Saturday night: _____ = \$ _____

Days attending (please circle): **Saturday 13th** **Sunday 14th** **Both** = \$ _____

Camping (please circle): **YES** **NO** = \$ _____

Yard Required (please circle): **YES** **NO**

Please bring FULL AMOUNT IN CASH on the day Total = \$ _____

**Please return to: Penny Maynard EMAIL: -pennym@taylorswines.com.au,
POSTAL: PO Box 753, CLARE SA 5453
FAX: 88491188 or PH: 0448215756**

EMERGENCY CONTACT DETAILS



RIDERS NAME: _____

RIDERS DATE OF BIRTH: _____ SEX: Male / Female

MEDICAL INFORMATION

Emergency Contact Person: _____
Surname Christian Name

Home Phone: (____) _____ Mobile: _____

Relationship to Rider: _____

If unavailable (2nd) Contact Person: _____
Surname Christian Name

Home Phone: (____) _____ Mobile: _____

Relationship to Rider: _____

Family GP Name : _____ Phone # _____

GP Address: _____

Medicare #: _____ Expiry Date : _____

Private Health Fund Name: _____ Membership # : _____

Ambulance Cover: Yes/ No: Member # _____

Do you suffer from any allergies/ disabilities?

Do you suffer from any conditions e.g. asthma, diabetes etc. (Do you have an action plan, if yes please provide these details)

Do you have medication for any of these issues? Yes/ No (Provide details below)

Are you taking any medication – Prescribed or otherwise

Does your contact person/s know where this medication will be located over the weekend? Yes/ No

Does the contact person know when and how to administer the medication? Yes/ No

Any Previous injuries requiring Medical assistance or Hospitalisation?

Any other relevant information:

Riders Signature: _____ Date _____

Signature of Parent/Guardian if under 18YO: _____