

Application for Membership/ Licence Form 2023/2024

All participants must pay the relevant fee and email completed form to ponytrotsvic@hrv.org.au to be eligible to compete on the Victorian Pony Trots circuit. For any queries, email 'ponytrotsvic@hrv.org.au'.

PLEASE SUBMIT A SEPARATE FORM FOR EACH MEMBER/LICENCE APPLICATION

Child's Given Name: _____ Child's Surname _____
Mailing Address _____
Suburb/Town _____ State _____ Postcode _____
Phone (BH) _____ Mobile _____
Email _____
Date of Birth _____ School _____
Racing Colours _____

Name of Pony _____ Height of Pony _____
Sex of Pony _____ Colour _____
Any Distinguishing Marks or Features _____

Complete the below section if you will be registering more than one pony.

Name of Pony _____ Height of Pony _____
Sex of Pony _____ Colour _____
Any Distinguishing Marks or Features _____

PARENTAL DECLARATION

By signing and submitting this application, I declare that I approve of my child becoming a member of the HRV Pony Trots Program and participating in Pony Trots races and warrant that I and my child will follow directions given by duly authorised officers of HRV and will abide by the rules, regulations, and codes of the HRV Pony Trots as issued from time to time.

Parent's Name _____ Phone _____
Address _____ Same as child's address Yes No
Signature _____
Parents Email _____

I can assist the HRV representative to run race days
I currently hold a valid licence with Harness Racing Victoria
I currently hold a valid Working with Children Check

It is an OH&S requirement for all participants to cover spoked wheels. Pony Trots Victoria will provide a set of wheel discs to any participant that have uncovered spoked wheels. Do you need a set of wheel discs for this season? Yes No (If you received a set of discs in previous seasons do not tick this box).

FEES

Costs are \$55 for the first participant for the season 1st September – 31st August, and \$15 for each additional applicant from the same household. Fees will be invoiced by HRV.

1 Member - \$55 2 Members - \$70 3 Members - \$85

Total Fees Payable \$ _____ (Please attach full details for all additional members on separate membership/ licencing form.)

MEDICAL INFORMATION

Does the child/young person suffer from any of the following impairments? (tick)	Hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Speech:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mobility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please tick if your child has any of the following health condition.						
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please forward Asthma Management Plan to ponytrotsvic@hrv.org.au .						
Anaphylaxis <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please forward Anaphylaxis Management Plan to ponytrotsvic@hrv.org.au .						
Allergic Reactions <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please specify : _____						
Does your child carry an Adrenaline Injection (EpiPen/ Minijet syringe)?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Does your child take medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of medication taken:
Is the medication taken regularly (preventive) or only in response to symptoms?	<input type="checkbox"/> Preventative <input type="checkbox"/> Response		
Medication Details (Dosage/frequency etc):			

Does your child have any other medical condition? E.g. Blackouts/Diabetes/Dizzy Spells/Migraine/Heart Condition/Fits/Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Symptoms:		
If your child displays any of the symptoms above, please specify the action HRV group can take:		
Inform Doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Call Ambulance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Medical Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		

Doctor's/Medical Practice Name:	
Address:	
Phone Number:	
Child's Medicare Number:	Reference Number:
Does your child/young person have an Ambulance Subscription?	If yes, membership number:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

OPTIONAL DETAILS

Responding to this section is voluntary and is collected and used for the sole purpose of improving HRV's service.

Does your child speak a language other than English at home?

(If more than one language is spoken at home, indicate the one that is spoken most often)

Yes (please specify): **Does the student speak English?** Yes No

Does your child identify as Aboriginal or Torres Strait Islander?

No Yes, Aboriginal
 Yes, Torres Strait Islander Yes, Both Aboriginal & Torres Strait Islander

What is your child's living arrangement?

At home with TWO Parents/ Guardians State Arranged Out of Home Care
 At home with ONE Parent/ Guardian Homeless Youth
 Independent

PHOTOGRAPHY/ VIDEO PERMISSION

Pony Trots Participants may be photographed while participating in the sport. Photographs of Pony Trots Participants may be used in a variety of media to celebrate a child's success and promote the sport, by HRV Group and associated Country Clubs. Ownership of such material will be retained by HRV Group and the associated Country Club in compliance with HRV's privacy and confidentiality policies.

Do you give permission for HRV Group and associated County Clubs to photograph your child for the purposes of marketing promotions and media? Yes No

COLLECTION OF PERSONAL INFORMATION

Harness Racing Victoria (HRV) collects personal information from you in this form to manage and supervise your participation in Pony Trots. We may disclose personal information (including financial information), to other persons or organisations, including enforcement bodies, State or Federal Government licensing or compliance authorities and other racing control bodies as part of investigation activities, by adhering to Privacy laws. You do not have to supply the information requested in this form, but if the information (or any part of it) is not provided, your application may be rejected. By completing and submitting the application, and any supporting documentation, you authorise HRV to collect, use and disclose information about you for the purposes described above. In most cases, you can gain access to your personal information and request that corrections be made to it, if necessary. For further information regarding HRV's Privacy Policy refer to our website or contact HRV's Privacy Officer by email privacyofficer@hrv.org.au or by telephone (03) 8378 0200.

OFFICE USE ONLY

Invoice Number _____ Client Number _____