MONASH ADULT RIDING CLUB – SAFETY CARD

Member's Full Name: _____ Date of Birth: _____

In the event of an emergency, please list three contact persons that the Monash ARC member on duty, or committee member, should notify:

Name: _____ Relationship: _____

Contact Number/s: _____

Name: _____ Relationship: _____

Contact Number/s: _____

Name: _____ Relationship: _____

Contact Number/s: _____

In the event that medical treatment should be required, do you have any allergies, special requirements, medical conditions or are there any other details that should be passed on to the medical attendant if you are not able to do so yourself (i.e. due to unconsciousness):

_____

_____

_____

_____

Are you an Ambulance Subscriber? YES NO

To help us assist you, you may also wish to supply the following information:

Car Type, Colour & Rego: _____

Float Type, Colour & Rego: _____

Do you permit a Monash ARC member to drive your vehicle, float & horse to your home or a designated safe destination? YES NO

Horse's Name, Colour & Type: _____

Preferred Vet's name & emergency contact number: _____

Should the above named Vet be unavailable, I authorise the Monash Adult Riding Club's representative to call an alternative Vet, and to act on that Vet's recommendation at my expense.

I understand that it is my responsibility to ensure that the information on this form is correct at the time of signing and that it is my responsibility to update relevant medical information to Monash ARC.

Signature of member: _____ Date: _____