



South Australian Harness Racing Pony Association

www.saponytrots.com

Application for Membership / Licence Form 2023/2024

All participants must pay the relevant fee and email form to dhill@saharness.org.au to be eligible to compete on the SA Pony Racing circuit. For any queries, email dhill@saharness.org.au

PLEASE SUBMIT A SEPARATE FORM FOR EACH MEMBER/LICENCE APPLICATION

Child's Given Name:	_____	Surname:	_____
Address:	_____		
Suburb/Town:	_____	State:	_____
		Post Code:	_____
Mobile:	_____	Email:	_____
DOB:	_____		
Racing Colours:	_____		
Pony Race Name:	_____		
Sex:	_____	Height:	_____
		Colour:	_____
<i>Complete below section if you will be registering more than one pony.</i>			
Pony Race Name:	_____		
Sex:	_____	Height:	_____
		Colour:	_____

PARENTAL DECLARATION

By signing and submitting the application, I declare that I approve of my child becoming a member of SA Harness Racing Pony Association and participating in Pony races and warrant that I and my child will follow directions given by duly authorised officers of HRSA and will abide by the rules, regulations and codes of the SA Harness Racing Pony Association.

Parent's(guardian) name: _____ Mobile: _____

Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Email: _____

Signature: _____

I can assist the SA Harness Racing Pony Assoc representatives to run race days:

I currently hold a valid licence with Harness Racing SA:

I currently hold a valid Working with Childrens Check:

FEES

Costs are \$55 for the first participant for the season 2023/2024 and \$15 for each additional applicant from the same household. Fees will be issued by SA Harness Racing Pony Association.

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

Total fees payable \$ _____



MEDICAL INFORMATION

Does your child/young person suffer from any of the following impairments? (Tick)	Hearing:	Yes	No	Vision:	Yes	No
	Speech:	Yes	No	Mobility:	Yes	No

Please tick if your child has any of the following health conditions:

Asthma: Yes: No:

If yes, please forward Asthma Management Plan to dhill@saharness.org.au

Anaphylaxis: Yes: No:

If yes, please forward Anaphylaxis Management Plan to dhill@saharness.org.au

Allergic Reactions: Yes: No:

If yes, please specify:

Does your child carry an Adrenaline Injection (Epipen/Minijet Syringe)? **Y:** **N:**

Does your child take medication:	Name of medication taken:
Y: N:	

Is the medication taken regularly (preventative or only in response to symptoms)?

Medication detail (Dosage/frequency):

Does your child have any other medical condition?
E.g. (Blackouts/Diabetes/Dizzy Spells/Heart condition/Fits/Epilepsy)
If yes, please specify:

If your child displays any of the above, please specify the action SA Harness Racing Pony Association can take:

Inform Doctor: Y: N:	Administer Medication: Y: N:
Call Ambulance: Y: N:	Other Medical Action: Y: N:

If yes, please specify:

Doctor's/Medical Practice Name:
Address:
Phone Number:



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PHOTOGRAPHY / VIDEO PERMISSION

Pony Racing Participants may be photographed while participating in the sport. Photographs of Pony Racing Participants may be used in a variety of media to celebrate a child's success and promote the sport, by HRSA and the SA Harness Racing Pony Association. Ownership of such material will be retained by HRSA and the SA Harness Racing Pony Association in compliance with HRSA's privacy and confidentiality policies.

Do you give permission for HRSA and SA Harness Racing Pony Association to photograph your child for the purposes of marketing and promotions and media?

Yes No

COLLECTION OF PERSONAL INFORMATION

Harness Racing SA Ltd (HRSA) collects personal information from you in this form to manage and supervise your participation in Pony Racing. 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 a 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 HRSA to collect, use and disclose information about you for the purpose described above.

Working with Childrens Check QR Code

SA Gov



SA HARNESS RACING PONY ASSOCIATION

BANKING INFORMATION

BSB - 015 356

ACC# 408131944