



PONY CLUB
NORTHERN TERRITORY

PONY CLUB ASSOCIATION OF THE NORTHERN TERRITORY INC

PO Box 1257 Coolalinga NT 0839
admin@ponyclubnt.org.au

ABN 33 414 334 154
www.ponyclubnt.org.au

COACHES REGISTRATION FORM

Coaches Personal Details

Pony Club(s) currently coaching at:

Mr / Mrs / Miss / Ms/ Other: Full Name:

Address:

Suburb/Town: Postcode:

Phone (H): Phone (W):

Phone (M): Fax:

Email:

Date of Birth: Age:

Occupation:

PCA - NCAS Levels attained:

Preliminary.....Expiry Date: **WWC Card # -**

Preliminary Date:

NCAS Coach Number: Expiry Date

Level 1 Expiry date:

Level 2 Expiry date:

Other Qualifications

First Aid Qualification:

First Aid Certificate:

First Aid Expiry Date:

Other Instructional Experience

Jump Grader

.....

Dressage Grader

.....

PC Certificate Examiner.....

.....

Other.....

CODES OF CONDUCT

Participants/Riders

- ★ Participate and compete within the rules.
- ★ Never argue with an official. If you disagree, discuss your concerns with the organising committee or use official protesting procedures to lodge your complaint.
- ★ Control your temper. Verbal abuses of officials, organising personnel or other individuals are not acceptable or permitted behaviours in any sport.
- ★ Work to better yourself there is always satisfaction in improving your performance.
- ★ If working in a team, work to support your teammates and be positive about your team mates performance.
- ★ Be a good sport.
- ★ Treat all participants in your sport, as you like to be treated.
- ★ Cooperate with your coach, teammates and organising personnel. Without them there would be no competition or activities to be involved with.
- ★ Participate for your own enjoyment and benefit, not just to please parents and coaches.
- ★ Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.

Parents/Guardians

- ★ Remember that children participate in sport for their enjoyment, not yours.
- ★ Encourage children to participate, do not force them.
- ★ Focus on the child's efforts and performance rather than winning or losing.
- ★ Encourage children always to play according to the rules and to settle disagreements without resorting to hostility or violence.
- ★ Never ridicule or yell at a child for making a mistake or losing a competition.
- ★ Remember that children learn best by example. Appreciate skilful performances by all participants.

Release of Instructor Details

I consent to being listed on the PCA Registered Instructor's list, which will be made available to Club Personnel only.

Signed: Date:.....

I consent to my personal details and images being advertised to the public verbally, in printed or electronic mediums. Personal details will include First Name, Second Name, Coaching Qualifications and Contact Number.

Signed: Date:.....

- ★ Support all efforts to remove verbal and physical abuse from sporting activities.
- ★ Respect officials' decisions and teach children to do likewise.
- ★ Show appreciation for volunteer coaches, officials and administrators. Without them, your child could not participate.
- ★ Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.

Officials

- ★ Understand and accommodate the skill levels and needs of young people.
- ★ Compliment and encourage all riders.
- ★ Be consistent, objective and courteous when making decisions.
- ★ Condemn unsporting behaviour and promote respect for all individuals.
- ★ Emphasise the spirit of the game rather than the errors.
- ★ Encourage and promote rule changes, which will make participation more enjoyable.
- ★ Be a good sport yourself. Actions speak louder than words.
- ★ Keep up to date with the latest trends in officiating and the principles of growth and development of young people.
- ★ Remember, you set an example. Your behaviour and comments should be positive and supportive.
- ★ Place the safety and welfare of the participants above all else.
- ★ Give all young people a 'fair go' regardless of their gender, ability, cultural background or religion.

Coach/Instructor

- ★ Remember that young people participate for different reasons, for many winning is only part of the fun,

- participating, learning and enjoying others company is often just as important.
- ★ Never ridicule or yell at a young person for making a mistake or not coming first.
 - ★ Be reasonable in your demands on young people's time, energy and enthusiasm.
 - ★ Operate within the rules and spirit of your sport and teach your Pony Clubbers to do the same.
 - ★ Ensure that the time spent with you is a positive experience. All Pony Clubbers are deserving of equal attention and opportunities.
 - ★ Avoid focussing on the talented riders; the just average participants need and deserve equal time.
 - ★ Ensure that equipment and facilities meet safety standards and are appropriate to the age and ability of all riders.
 - ★ Display control, respect and professionalism to all involved with the sport. This includes opponents, coaches/instructors, officials, administrators, the media, parents and spectators. Encourage your Pony Clubbers to do the same.
 - ★ Show concern and caution toward sick and injured riders. Follow the advice of a physician when determining whether an injured Pony Clubber is ready to recommence riding at rallies or competition.
 - ★ Obtain appropriate qualifications and keep up to date with the latest coaching/instructing practices and the principles of growth and development of young people.
 - ★ Ensure you understand the motivational reasons for your Pony Clubber being involved with Pony Club and develop your sessions to meet these needs.
 - ★ Any physical contact with a young person should be appropriate to the situation and necessary for the Pony Clubber's skill development.
 - ★ Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.

Administrator

- ★ Involve young people in planning, leadership, evaluation and decision making related to their Club and activities.
 - ★ Give all young people equal opportunities to participate.
 - ★ Create pathways for young people to participate in Pony Club not just as a rider but as a coach, referee, administrator etc.
 - ★ Ensure that rules, equipment, length of games and rally schedules are modified to suit the age, ability and maturity level of young riders.
 - ★ Provide quality supervision and instruction for junior riders.
- ★ Remember that young people participate for their enjoyment and benefit. Do not overemphasise awards.
 - ★ Help coaches and officials highlight appropriate behaviour and skill development, and help improve the standards of coaching and officiating.
 - ★ Ensure that everyone involved in junior sport emphasises fair play, and not winning at all costs.
 - ★ Give a Code of Behaviour sheet to spectators, officials, parents, coaches, players and the media, and encourage them to follow it.
 - ★ Display all Code of Behaviour sheets in a prominent place so that all spectators, officials, parents, coaches, players and the media, view them at any time.
 - ★ Remember, you set an example. Your behaviour and comments should be positive and supportive.
 - ★ Support implementation of the National Junior Sport Policy.
 - ★ Make it clear that abusing young people in any way is unacceptable and will result in disciplinary action.
 - ★ Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.

PRIVACY STATEMENT

- ★ Pony Club Victoria recognises that privacy is important and that individuals have a right to control their personal information. Pony Club Victoria acknowledges that providing personal information is an act of trust and Pony Club Victoria takes that seriously.
- ★ Pony Club NT will release in print media, electronic media and verbally the contact information of individuals acting in Official Pony Club positions.
- ★ Unless an individual gives Pony Club NT consent to act otherwise, the following PCANT Privacy Policy will govern how Pony Club NT handles personal information of individuals.
- ★ Pony Club NT is committed to complying with the private sector National Privacy Principles set out in Privacy Act (Cth) 1988. Pony Club NT is committed to protecting personal information.
- ★ PCANT requires the information requested on this form to accept your membership. Your personal information will only be used in accordance with the objects of PCANT and PCANT general business.
- ★ In applying for membership of the PCANT I consent to my personal information being used by PCANT sponsors or other third parties for the purpose of providing me with promotional materials from PCANT sponsors or other third parties

Instructor Declaration

I agree to abide by the rules, regulations, policies, procedures and directives as stipulated by Pony Club Association of Northern Territory Competition rules and affiliated bodies.

I understand that before my application for registration as an instructor of the Pony Club Association of Northern Territory can be accepted I must undertake a Working with Children Clearance check.

I acknowledge that horse sport is dangerous and that accidents causing death, bodily injury, disability and property damage can, and do happen.

I acknowledge and agree that neither PCANT nor “the organizers” shall be under any liability for death, or bodily injury, loss or damage which may be sustained or incurred by myself, as a result of participation in or being present at PCANT endorsed events, except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that I have read and understood the information provided in this Instructor Registration form regarding codes of conduct and privacy.

Signed: Date:

Instructor’s Parent/Guardian Declaration

Must be signed for all instructors under the age of 18years.

I/we consent to our above named child becoming an instructor of the Pony Club Association of Northern Territory as a member of the Pony Club.

I/we have read and accept the Declaration on behalf of our child.

Signed: Date:

Signed: Date:

Instructor Acceptance (Club Use Only)

In accordance with our Club Rules of Incorporation the above named individual has been accepted as an (Level)..... instructor of our Club.

Signed: Date:

Position held:

Signed: Date:

Position held:

MEDICAL HISTORY FORM

The information you provide on this Medical History Form will be kept by your Pony Club in a secure place and used only in the event of an emergency.

Personal Details

First Name: Last Name:

Sex: Vehicle/Float Reg No.:

Date of Birth: Age:

Height: Weight:

Blood Group:

Do you object to blood transfusions? Yes No

Have you been immunised for Tetanus Yes No If Yes, Date:

Emergency Contacts

First Name Last Name:

Phone (h) Phone (w):

Relationship:

First Name Last Name:

Phone (h) Phone (w):

Relationship:

Health Cover Details

Medicare No.:

Do you have Ambulance Cover? Yes No Ambulance No.:

Do you have Private Health Cover? Yes No Fund:

GP & Dentist Details

Private Doctor: Phone:

Address:

Suburb: Postcode:

Can your Doctor be contacted at all times? Yes No

Private Dentist: Phone:

Address:

Suburb: Postcode:

Can your Dentist be contacted at all times? Yes No

Health History

Are you affected by any of the following conditions?

Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hay Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis (any form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migraine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nerve Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood Pressure problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skin Complaints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visual or hearing complaints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma/Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Allergic reactions	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

If Yes to any of the above, please give details of condition(s) and special requirements:

.....

.....

.....

.....

Regular medications including supplements, stating name and dosage:

.....

.....

.....

Sports injuries (please list any injury, which is current/recurring or requires surgery):

.....

.....

.....

Do you wear?

Glasses: Yes No

Contact Lenses: Yes No

If Yes: Soft Hard

In the past have you ever sustained?

A fracture Yes No

If Yes, when & body part:
.....

A dislocation Yes No

If Yes, when & body part:
.....

Have you or do you suffer from:

Recurring joint pain Yes No

If Yes, when & body part:
.....

Back/Neck pain Yes No

If Yes, when:
.....

Have you ever been treated for a:

Concussion Yes No

If Yes, when:
.....

Head injury Yes No

If Yes, when:
.....

Neck injury Yes No

If Yes, when:
.....

Spinal injury Yes No

If Yes, when:
.....

I certify that the information given on this form is to be best of my knowledge a true account of my current physical condition.

Instructor Name: Signature: Date:

Parent/Guardian: Signature: Date:

Medical Release

Instructor over 18years

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Instructor Name: Signature: Date:

Instructor under 18years

If emergency medical care is required for my child..... and if my permission is not available in a timely manner, then the undersigned authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Parent/Guardian: Signature: Date: