
RDA Victoria – PENINSULA
RENEWAL
RIDER / CARRIAGE DRIVER APPLICATION FORM – 2019



BEFORE YOU SUBMIT YOUR APPLICATION:

PLEASE ENSURE THIS APPLICATION FORM IS COMPLETED IN BLOCK LETTERS IN BLUE OR BLACK PEN.

- Section 1-4** is filled out by the applicant, parent, guardian or carer
- Rider goals** form is completed.
- Section 5** is completed
(This section must be filled out by your regular doctor if the medical condition has changed since 2018. Please note, the application **cannot** be accepted if the outlined boxes are not completed and it has been indicated the medical condition has changed)
- Payment** is attached or the credit card section is completed
- Sent** to, RDA Victoria, 400 Epsom Road, Flemington, 3031.

Please note: An incomplete application form, or an application form with incorrect or missing payment will be returned. Applicants are not permitted to ride without a completed application form and finalised payment.

Riding for the Disabled Association of Victoria Inc.
400 Epsom Road, Flemington, 3031
03 9258 4730 info@rdav.asn.au
ABN 20 130 814 132

RIDER GOALS (to be completed by rider with input from parent/carer/teacher/ therapist/coach)

1. What do you wish to achieve with your riding? Short term? Long term?

2. What would you like to improve on?

- Communication skills
- Attention / Concentration to task
- Mobility Sitting / Standing / Walking
- Posture Sitting / Standing / Walking
- Balance Sitting / Standing / Walking
- Independence
- Upper limb skills
- Endurance
- Self-esteem/confidence
- Enjoyment/motivation
- Social skills and interaction
- Riding skills

COMMENTS

Thank you for your input!

RDA Victoria – CENTRE NAME
RENEWAL RIDER / CARRIAGE DRIVER FORM – 2019

1. APPLICANT'S DETAILS

Given Name **Family name**

(Please circle) **M / F** **Date of Birth**..... / / (DD/MM/YY)

* (Applicant must be between 3 and the age of 85)

Address.....

Suburb **Postcode**.....

Phone (H) **Mobile**

Email

Would you like to subscribe to the RDAV E-newsletter? Yes No

School / service provider (if applicable)

2. EMERGENCY CONTACT

Given Name **Family Name**

Phone **or Mobile**.....

Relationship to applicant (e.g. grandparent).....

3. PARENT/GUARDIAN/CARER DETAILS

(Applicable for individuals 18 years of age or under and/or those with carers/guardians)

Given name..... **Family name**

Address..... **Postcode**.....

Phone (H) **Mobile**

Email

Relationship to applicant (e.g. parent).....

4. APPLICANT'S CONSENT (PLEASE READ BEFORE SIGNING BELOW)

I
[insert name] of

.....
[insert address]

hereby apply for membership of Riding for the Disabled Association of Victoria Inc. (RDAV) and provide my written consent to participate in RDA Activities. In so applying and in consideration of my application for membership being accepted **I acknowledge and agree** that:

- 1 **"RDAV"** for the purposes of this membership application and declaration means and includes the Riding for the Disabled Association of Victoria Inc. and Riding for the Disabled Association of Australia Limited (RDAA), its Centre Members and where the context so permits, their respective directors, officers, members, servants or agents.
- 2 **If accepted I will be a member** of [insert your Centre Name],

..... [insert your State Name] and RDAA.
- 3 **This document cannot be amended.** If I do amend it, my application will be null and void. It cannot be accepted by RDAV or RDAA.
- 4 **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised RDAA activity ("**RDAA Activity**"). (*For insurance details contact RDA National Office.*) I can, in my own interests, seek and obtain personal insurance over and above the cover provided by RDAA.
- 5 **The RDAA Constitution** is a contract between me and RDAA. I will be bound by it and any By-Laws made under it. It is necessary and reasonable for promoting RDAA and Riding for the Disabled. For the avoidance of doubt, I acknowledge and agree to comply with the Constitutions and By-Laws of RDAA, my Member State and my Centre, if my application is accepted. Where there is any inconsistency between the constitutions of RDAA, the States or Centres, the Constitution of RDAA will prevail.
- 6 **Warning:** Riding (including but not limited to recreational and therapeutic riding) can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in riding (including but not limited to recreational and therapeutic riding, carriage driving and vaulting).
- 7 **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my membership (if accepted) that RDAV and RDAA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership and/or participation in any RDAA Activity. I acknowledge that the services and benefits I receive under my membership are "recreational services" as defined under the *Trade Practices Act 1974*. Where I am a consumer, as defined by any relevant law, certain terms and rights may be implied into a contract for the supply of goods or services for my benefit. I acknowledge that these terms and rights, and any liability of RDAA flowing from them, are expressly excluded, restricted or modified by these membership terms and conditions.
8. **Release and Indemnity:** In consideration of RDAV accepting my application for membership I:
 - (a) release and forever discharge RDAV and RDAA from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any RDAA Activity; and
 - (b) Indemnify and hold harmless RDAV and RDAA to the extent permitted by law in respect of any Claim by any person including but not only another Member of RDAA arising as a result of or in connection with my membership and/or participation in any RDAA Activity. In this **clause 8 "Claims"** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit,

made by any person entitled to make a claim under a relevant RDAA insurance policy or any personal insurance held by the member.

- 9 Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any RDAA Activity within my range of abilities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify RDAV and RDAA in writing through my Centre Member or Member State of any change to my fitness and ability to participate. I understand and accept that RDAV and RDAA will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that if I have or have had any medical condition or disability (eg. physical, intellectual, psychiatric or behavioural) I am required to submit with this application a medical consent form completed by a medical practitioner. Further, I acknowledge that RDAV and RDAA may in its reasonable discretion require me to provide a medical consent form completed by a medical practitioner even if I have declared that I do not have or have not had a medical condition or disability.
- 10 Medical Treatment:** I consent to receiving any medical treatment that RDAV considers necessary or desirable during a RDAA Activity. I also agree to reimburse RDAV for any costs or expenses incurred in providing me with medical treatment.
- 11 Privacy:** I understand that the information I have provided overleaf is necessary for the objects of RDAV and RDAA. I acknowledge and agree that the information will be disclosed by my Centre Member to the Member State and RDAA and will only be used for the objects of RDAA and to provide me with membership services. I understand that I will be able to access my information through my Centre Member and/or Member State. If the information is not provided my membership application may be rejected.

I warrant that all information provided is true and correct.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of RDAA membership.

I consent for the use of my/applicant's photograph to be used for RDAV purposes including Social Media.

Yes No

Signed:.....Date:.....

Where the applicant is under 18 years of age or cannot provide informed consent this form must also be signed by the applicant's parent or legal guardian.

I,..... am **the parent or guardian** of the applicant named:.....

I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent's signature:.....Date:.....
(where applicant under 18 y.o or unable to legally sign)

5. Medical Review

THIS BOX MUST BE COMPLETED

Diagnosis/ Disability:

Height:..... Weight:.....

Has there been any significant change in your medical condition since the completion of the 2018 Rider Registration Application Form?

No **Yes (tick one)** **IMPORTANT: If YES then the below medical review needs to be completed by your regular doctor**

AREA OF CHANGE	COMMENT
General physical health	
Surgery / Trauma	
Mobility / Equipment	
Height / Weight	
Behavioural Function	
Cognitive Function / Communication Device	
Medication	
Other	

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the applicant to take part as an active participant in RDAV activities. In this regard, I understand that based on the medical advice given above, an RDAV coach will make the final assessment as to whether riding is a suitable activity for this applicant.

Medical Practitioner details

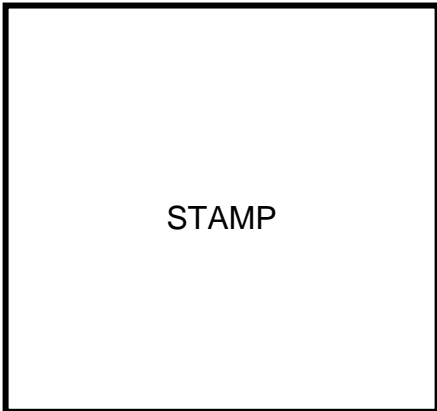
Name

Address

Telephone

Provider No

Signature **Date** / /



RDA Victoria – PENINSULA
RENEWAL RIDER / CARRIAGE DRIVER APPLICATION FORM – 2019

2019 RIDER REGISTRATION FEE IS \$149.00.

The fee is non-refundable and is not pro rata.

Please return **ORIGINAL** signed form with **ALL** sections completed and your Rider Registration fee of **\$149.00** by mail or e-mail to the following address:

RDA Victoria
400 Epsom Road
Flemington, VIC, 3031
info@rdav.asn.au

Payment by credit card or cheque payable to:
Riding for the Disabled Association of Victoria Inc.
ABN 20 130 814 132

INVOICE: If you require an invoice or receipt for payment, please contact the State Office on (03) 9258 4730 or info@rdav.asn.au

RIDER NAME:

PAYMENT METHOD:

CHEQUE

CASH

CREDIT CARD

Credit Card Visa / MasterCard

Card holder's name: _____

Card number: _____/_____/_____/_____

Expiry date: ____/____

Signature

Please note: Credit card details will be destroyed after payment verified.