

Yarra Valley Dressage Club Inc.

Committee Nomination Form 2010 - 2011

I _____ being a fully paid up member nominate

_____, being a fully paid up member, for the

Yarra Valley Dressage Club Inc. Committee position of:

(Please circle the position you wish to nominate for)

- President
- Vice-President
- Secretary
- Competition Secretary
- Treasurer
- Newsletter Editor
- EFA Delegate
- EA Delegate
- General Committee Member

Signed: _____ (Nominator)

Signed: _____ (Nominee)

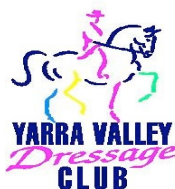
Signed: _____ (Member)

Members wishing to nominate another member to the Committee must forward their nominations in writing to:

The Secretary,
Yarra Valley Dressage Club Inc.,
P.O. Box 297
Wandin North 3139.

Nominations due in by June 30th 2010

Nomination forms must be signed by the Nominator and the Nominee, who both must be financial members of the Club.



YVDC Committee Job Descriptions

President

Chair monthly meetings, delegate tasks to committee members and oversee general running of the Club.

Vice-President

Attend monthly meetings, stand in for the President if he/she is unable to chair the meeting, assist the President as required.

Secretary

Collect mail from Wandin Post Office, attend monthly meetings, record minutes and read report of incoming and outgoing mail. Email minutes, well before the next meeting, to all members of the committee. Deal with relevant letters from meetings.

Competition Secretary

Prepare official competition entry forms, receive competition entries, allocate times, prepare the draw and distribute to competitors. Take scratchings, oversee the running of competitions, send out ribbons/results after the competitions and prepare results for EFA.

Treasurer

Maintain cashbook and prepare monthly financial reports, deposit monies received and pay accounts, arrange for and pay judges, prepare financial statements for Annual General Meeting. Maintain current membership list and accept renewals of membership.

Newsletter Editor

Prepare, format and edit information, advertising, and flyers for newsletter. Maintain email group list for distribution. Organise printing and posting of newsletters where needed.

EFA Delegate

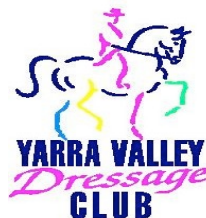
Attend EFA sub-committee meetings as required, attend monthly YVDC club committee meetings and provide liaison between EFA and the YVDC.

EA Delegate

Attend EFA meetings as required and provide liaison between EFA and the YVDC.

General Committee Members

Attend monthly meetings and assist where required with Competitions, Catering and Library organization.



Yarra Valley Dressage Club Inc. Membership Form 2010 – 2011

Membership Fees

Initial joining fee (for new members or members rejoining after a period of absence)	\$11.00
Single Riding Member	\$50.00
Junior Riding Member	\$35.00
Family Membership (includes your spouse and children under 18 years of age)	\$70.00
Non-riding Membership	\$30.00

Member Details

NOTE: Items marked with * are optional, all others are required. Please include as many of the optional details as possible, these help with planning activities, which suit your membership, and also in communicating effectively with our members.

Title _____ Given Name _____ Surname _____

Postal Address _____

Postcode _____ Phone (AH) _____ (BH) _____

Mobile _____ Email _____

I accept that I will receive my newsletter and Club information by email Yes / No (please circle)

Riding Level* _____ Occupation* _____

I wish to renew/apply for membership of the Yarra Valley Dressage Club Incorporated for the period of 1st July 2010 to 30th June 2011. I agree to be bound by the rules of the association for the time being in force and to participate in the current system in place to help at Club competitions and functions.

I enclose my cheque/money order for the sum of \$ _____ representing the full payment for the membership fee.

Signature of applicant _____ Date _____

Please return this completed form together with your payment for membership to:

The Treasurer
Yarra Valley Dressage Club Inc.
P.O. Box 297
Wandin 3139
VICTORIA

Neither the Yarra Valley Dressage Club Incorporated, its agent nor the owner of any property used by the YVDC Inc., accept liability for any accident, damage, injury, loss or illness to horses, riders, spectators or grounds or any other person or property whatsoever.



Member Release and Waiver of Liability

ABN 19 077 455 755
ACN 077 455 755



Full name of participant (and guardian if under 18 years): _____

Address: _____

State: _____ **Postcode:** _____ **Date of birth:** _____

Name of Club/Organisation: _____

Membership No: _____

Address of Event/Activity: _____

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, understand, acknowledge and accept that:

Horse sports are dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

I knowingly and freely assume all such risks, both known and unknown, and I **voluntarily PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or to take drugs prohibited by law before or during any horse sport activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur. I understand any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times whilst riding and take sole responsibility for my actions.

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

Date: ___/___/___ **Signature of rider/guardian:** _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Date: ___/___/___ **Signature of rider/guardian:** _____