

CENTRAL COAST SPORTING HORSE ASSOCIATION

Membership

Surname: _____

Address: _____

_____ Postcode: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Membership Status

Family (\$45): _____ or Single (\$25): _____

Fees Due: _____ Contribution Paid: _____ Date Paid: _____

Membership Profile

For family membership, please include all immediate family members (riding and non-riding).

(to be completed by CCSHA)

Rider's First Name	Horse's Name	Rider's Age	Rider's Date of Birth	Division	Birth Certificate Sighted		
					Yes	No	N/A

Parent Information (Single Junior Members Only)

Parent's Name: _____

Address: _____

_____ Postcode: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Medical Information

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Mobile Number: _____

Allergies: _____

Date of Last Tetanus Booster: _____

Other Medical Conditions: _____

Comments

From time to time photos may be taken at gymkhanas to be used in our newsletter or for promotional purposes.

Do you give permission for your child to be photographed? Yes: _____ No: _____