



Correspondence:

The Secretary  
42A Lenori Rd  
Gooseberry Hill  
WA 6076

## **INFORMATION ON THE WADYRA CONSENT FORM**

*The West Australian Dressage Young Riders Association (WADYRA) is an exciting dressage club, designed specifically for riders up to the age of 25. The aim of WADYRA is to encourage riding and dressage as a sport and recreation, to promote good fellowship among riders and to improve and maintain the standard of riding, dressage, and horse mastership. WADYRA will promote the highest ideal of sportsmanship and will provide an opportunity for members to be involved in horse riding and dressage in the form of competition and training days.*

All potential participants, or their responsible parent, guardian, or legal advocate must have read, understood and signed the Consent Form.

WADYRA has a duty of care to all participants and as such all participants must complete a Consent Form and Medical Form as part of the enrolment process.

WADYRA has the right to photograph and use any images of members in promotional material, newsletters and the like.

The information will assist the WADYRA Coach to develop appropriate and suitable activities for each participant, and ensure that participants are not over challenged with tasks that may be to the detriment of their health. It also provides information that may be helpful in times of medical emergency.

The Medical Form:

- Is a confidential document and will be kept in a secure area by the WADYRA Secretary. This information will only be accessible to the WADYRA Coach for the purposes of developing a suitable riding program for participants and to a nominated WADYRA representative in the event of a medical emergency.
- Must be completed fully by the applicant and endorsed by Parent, Guardian or individual if over 18
- Will not be used for any other purpose.
- Is accessible to the participant, parent /guardian at their request.

## **SECTION A – MEDICAL and CONSENT FORM - CONFIDENTIAL**

This section is to be completed by a parent or guardian of a rider under the age of 18 years, or the rider if they are over 18, that is attending activities of WADYRA. The information contained on this form may be required by a Medical practitioner in the event of a rider requiring emergency treatment. The information given here is not intended to exclude a rider from participating in the activity but rather is intended to support the wellbeing of the Rider. As such all fields are mandatory and must be completed accurately.

NAME OF PARTICIPANT: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

CONTACT NAME: (In case of emergency) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

ARE YOU IN A MEDICAL INSURANCE FUND? YES/NO (Circle appropriate response)

MEDICARE CARD NO: (In case of emergency): \_\_\_\_\_

DOES THE ABOVE NAMED PARTICIPANT SUFFER FROM ANY OF THE PROBLEMS LISTED BELOW?

If so please circle. If 'yes' please provide details.

Condition	Yes / No	Details
Heart Problems		
Respiratory Problems		
➤ Asthma		
➤ Other		
Allergies		
➤ Food		
➤ Drugs		
➤ Ointment		
➤ Other		
Diabetes		
Blood Pressure		
Recent Operations		
Epilepsy		
Recent Illness		
Past Injuries		
Others: (please list)		

Have you had a Tetanus shot? Yes / No Date of last Tetanus injection \_\_\_\_/\_\_\_\_/\_\_\_\_

WADYRA Medical Consent Form

I give permission for \_\_\_\_\_ (name of participant) to be involved in WADYRA activities.

(Please circle) YES / NO

I consent for the above named participant to be allowed emergency medical/dental attention, if necessary, during the participation in any activity.

(Please circle) YES / NO

I understand that no liability can be accepted by WADYRA in the event of an injury or accident occurring.

Signature: \_\_\_\_\_

I understand that WADYRA reserves the right to refuse any person access to WADYRA activities if it is reasonably believed that participation may be detrimental to the person's health.

Signature: \_\_\_\_\_

In the case of an emergency and I cannot be contacted, I give permission for the above named participant to be transported by private car, ambulance or whatever other means is appropriate, and agree to cover the cost of such transport.

Signature: \_\_\_\_\_

In the case of emergency and I cannot be contacted, I give permission for a WADYRA representative to allow treatment of the participant as deemed necessary and agree to cover the cost of such transport.

Signature: \_\_\_\_\_

I have disclosed all information, to the best of my knowledge, required by this form. The above named participant is cleared by their registered Medical Practitioner to undertake all WADYRA activities. In the case that a Medical restriction has been imposed on certain activities, I have listed these here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**I have read and fully understood the content of this Medical and Consent Form.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Self if over 18 and able to sign / Parent / Guardian / Legal Advocate (Please circle)