



# WANDIN PARK ADULT RIDING CLUB INC

Inc No 1218p

PO BOX 323  
WANDIN NORTH 3139

[HTTP//wandinparkrca.webs.com/](http://wandinparkrca.webs.com/)



## Member Emergency Contact Details

In case of an accident or related injury we need to know who to contact on your behalf in an emergency.

HELP US TO BE IN A BETTER POSITION TO HELP YOU IF THE NEED ARISES.

PLEASE CHOOSE WHAT INFORMATION YOU WOULD LIKE TO BE MADE AVAILABLE IN CASE OF AN EMERGENCY.

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

First Name:		Surname:	
Address:			
Suburb:		Home ☺	
Postcode:		Date of Birth:	

## Emergency Telephone Numbers & Contact Details

PERSON # 1 TO NOTIFY IN CASE OF ACCIDENT			
Name:		Relationship	
Home ☺ :		Mobile ☺ :	

PERSON # 2 TO NOTIFY IN CASE OF ACCIDENT			
Name:		Relationship	
Home ☺ :		Mobile ☺ :	

## Important Medical Conditions

Medical Condition(s) Emergency information please provide details here.

Please <b>CIRCLE</b> if applicable				
Allergies Please List				
Diabetes	Epilepsy	Asthma	Heart Condition	Blood Pressure
Other- please list				
Are you an Ambulance Vic Member?	YES/NO		Membership No:	

## Your Transport details:

Please list your Car & float OR truck details

Car/Truck Make:		Registration:	
Colour:		Float Colour:	

## Your Horse's details (if your horse is agisted - please complete where your horse(s) usually lives)

Horse's Name:			
Horse's Address:			
Contact Name:		Phone Number:	
Preferred Vet		Phone Number:	
Any other details			