



'OUR CLUB' 2017

It is our pleasure to welcome you and your family to Broadlands Equestrian Centre. We hope that your stay with us is going to be a long and happy one. Should anything concern you, or if you have any suggestions, we will be very pleased to hear from you. We are offering the "Fish out of water" fitness programme in conjunction with the SIME Academy from 1 May 2017. This is a unique programme that has been developed for our SIME Academy swimmers. All rules made are in the interest of the safety of our riders, and are enforced at the yard. We request that you also complete our application forms, so that we can maintain accurate and complete record

Kind Regards

The Broadlands Team

BROADLANDS EQUESTRIAN CENTRE RIDING SCHOOL CLUB MEMBERSHIP APPLICATION 2017

Surname of Applicant(parent/guardian)	
First Names of Applicant (parent/guardian)	
ID Applicant (parent/guardian)	
Name of Rider	
Date of Birth – Rider (if under 18)	
School of Rider	
Phone number + Name of Mother (day) (if under 18)	
Phone Number + Name of Father (day) (if under 18)	
Cell number – Mother (if under 18)	
Cell number – Father (if under 18)	
Phone number (home)	
Permanent physical address of Parent/Guardian (self if under 18)	
Postal Address of Parent/Guardian (self if under 18)	
Fax Number	
E-mail address	
Name and contact number of family doctor	
If over 18: Name of family member or friend to contact in case of emergency	
If over 18: Number of family member or friend to contact in case of emergency	

UNDERTAKING AND INDEMNITY

I, _____ the parent/guardian/ (rider if over 18)
Full names and surname

of _____, do hereby

give consent for my child/ myself as the rider, to attend horse-riding fitness sessions and related activities at Broadlands Equestrian Centre, Polokwane and participate in all supervised activities.

Neither Broadlands Equestrian Centre nor their representatives, nor the owners of Broadlands Farm shall be liable for any loss, damage, theft or injury sustained by any horses/ponies, rider, or accompanying, children, parent or visitors or to their belongings either on Broadlands or in-transit to and from Broadlands.

In the unlikely event that my child need to be transported to a doctor or any medical facility, I hereby give the personnel of Broadlands Equestrian Centre the permission to transport my child or call an ambulance if necessary.

Signed at POLOKWANE this _____ day of _____ 201__

1. _____
SIGNATURE OF APPLICANT/PARENT/GUARDIAN

2. _____
FULL NAMES AND SURNAME

3. _____
ID Number