

## Pony Club Association of Western Australia

<u><b>CONTACT DETAILS</b></u>	<u><b>PERSONAL DETAILS</b></u>
Next of Kin:	Name of usual Doctor:
Relationship:	Address:
Address:	Telephone
Telephone:	
Mobile:	<u><b>RIDER INFORMATION</b></u>
	Name:
<u><b>VEHICLE INFORMATION</b></u>	Date of Birth:
Make:	Address:
Model:	Telephone No:
Colour:	Mobile:
Registration:	

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<u><b>PREVIOUS MEDICAL HISTORY</b></u>	<b>YES</b>	<b>NO</b>
Head Injury		
Neck Injury		
Eye Injury		
Diabetes		
Epilepsy		
Hypertension		
Asthma		
Heart Disease		
Lung Disease		
OTHER		
<b><u>DO YOU HAVE ANY ALLERGIES?</u></b>		
<b><u>DO YOU WEAR EYE GLASSES?</u></b>		
<b><u>DO YOU WEAR CONTACT LENSES?</u></b>		
<b>Are you currently taking any medication?</b>		
<b>If so Please list below</b>		