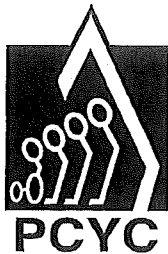


**IT ALL
STARTS
HERE** →



CLUB MEMBERSHIP FORM

NAME OF LOCAL CLUB

MEMBER NUMBER
(STAFF USE ONLY)

BEFORE APPLYING FOR CLUB MEMBERSHIP, PLEASE READ ALL THE INFORMATION IN THE ATTACHED BROCHURE AND THIS FORM PLEASE PRINT NEATLY USING 'ALL CAPITAL' LETTERS

Membership is valid for all PCYC Branches in Queensland

Fields marked with an * are compulsory

MEMBER DETAILS

First name* Middle name Family name (your last name)*

Street address*

Suburb* Postcode* Date of birth* Occupation

TICK ONE ONLY*

Gender Male Female Other

TICK ONE ONLY*

Are you of Aboriginal or Torres Strait Islander descent? No Yes

Country of Origin

School/College Grade Telephone number*

Mobile number* Email address*

PARENT/GUARDIAN/NEXT OF KIN if required, PCYC staff can contact the following:

First name* Family name* Relationship*

Telephone Number* Business Mobile*

N.B. If there are any relevant custody issues please attach details.

EXISTING ILLNESSES/ALLERGIES and INJURIES

Describe any illness, allergy, injury or health issue you have, or have recently experienced:

Doctor's name Contact details

Describe any activity in which the applicant should **NOT** participate:

INTERESTS

Volunteer Interest: Coaching Cleaning Admin duties Gardening Bus driving Other

Do you have a current Blue Card?: Yes No

What new activities would you like to see at your Club?

How did you hear about PCYC? Television Radio Newspaper Word of mouth Other

CLUB MEMBER AGREEMENT

CONDUCT

- I have read and understand the PCYC Code of Conduct and acknowledge that misconduct may lead to suspension or cancellation of membership in, and access to, a PCYC Club.

PRIVACY

- I have read and understand the PCYC statement on Privacy.
- I DO NOT wish to receive any information or be contacted by PCYC about its activities. (Please tick if applicable)

PHOTOGRAPHY/VIDEOGRAPHY

- I understand that PCYC may use my, or my child or ward's photographic image and /or voice and/or word (all known as 'digital resource') for publicity and promotional purposes in all forms of media including without limitation on TV, radio, press, magazine, outdoor, direct mail, PR, posters, corporate video, cinema, Internet (worldwide) subscription, and literature, and assign any and all rights, title and interest in the digital resource to which I or my child or ward may be entitled in law, to PCYC, and agree to make no claim for compensation for the use of the resources including digital resources.
- I DO NOT authorise PCYC to use my, or my child or ward's photographic image and /or voice and/or word (all known as 'digital resource') for publicity and promotional purposes. (please tick if applicable)

AUTHORISATION

- I authorise PCYC to obtain all necessary medical treatment which may be required by me (or my child or ward) whilst in the care, control or custody of PCYC, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner, I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.
- I authorise PCYC to exercise all reasonable control, necessary in the circumstances over me (or my child or ward) or over my (or my child's or ward's) behaviour whilst in the care, control or custody of PCYC.
- I authorise PCYC to undertake Police Checks on me as part of its membership acceptance and review processes. I acknowledge that initial and continuing membership and volunteering are subject to any decision by PCYC, at its absolute discretion, based on such Police Checks and recommendations.
- I am fully aware of the range of activities run by PCYC and consent to my child or ward's participation in any activities run by PCYC, or its agents.

PARTICIPATION

- I understand that participation in PCYC activities involves the risk of injury and/or loss and damage to my property and that I participate in PCYC activities at my own risk.
- PCYC Qld, its staff, management, volunteers or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child or ward may suffer at the Club and/or as a result of a PCYC activity.
- I acknowledge that I have provided medical information only for emergency purposes in this form, and that PCYC is not liable for failing to use this information in any circumstances.

MEMBERSHIP FEE AND DONATIONS

MEMBERSHIP FEE

- Family Welfare/Sponsored School Age Care
 Junior U/18 Adult Senior

DONATION TO SUPPORT PCYC'S WORK (Not compulsory)

- \$20 \$50 \$100 Other

Note: All donations \$2.00 and over are tax deductible

ACCEPTANCE AND SIGNATURE

All the information provided in this form by me is accurate and true. I have read and accept those sections of this form relating to Conduct, Privacy, Authorisation and Participation.

I acknowledge and accept that PCYC's decision to accept or not accept my application is in its discretion and is final.

Name of Applicant _____ Signature of Applicant _____ Date _____

IF THE APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN SHOULD SIGN

Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

WITNESS TO SIGN HERE

Name of Witness _____ Signature of Witness _____ Date _____

OFFICE USE ONLY

Member Class

Process Date

Receipt No.

Barcode No.

Entered into system