

Membership Application Form

Branch:

PCYC TOWNSVILLE



Office use only

Member ID

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YOUR DETAILS: Please complete this form using pen

*Title	<input type="text"/>	Telephone (<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Surname	<input type="text"/>	Email	<input type="text"/>																
*First Names	<input type="text"/>	*Mobile #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Address	<input type="text"/>																		
*Suburb	<input type="text"/>																		
*State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you of Aboriginal and/or Torres Strait Islander descent *If yes please tick*

Another cultural group you would like to identify with...

Next of Kin:

Name	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>
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*Indicates a MANDATORY FIELD

ADDITIONAL MEMBERS – FAMILY MEMBERSHIPS ONLY ⁽³⁾

Title	Last Name	First Names	D.O.B	Mobile #	Member ID ⁽²⁾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (1) The primary member will default as next of kin for all additional members on this form
- (2) Member ID is for office use only and will be completed by a PCYC staff member
- (3) Family Membership – Covers two adults and their siblings who are under 18 residing at the same address as the adults

PLEASE DISCLOSE ANY ALLERGIES OR MEDICAL CONDITIONS WE NEED TO BE AWARE OF

Note: When you/your ward are participating in a class/program conducted by PCYC you acknowledge that you/your ward are within the health and fitness requirements of that class/program.

**In the event of an emergency '000' will be contacted, PCYC staff will follow as directed by the '000' operator*

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.

<input type="checkbox"/> Applicant	<input type="checkbox"/> Parent or guardian (if applicant is under 18)
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<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Signature	Date							



CLUB MEMBER AGREEMENT

CONDUCT

I have read and understand the PCYC Conditions of Entry 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 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)
- I DO NOT wish to receive any information or be contacted by PCYC about its activities. (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. I do not wish to receive any information or be contacted by PCYC about its activities. (Please tick if applicable)

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.

RECIPROCAL PCYC MEMBERSHIPS

As per **Section 3.9** of PCYC Qld Association Rules;

- A current membership of the QPCYWA will entitle the member to utilize the facilities of any other Branch without the payment of a membership fee.
- A member of an interstate Police-Citizens Youth Club will be entitled to utilize the facilities of any Branch of the QPCYWA without payment of a membership fee.
- Members under this section will be required to pay an activity fee or other fees imposed by the branch they are attending.

ADDITIONAL INFORMATION

Please scan the following Quick Response (QR) code for the information you require.



QPCYWA - Policies, Terms & Conditions



QPCYWA - Code of Conduct



QPCYWA - Gym and Fitness Terms & Conditions