



REDLANDS PCYC - Family Membership

Member Details (Must be members of the same family and address details)

1	First name	Middle name/initial	Family name	/ / Date of Birth	M / F	M'ship No.
2	First name	Middle name/initial	Family name	/ / Date of Birth	M / F	M'ship No.
3	First name	Middle name/initial	Family name	/ / Date of Birth	M / F	M'ship No.
4	First name	Middle name/initial	Family name	/ / Date of Birth	M / F	M'ship No.
5	First name	Middle name/initial	Family name	/ / Date of Birth	M / F	M'ship No.

Insert details of main adult contact below (eg Mum or Dads details)

number	Street	Suburb	Post Code
Home No: 1	Work no: 1	Mobile: 1	
2	2	2	
Email	Occupation	School	

Preferred activity Insert relevant member number in box below (Member number found to the left of members name above)

<input type="checkbox"/> Junior Basketball	<input type="checkbox"/> Jujitsu Capalaba	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Vacation care	<input type="checkbox"/>
<input type="checkbox"/> Senior Basketball	<input type="checkbox"/> Jujitsu Cleveland	<input type="checkbox"/> Active Kids	<input type="checkbox"/> Before/After School care	<input type="checkbox"/> Cheer Leading
<input type="checkbox"/> Biddy Ball	<input type="checkbox"/> Tae Kwan Do	<input type="checkbox"/> Boxing	<input type="checkbox"/> Fitness	<input type="checkbox"/> Model Aircraft
<input type="checkbox"/>	<input type="checkbox"/> MMA	<input type="checkbox"/> Kids Boxing	<input type="checkbox"/> Keep fit Snr (weights)	<input type="checkbox"/> Other:

Weights Room only (Tick applicable box)

Direct Debit	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 12 Months	Expires / /
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Describe any activity in which the applicant should NOT participate	Describe any relevant illness/allergies from which the applicant suffers
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NB: If there are any relevant existing custody issues, please attach details.

Emergency Information (Who should we contact if there is an accident or other emergency)

First name	Surname	Relationship
Home no:	Work no:	Mobile
Doctors name	Phone	Surgery/practice name

I authorize / do not authorize the PCYC to take and use any photographs, videos or sound recordings of me / the child and any other reproductions or adaptations of my / the child's likeness ("the material"), either in full or part, in conjunction with any wording or drawings, in any PCYC publications, productions or presentations. I acknowledge that I have / the child has no rights in the material or in any PCYC publications, productions or presentations that include the material.

I hereby certify the particulars I have provided are correct and I accept the conditions of clauses 1 – 4 detailed overleaf.

All Applicant (18 years and over must sign) or Either Parent / Guardian (for children) / /
date

Are you willing to volunteer your skills or time to the PCYC? YES NO

If yes

<input type="checkbox"/> Coaching	<input type="checkbox"/> Administration	<input type="checkbox"/> Other (please specify
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Gardening	

NB: Membership is valid for all PCYC Branches in Queensland

Conditions of Membership

Please sign overleaf that you accept these conditions;

1. I certify that the particulars provided overleaf are true and correct, and that I am willing (for the applicant) to become a member of the QPCYWA. I acknowledge that the Association is a drug-free environment and that the use of prohibited drugs will automatically result in cancellation of membership and expulsion from Association premises.
2. I/we the applicant/parent(s)/legal guardian acknowledge that all activities entered into by myself/my child/my ward contain an element of risk and I/my child/my ward must take reasonable care whilst participating in any activities offered by the Association.
3. I/we authorise the Association to obtain all necessary medical treatment which may be required by me/the member whilst in the custody, care or control of the Association. I/we acknowledge that the costs of any such treatment shall be my/the member's responsibility solely.
4. I/we authorise the Association to exercise all reasonable discipline without physical punishment necessary in circumstances over the member whilst in the custody, care or control of the Association, including the right at the Association's absolute discretion to return me/the member to my/their home address stipulated on the application form.

Office Use Only

	Year 1	Year 2
Member Number	<input type="text"/>	<input type="text"/>
	Year 1	Year 2
Member Class	<input type="text"/>	<input type="text"/>
	Year 1	Year 2
Process Date	<input type="text"/>	<input type="text"/>
	Year 1	Year 2
Receipt Number	<input type="text"/>	<input type="text"/>
	Year 1	Year 2
Barcode Number	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
Member Number	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
Member Class	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
Process Date	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
Receipt Number	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
Barcode Number	<input type="text"/>	<input type="text"/>
	<input type="text"/>	
	Supervisor/Staff Signature	

Year 2 ENDORSEMENT	Year 3 ENDORSEMENT	Year 4 ENDORSEMENT
I have checked this membership form and made any necessary adjustments (specified below).	I have checked this membership form and made any necessary adjustments (specified below).	I have checked this membership form and made any necessary adjustments (specified below).
I certify that the information supplied on this membership form is true and correct.	I certify that the information supplied on this membership form is true and correct.	I certify that the information supplied on this membership form is true and correct.
Member/Parent/Guardian	Member/Parent/Guardian	Member/Parent/Guardian
Supervisor/Staff	Supervisor/Staff	Supervisor/Staff