



## Application for Membership

### Member Details

\_\_\_\_\_ / / \_\_\_\_\_ M / F  
 First name Middle name/initial Family Name Date of birth Gender

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Street N° Street Suburb Post code

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Home Phone N° Work N° (if applicable) Mobile N° (if applicable)

\_\_\_\_\_ \_\_\_\_\_  
 Email address

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Occupation School or College Grade or Level

\_\_\_\_\_ \_\_\_\_\_  
 Activities in which the applicant will participate Describe any Activity in which the applicant should **NOT** participate

\_\_\_\_\_ \_\_\_\_\_  
 Describe any relevant illness/allergies from which the applicant suffers

**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 Family Name Relationship

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Home Phone N° Work N° Mobile N° (if applicable)

\_\_\_\_\_ \_\_\_\_\_  
 Doctor's Name / Contact N°

I authorise / do not authorise 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 which are detailed overleaf**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
**Applicant (18 years and over) or Parent/Guardian (for child) Date**

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

If yes:  coaching  administration  other (please specify) \_\_\_\_\_  
 cleaning  gardening

**N.B. 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
<b>Member Number</b>	<input type="text"/>	<input type="text"/>
	Year 1	Year 2
<b>Member Class</b>	<input type="text"/>	<input type="text"/>
	Year 1	Year 2
<b>Process Date</b>	<input type="text"/>	<input type="text"/>
	Year 1	Year 2
<b>Receipt Number</b>	<input type="text"/>	<input type="text"/>
	Year 1	Year 2
<b>Barcode Number</b>	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
<b>Member Number</b>	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
<b>Member Class</b>	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
<b>Process Date</b>	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
<b>Receipt Number</b>	<input type="text"/>	<input type="text"/>
	Year 3	Year 4
<b>Barcode Number</b>	<input type="text"/>	<input type="text"/>

**Supervisor/Staff Signature**

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