



# CLUB MEMBERSHIP FORM

Ph: 02 6296 1292  
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**Erindale Club**  
17 Grattan Court  
Wanniassa ACT 2903

**MEMBER NUMBER (Office Use)**

**DATE**

**NEW MEMBER**

Tick a box

**SP**

Tick a box

**RENEWAL** Current Membership No. \_\_\_\_\_

Tick a box

**CM**

Tick a box

**STAFF/VOLUNTEER**

Tick a box

**MEMBER DETAILS:** Please print clearly

| Surname \_\_\_\_\_

| First Name \_\_\_\_\_

| Occupation \_\_\_\_\_

| Date of Birth \_\_\_\_\_

| Gender: \_\_\_\_\_

Male

Female

| Street Address \_\_\_\_\_

| Suburb \_\_\_\_\_

| State \_\_\_\_\_

| Postcode \_\_\_\_\_

| Telephone: Home \_\_\_\_\_

| Work \_\_\_\_\_

| Mobile \_\_\_\_\_

| Email Address \_\_\_\_\_

Do you come from a culturally and linguistically diverse background?  Yes  No

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

Do you use a language/s other than English at home?  Yes  No

**EMERGENCY CONTACT (Parent/Guardian/Next of Kin)**

| Surname \_\_\_\_\_

| First Name \_\_\_\_\_

| Telephone: Home \_\_\_\_\_

| Work \_\_\_\_\_

| Mobile \_\_\_\_\_

| Relationship \_\_\_\_\_

| Occupation \_\_\_\_\_

**EMERGENCY INFORMATION (For applicant not the parent or guardian)**

Do you participate in any form of exercise?  Yes  No

If not, how long has it been since you participated?

Do you smoke?  Yes  No

Are you overweight?  Yes  No

Have you had surgery in the last 12 months?  Yes  No

If yes, please provide details:

.....  
Will this affect your ability to participate in any activity?  Yes  No

*Do you or have you ever suffered from any of the following?*

Physical Disability  Yes  No

Yes  No

Heart Trouble  Yes  No

Yes  No

Asthma  Yes  No

Yes  No

Epilepsy  Yes  No

Yes  No

High/Low Blood Pressure  Yes  No

Yes  No

Knee/Back Problems (specify)  Yes  No

Yes  No

Dizziness  Yes  No

Yes  No

Are you pregnant?  Yes  No

Yes  No

Do you take any prescription medication or health aid?  Yes  No

Yes  No

If yes, please provide details:

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Do you wear a Medic Alert bracelet or medallion?  Yes  No

Yes  No

If yes, please provide details:

.....  
Do you have any food, drug, animal or other allergies?  Yes  No

Yes  No

If yes, please provide details:

Medicare number (Required for outreach services and as directed) .....

Please state any other health problem that may affect your ability to participate in ANY activity:

Canberra Police Community Youth Club Inc ABN 71 012 467 609 17 Grattan Court, Wanniassa, ACT 2903

CONTINUES OVER

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If you have not engaged in regular exercise for some time or if you have answered 'yes' to any of the previous questions, it is suggested that you obtain medical clearance prior to participating in one or more of the club's activities. In some cases CPCYC may require you to obtain and produce a medical certificate to participate in an activity prior to considering your membership application.

## GENERAL INFORMATION

What activities do you plan to participate in at CPCYC?

## CLUB MEMBER AGREEMENT

### RELEASE / INDEMNITY NOTICE

◆ I hereby authorize and give consent to Canberra Police Community Youth Club Inc.(CPCYC) using my/my child's/my ward's name, voice recording, video, or picture for the purpose of promotional material and media coverage that relates to any activity I am involved with or at CPCYC. I also understand that it is my responsibility to inform CPCYC if I no longer wish any photographs of myself/my child/ward to be taken or used by CPCYC staff.

Yes    No

◆ Information and documentation obtained by CPCYC for the purpose of providing services to young people and their families is the property of the ACT Government, and CPCYC is obliged to share this information and documentation. I understand that the information and documents obtained by the CPCYC will become the property of the ACT Government. **(Applicable only to ACT government funded PCYC programs/services)**

◆ I hereby consent to CPCYC keeping a record of my personal information on file; accessible only by staff and authorized volunteers, and that it may be used for anonymous data collection. I understand the information will not be made available to any other entity or service without my written consent unless required by law.

◆ Further, by my signature below, I agree to waive any liability against any claims arising from the showing of such media as far as it relates to the inclusion of this items listed above.

◆ I agree to abide by the CPCYC Code of Conduct and acknowledge that misconduct may lead to suspension or cancellation of membership in, and access to, CPCYC.

◆ I hereby certify that the particulars I have provided on this membership form are true and correct and I am willing to become a member of CPCYC.

◆ I acknowledge and agree that CPCYC is a drug free environment and that the use of the following will automatically result in cancellation of membership and expulsion from CPCYC premises:  
A. Prohibited Drugs B. Stimulants drugs, anabolic steroids and all blood doping when used for performance enhancement.

◆ I the undersigned being the applicant/parent/legal guardian of the named applicant acknowledge that all activities entered into by me/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 CPCYC. Whilst every care is taken to ensure that activities are safe and effective, CPCYC, its staff, instructors and Board of Management **DOES NOT** accept legal responsibility for injury, illness or other loss you may incur during or arising from you participation in an activity or while you are on CPCYC premises.

◆ I authorise CPCYC to obtain all necessary medical treatment, which may be required by me/my child/my ward whilst in the custody, care or control of CPCYC, 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, shall be my responsibility solely.

◆ I further authorise CPCYC to exercise all reasonable control without physical punishment necessary in the circumstances over me/my child's/my ward's behaviour whilst in the custody, care or control of CPCYC.

- **By signing this form you acknowledge that you have read, understood and agree with the aforementioned notices**

### 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 and Release/Indemnity Notice. I acknowledge and accept that CPCYC's decision to accept my application is in its discretion and is final.

Name of Applicant

Signature of Applicant

Date

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### IF THE APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST ALSO SIGN

Name of Parent / Guardian

Signature of Parent / Guardian

Date

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### WITNESS

Name of Staff Person

Signature of Staff Person

Date

CPCYC RECEIPT NUMBER: .....

RECEIPT DATE: .....