

Family Membership

(Maximum of 6 people)

Primary Member

Last Name: **First Name:**

Address:

Suburb: **Postcode:**

Phone: (H) **(W)** **(Mob)**

Date of birth: **Occupation:**

Emergency Contact Person:

Phone Number:

Other members (minimum age is 5 years)

Name: **Name:** **Name:**

.....

DOB: **DOB:** **DOB:**

I, the undersigned, in making this application agree that the Leaders, Instructors and the Club are free and clear of all responsibility whatsoever for any accident or incident arising during Club activities. I further authorise the said Club that, in the event of such an accident or incident, to obtain necessary medical aid or other assistance as required, and I agree to meet any expense attached thereto.

I further declare that I am in good health and agree to advise the Club immediately in the event of contracting any ailment likely, or considered likely, to be detrimental to the health of other Club members. I further agree that I shall obey all lawful commands of the Officer in Charge and his/her assistants whilst at the Club or on any excursion organised by the Club. I further agree that if I commit any act of misconduct that, in the opinion of the Officer in Charge, is detrimental to the good name of the Club or the Instructors, I will be liable to have my membership terminated or suspended. I clearly understand that I am making application of Membership and, as such, accept responsibility for my actions and accept that there is a risk of injury attached to any activity undertaken, and therefore absolve PCYC of any responsibility.

Signature: **Date:**

(Primary Member)

Family membership fee:.....\$65.00

How did you hear about the PCYC Launceston?

NOTE: In the unlikely event that the PCYC closes down every member of the club is liable to pay a fee not exceeding \$5.00 to assist in meeting the costs of debts or liabilities that the club may have outstanding at the time of closing.

OFFICE USE ONLY

Received the amount of \$

New / Renewal

Signed:

Date: