

I hereby apply for Membership of the Henley & Grange Youth Clubs Inc. for the year of **2009**

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_

DATE OF BIRTH      /      /      FEMALE  MALE   
DAY MONTH YEAR

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ Have you been a member of the club previously YES / NO

HOME PHONE NUMBER \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT (if parents uncontactable) \_\_\_\_\_ PHONE NO \_\_\_\_\_

RELATIONSHIP TO MEMBER (of emergency contact person) \_\_\_\_\_

DO YOU HAVE A MEDICAL CONDITION WE NEED TO BE AWARE OF e.g. Asthma, Diabetes, Epilepsy, and Heart Irregularities, Migraines, Behavior Issues and any other information pertaining to the members' safe participation.

MEDICATION TAKEN \_\_\_\_\_

**PERMISSION TO RENDER FIRST AID CALL DOCTOR AND/OR AMBULANCE IN AN EMERGENCY YES / NO**

DOCTOR'S NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**Please note: Members MUST notify Club if unable to attend OR if Membership ceases.**

I agree to pay the TERM FEE within 14 days of receipt of account.

I agree to act and abide by the RULES & REGULATIONS of The Henley and Grange Youth Clubs Inc. I further agree to pay all coaching, registration and competition fees (as set by the Management Committee of the Club) and understand that Membership may be revoked if accounts are in arrears.

In accordance with the Privacy Amendment (Private Sector) Act (2000), the information contained within this form will be used *primarily* for matters specifically related to gymnastics and/or if a *secondary* purpose is related to the primary purpose and one could reasonably expect such use or disclosure.

Signature \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

**OFFICE USE ONLY:**

Entered on Club Computer File  Entered on GOL  Member No: \_\_\_\_\_

Date of FREE session: \_\_\_\_\_ (if applicable) Category: \_\_\_\_\_

Date Started: \_\_\_\_\_ Group: \_\_\_\_\_