



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
Member Number		
	Year 1	Year 2
Member Class		
	Year 1	Year 2
Process Date		
	Year 1	Year 2
Receipt Number		
	Year 1	Year 2
Barcode Number		
	Year 3	Year 4
Member Number		
	Year 3	Year 4
Member Class		
	Year 3	Year 4
Process Date		
	Year 3	Year 4
Receipt Number		
	Year 3	Year 4
Barcode Number		
	Year 3	Year 4
	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