

I wish to apply for Membership to the Henley & Grange Youth Clubs Inc (Gym West) for:

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Female  Male  Other

Parent/Carer Name \_\_\_\_\_

Parent/Carer Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Have you been a member of the club previously?  Yes  No

Parent/Carer Home Phone No \_\_\_\_\_ Mobile No \_\_\_\_\_

Parent/Carer Email Address \_\_\_\_\_

Emergency Contact Name (not Parent/Carer) \_\_\_\_\_ Phone No \_\_\_\_\_

Relationship to member \_\_\_\_\_

Medical Information

Does the member have a medical or other condition we need to be aware of?  No  Yes

Nature of Medical or other Condition is? \_\_\_\_\_

If Yes, is there a Health Care Plan to assist in the case of an emergency?  No  Yes (Please provide copy)

Prescribed Medication Taken?  No  Yes Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone No \_\_\_\_\_

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**OFFICE USE ONLY:**

Member No: \_\_\_\_\_ Category: \_\_\_\_\_

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

Date Started: \_\_\_\_\_ Training Hours /week: \_\_\_\_\_

Entered: Club Database:  GOL:  Photo:  iMis No.: \_\_\_\_\_

Permission is given for:

- Rendering first aid, calling a doctor and/or ambulance in an emergency
- Using video recording for training purposes
- Using photographic media in newsletters, brochures, posters, training resources, social media and/or club website, in accordance with Gym West's Member Protection Policy, Child Safe Policy, Social Media Policy and Privacy Policy and that my child will not be named without my consent

I agree to:

- Pay any fees charged in accordance with the Payment Terms as stated in the Fees Policy
- Notify Gym West in writing if I withdraw my consent to use video/photographic media of my child
- Notify Gym West if my child is unable to attend a session or if I wish to cease membership
- Act and abide by the Constitution, policies and regulations of Gym West
- Uphold the applicable Code of Behaviour

Enrolling Parent/Carer Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be completed in full and given to the session Head Coach or Administrator Officer prior to any activities commencing**