

# Ballina RSL Youth Club Membership Application Form 2012

5 Piper Drive, Ballina

Phone: 6686 0744

www.ballinarslyouthclub.com.au

I wish to become an Ordinary Member or Associate Member of the Ballina RSL Youth Club. My details are set out below. I have read and understood the Club's Code of Ethics, Constitution and Rules. I agree to follow and be bound by the Code of Ethics, Constitution and Rules if I am admitted to membership of the Club.

K/gym    Gymnastics - Recreational    Levels    Adv Rec    Skoolies    Dance    Boxing    Gen/fit

Surname \_\_\_\_\_ Christian Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical History or Allergies (e.g.: long illnesses, medications, broken bones) \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Phone number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Phone number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Consent and Agreement of Applicant or Applicant's Parent / Guardian: Form of Indemnity

- I certify the above details are true and correct.
- I consent to becoming a member or to my child/ward becoming a member of the Ballina RSL Youth Club and participating in all of the Club's activities.
- I agree to indemnify, release and save harmless the Club, the Ballina RSL Sub-Branch and their officers, employees and members, from any action, claim, demand, cost or liability (whether from myself or any other person or entity) in respect of any injury, expense, loss or liability caused to me or to my child/ward while I or he or she is participating in or traveling to or from any of the Club's activities (including but not limited to instruction, training, competitions or journeys) irrespective of where those activities take place.
- I do/do not agree to allow the Youth Club to have photographs taken of my child/ward either in a group or as a single for publicity purposes etc.

\_\_\_\_\_  
**Signature of Applicant (If at least 18 years of age)**

\_\_\_\_\_  
**Print name of Applicant's Parent/Guardian (if Applicant is under 18 years of age)**

\_\_\_\_\_  
**Signature of Applicant's Parent/Guardian (if Applicant is under 18 years of age)**

**Parent or Guardian's Statement:** If I am unable to be contacted I give permission for my child's instructor or other Youth Club personnel to use appropriate medical service (including ambulance service) for the benefit of my child or ward, the cost of which will be borne by me.

**Parent or Guardian's Signature:** ..... **Date:** .....

## **YOUTH CLUB CODE OF ETHICS**

- i. **While I remain a member I shall keep my mind and body active.**
- ii. **I shall conduct myself in an orderly manner and treat other members as I would like to be treated myself.**
- iii. **I shall at all times take proper care of the furniture and property of the Youth Club.**
- iv. **I shall respect the principles of good citizenship and encourage my associates to do likewise.**
- v. **I shall endeavour to build friendship with my club mates because friendship is one of the greatest assets that I can have and it is advantageous to my future welfare.**
- vi. **I shall follow my Youth Club leaders and respect and obey my instructors.**
- vii. **I shall be loyal to my Youth Club.**
- viii. **Finally, I shall remain loyal to my Queen and my country and love and respect my parents.**

I have read and understood the Club's Code of Ethics. I agree to follow and be bound by the Code of Ethics.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print name of Applicant's Parent/Guardian (if Applicant is under 18 years of age)**

\_\_\_\_\_  
**Signature of Applicant's Parent/Guardian (if Applicant is under 18 years of age)**

### **OFFICE USE ONLY**

**Student I.D. No. ....(Gymnasts only) Singed .....**

**Membership Fees Paid: Yes / No      Receipt No:.....**