



Hawthorn Citizens' Youth Club Incorporated

(Affiliated with the Victorian Association of Youth in Communities)

ABN 64 900 265 643

Application for Membership

I am a new member in 2015

Fees (Inc GST): Junior \$10.00 Senior \$ 20.00

SURNAME _____ **GIVE NAME** _____

ADDRESS _____

_____ **POSTCODE** _____

DATE OF BIRTH: / /

PHONE: (H) **(M)** **Email:** _____

Are you of Aboriginal or Torres Strait Islander origin? _____

What municipality do you belong to? Example: Boroondara, Whitehorse etc? _____

Please tick which section of Hawthorn Citizens' Youth Club you are a participant of:

Badminton

Ballroom Dancing

Calisthenics

Chinese Dance

Contemporary Dance

Judo

Mind over Mattress

Nia

Olympic Wrestling

Pilates and Yoga

Weightlifting

"I, the undersigned hereby apply for membership of the Hawthorn Citizens' Youth Club Incorporated, and agree to be bound by the Rules of the Club for the time being in force.

I accept full responsibility for my involvement in my chosen activity and for my belongings whilst taking part in such activity.

I authorise the Officials of the Club, in the event of accident or illness, to obtain all necessary medical assistance and treatment, including blood transfusions and anaesthetic and I agree to pay all such fees and expenses incurred.

I also agree that the Officials/Leaders should be free of any responsibility for any accident or illness incurred during my involvement in activities at the various centres and venues or whilst training or playing competitive sport."

SIGNATURE OF APPLICANT _____ **DATE** _____

PARENT/GUARDIAN CONSENT (For people up to UNDER 18 YEARS OF AGE)

"I, the undersigned, approve of my son/daughter's involvement in the activities of the Club. I accept full responsibility for my son/daughter and his/her belongings whilst taking part in such activity.

I authorise the Officials of the Club, in the event of accident or illness, to obtain all necessary medical assistance and treatment, including blood transfusions and anaesthetic and I agree to pay all such fees and expenses incurred.

I also agree that the Officials/Leaders should be free of any responsibility for any accident or illness incurred during my son/daughter's involvement in activities at the various centres and venues or whilst training or playing competitive sport."

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____