

BUCCANEERS ICE HOCKEY CLUB

APPLICATION FOR MEMBERSHIP

<u>Member's Details</u>		Please Print Neatly	
.....		
First Name	Middle Initials	Surname	
.....		
Street No	Street	Suburb	Post Code
.....		
Home Phone	Work Phone No	Mobile Phone No	
.....		
Date of Birth	Email		
.....		
School or College (if student)	Grade or Level		

<u>Office Use Only</u>	
Reg No	
<u>Division</u>	
Yr 1.....	
Yr 2.....	
Yr 3.....	
Yr 4.....	
<u>Receipt Number</u>	
<u>Yr 1</u>	<u>Yr 2</u>
.....
.....
<u>Yr 3</u>	<u>Yr 4</u>
.....
.....

<u>Parent/Guardian/Next of Kin</u>		
.....		
Email		
.....		
First Name	Surname	Occupation
.....		
Relationship	Work Phone No	Emergency Phone No

<u>Emergency Information</u>		
.....		
Family Doctor	Doctor Phone No	Ambulance Subscriber

<u>Are you willing to volunteer your skills or time to the Club?</u>	
<input type="checkbox"/> Coach	<input type="checkbox"/> Scorer
<input type="checkbox"/> Manager	<input type="checkbox"/> Executive
<input type="checkbox"/> Medic	<input type="checkbox"/> Require more information
Comments.....	
.....	

<u>How did you find out about us?</u>	
<input type="checkbox"/> Parent	<input type="checkbox"/> TV/Radio Advertisement
<input type="checkbox"/> Poster/Brochure	<input type="checkbox"/> School
<input type="checkbox"/> Present/Past Member	<input type="checkbox"/> Friend
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other.....

To be completed and signed by adult parent/guardian

1. I hereby certify that the particulars I provided on the front of this form are true and correct and I am willing (for the applicant) to become a member of Brisbane Buccaneers Ice Hockey Club Inc.
2. I/we the undersigned being the (applicant/parent(s) of the abovementioned applicant/legal guardian(s) of the abovementioned applicant) acknowledge that all activities entered into by myself/my son/daughter/my ward contain an element of risk and I/my son/daughter/or my ward must take reasonable care whilst participating in ant activities offered by the Club.
3. I/we further authorise the Club to obtain all necessary medical treatment, which may be required by me/the member whilst I am or he/she is in custody/care or control of the Club, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner. I/we acknowledge that the costs of any such treatment, including ambulance fees, shall be my/the member's responsibility solely wherever such fees exceed the applicable insurance policy held by the Club on the applicant's behalf.
4. I/we further authorise the said Club to exercise all reasonable discipline without physical punishment necessary in the circumstances over the member whilst I am/or he/she is in the custody, care or control of the Club.

Applicant (18 years & over)

Parent/Guardian (for under 18 years)

Authorised Committee Member

Date

Note: this form is a multiuse form. It can be used for 4 years (original entries and three endorsements). Endorsements for the following years must be entered into the appropriate box and signed by either parent, guardian or applicant as being true and correct.

<p>Endorsement Membership year _____ I have checked this membership form and Made the necessary adjustments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I certify that the information supplied on this Membership form are true and correct as of _____ (date).</p> <p>_____</p> <p>(parent/guardian/applicant)</p> <p>_____</p> <p>Authorised Committee Member's initial</p>	<p>Endorsement Membership year _____ I have checked this membership form and Made the necessary adjustments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I certify that the information supplied on this Membership form are true and correct as of _____ (date).</p> <p>_____</p> <p>(parent/guardian/applicant)</p> <p>_____</p> <p>Authorised Committee Member's initial</p>	<p>Endorsement Membership year _____ I have checked this membership form and Made the necessary adjustments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I certify that the information supplied on this Membership form are true and correct as of _____ (date).</p> <p>_____</p> <p>(parent/guardian/applicant)</p> <p>_____</p> <p>Authorised Committee Member's initial</p>
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Season Fees	Season Fees	Season Fees