



Today's Date: _____

Membership Form

Member Candidate's Name:		DoB:/Age	
Address		Gender:	
Parent/Guardian (if applicable)		Ph:	
Parent/Guardian (if applicable)		Ph:	
Email		Other/Emergency Contact	Ph:
NDIS Customer Number (if applicable)		Plan Manager Contact Details (if applicable)	
Medical/Additional Information Please indicate any medical conditions experienced by you	<input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Other Additional Info: _____ _____ _____		

RISK WARNING AND EXCLUSION OF LEGAL LIABILITY This form must be signed by the Members Legal Representation prior to being accepted as a Member. This form is designed for Members who wish to undertake activities that may cause risk to them. Our Duty of Care is to inform each Member of the risks to them if undertaking the activities, if the Member wishes to partake in this activity, it is at the members risk. Please carefully read the following acknowledgements and assumptions of risk relating to activities provided by the Club as outlined above: A. I, _____ acknowledge that detrimental and risky activities that I choose to undertake might carry some risks and/or dangers which could include physical injury that may result in permanent disability or death, and economic loss or damage. B. I acknowledge that the Club has advised me that this activity may be detrimental to my health and have informed me of the potential risks. C. I agree that the Club can prevent me from undertaking this activity if they feel that I may be injured. D. I have/will carefully take into consideration risk/s involved, before participating in activities offered E. I agree that should I choose to participate in the activities offered, it will be entirely at my own risk.

I, _____ confirm that I have read and understood and accept the terms and conditions of the above Indemnity associated with receipt of services.

Photography: I give permission for Rainbow Club Point Cook Inc, to take and use photographs or video of me for purposes such as identifying members on file and promotional material including newsletters and media. I understand that photographs taken by Rainbow Club Point Cook Inc. may be stored and used for promotion purposes from time to time.

You are not required to grant permission - this is a matter entirely within your discretion. Either way it is important that you signify your instructions on this form.

Please tick applicable box.

- I agree to allow photographs of me.
- I DO NOT agree to allow photographs of me.

I/We agree to be bound by the rules of the Rainbow Club of Point Cook Inc. I/We affirm that the member candidate named above has a medically diagnosed disability/is in process of receiving a medically diagnosed disability which is _____

Signed

Date

Signed

Date