

New Horizons Club

providing sporting and recreational opportunities for people with disability

CLUB MEMBER MEDICAL AND EMERGENCY DETAILS

In case of emergency, please tell us whom we should contact:

Name:	Tel:	Mobile:	Relationship to volunteer:
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Please list any disability / medical conditions / medicines / allergies / special dietary requirements and their details.

Note condition:	Details:
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CLUB MEMBERSHIP REGISTRATION FEES

Please note, registration fee is to accompany this club membership registration form.

Junior Membership U16 \$20.00/annum	Adult Membership \$25.00/annum	Family Membership \$45.00/annum
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CLUB MEMBER RELEASE AGREEMENT

I, the undersigned, in making this application agree that the coaches, leaders and the club are free and clear of all responsibility whatsoever for any accident or incident arising during New Horizons Club (the Club) activities. I further authorise the said Club that, in the event of such an accident or incident, to obtain necessary medical aid or other assistance as required, and I agree to meet any expense attached thereto.

I further declare that I am in good health and agree to advise the Club immediately in the event of contracting any ailment likely, or considered likely, to be detrimental to the health of other Club members. I further agree that if I commit any act of misconduct that, in the opinion of the Board of Management, is detrimental to the good name of the Club, I will be liable to have my membership terminated or suspended. I clearly understand that I am making application of membership and, as such, accept responsibility for my actions and accept that there is a risk of injury attached to any activity undertaken, and therefore absolve New Horizons Club of any responsibility.

I acknowledge that my signature to this agreement is also my formal application for Club membership.

Applicant Name (or on behalf of)	Date	Applicant signature
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Thank you for joining New Horizons club. We look forward to your involvement in our wide range of activities.

OFFICE USE ONLY

Received amount of \$	Date:
NEW / RENEWAL	

Signed:

Membership received (date):

Membership approved (date):

Signed:

292/294 Invermay Rd, PO Box 49, Mowbray Tasmania 7248

Tel: 03) 6326 3344 Fax: 03) 6326 3544 Email: info@newhorizonsclub.org.au www.newhorizonsclub.org.au

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CLUB MEMBERSHIP (INDIVIDUAL) REGISTRATION DETAILS

Name:.....D.O.B:.....
Address:.....P/code.....
Phone: (H).....(W).....(F).....
Email:.....Mobile:.....
Name of a referee:.....Phone No:.....
Nominated by: 1..... 2.....

CLUB MEMBER AREA OF INTEREST

Below is a list of the activities we offer our members. Please tick (✓) your area(s) of interest:

- Athletics Softball Swimming Netball Soccer
 Bocce Aussie Rules football Floor Hockey Tennis Gymnastics
 Basketball (inc. wheelchair) Adaptive rowing Tenpin bowls Indoor bowls
 Lawn bowls Cricket Song & dance Art classes Craft classes
 Ballroom dancing Camping trips Horse riding Other.....
 Special events inc Debutante balls, dances, athletic carnivals, fun days, fund-raising events etc.

CLUB INFORMATION

Other clubs or organisations you are currently a member of:.....

Have you ever been refused membership of any club or organisation? (*Please circle*) YES NO

If so, please briefly explain why:.....

Schools or college attended (*previous & current*):.....

New Horizons club produces a monthly newsletter with all the latest news, updates, diary of events and results etc. Would you prefer your newsletter to be sent via (*please circle one*): EMAIL POST

We welcome input and ideas from our members and volunteers. If you have any suggestions, ideas or comments for future club planning, please feel free to list them here:.....

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CLUB MEMBER MEDIA CONSENT

I (*please circle one option*) **grant / do not grant** New Horizons Club permission to use my likeness, voice and words in television, film, radio, print, website or in any other form to promote the activities of New Horizons Club.

*If you are **under 18** please have your parent/guardian sign this section.*

Applicant's name:

Date:

Applicant's signature:

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