

# SOCIAL CLUB MEMBERSHIP FORM

PLEASE COMPLETE AND HAND IN TO CLUBS STAFF

Social Clubs Coordinator – Charlie Evans 0450 755 816

## APPLICANT'S DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Suburb: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## INFORMATION ABOUT APPLICANT

Disability: \_\_\_\_\_ Level and nature: \_\_\_\_\_

What is the applicant's preferred style of communication? \_\_\_\_\_

What is the applicant's preferred language of communication? \_\_\_\_\_

Does the applicant have any Medical Conditions? Yes No

Details: \_\_\_\_\_

Is the applicant on any medication? Yes No

Details: \_\_\_\_\_

Does the applicant have any allergies? Yes No

Details: \_\_\_\_\_

If you become separated from the group, what would you do? \_\_\_\_\_

### VISUAL IMAGE RELEASE

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