

# Registration Form

## MEMBER INFORMATION

Legal Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Gender: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## SPORTS PREFERENCE

**Please tick the sports you're interested in:**

- Athletics
- Lawn Bowls
- Boccia (Singles)
- Other: \_\_\_\_\_

## PHOTO CONSENT

**At times Goldfields Inclusive Sports Inc. or it's affiliates may wish to take photos or videos of individuals, sports or the entire club. These images will solely be used for training/development purposes or the promotion and celebration of the club and its members.**

**These images may appear in printed publications, video and on the internet (via official Goldfields Inclusive Sports Assoc. Inc. websites and social media pages).**

***Please indicate whether this is acceptable to you below:***

- YES - I consent for Goldfields Inclusive Sports Inc. to take/use images and representations of myself/my child in the situations and for the purposes outlined above.**

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- NO** - I do not consent of the use images of myself or my child for any purpose.

## COMMITMENT TO TRAINING / COMPETITION ATTENDANCE

- I agree to attend/that my child will attend all scheduled training sessions
- I understand that if I/my child does not behave in an appropriate manner during training then I/my child may not be able to attend competitions - the final decision will be made by the Head Coach.
- I agree to reimburse Goldfields Inclusive Sports Inc. for the repair and/or replacement of any property I/my child deliberately damage/s.
- In the event of the athlete found using, or in possession of, cigarettes, alcohol, or non-prescribed drugs forbidden by law, or behaving in a manner deemed as being a safety risk to others, I accept that will remove myself/will be responsible for removing or arranging to remove my child from the venue if deemed necessary by the Head Coach.

## DECLARATION

***Please note that for applicants under 16 years the signature of a parent/guardian is required.***

**By returning this completed form you:**

- Agree to take part in the activities of the club and abide by all club rules and code of conduct.
- Acknowledge and understand that in the event of injury or illness all reasonable steps will be taken to contact your Emergency Contact, and that your injury/illness will be dealt with in a manner deemed appropriate by the head coach in attendance.
- Understand that my personal data will be held securely by the club and only used for internal club administration and insurance, and competition participation purposes.

**Athlete's / Parent / Guardian Name:** \_\_\_\_\_

**Athlete's / Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_