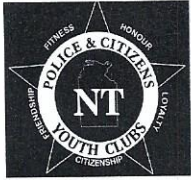


*** (Please complete all sections of this application form or membership may be rejected) ***



NT PCYC Inc APPLICATION FOR MEMBERSHIP

**Please note: WEIGHTS Gym is ONLY accessible to PFES Employees.
No Children under 18 years are allowed in the weights room.**

The following activities are available to MEMBERS: Please circle those you wish to attend.

EQUESTRIAN BOXERCISE GYMNASTICS KARATE JIU JITSU WEIGHTS

MEMBERSHIP TYPE: JUNIOR ADULT FAMILY RENEWAL M'ship No.
(Family - Up to 2 adults & 3 children)

Name/s: Please print clearly	DOB	Activity
1a		
2b		
3c		
4d		
5e		

Occupation:

Adult 1: _____ Adult 2: _____

Residential Address:

Postal Address:

Telephone numbers:

H:	W:	Mobile:
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Email address:

Emergency contact details:

Name:	Phone No:
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ILLNESS/INJURY/DISABILITY: (Any reason or medical condition that may limit or restrict certain activities which the club should be aware of.).....
.....
.....

I give permission for PCYC staff to provide First Aid to the participant or seek further medical assistance if required: YES NO

Do you consent to your/your families' photo being used in advertising material: YES NO
(Example: Newsletters, brochures, Face book, PCYC Website etc.)

I consent to a Police check (Non PFES Employee Applications): YES NO

Signature:.....Date:/...../.....

The date of joining PCYC will be the date on which this form was signed and expiry will be calculated from this date unless a payroll deduction application is attached. Non financial members are not permitted to use any PCYC venue.

