



YMCA OF LAUNCESTON INC

REGISTRATION FORM

1st Person. First Names: Surname:

Date of Birth: / / Gender: Male / Female

2nd Person. First Names: Surname:

Date of Birth: / / Gender: Male / Female

Residential Address:

Suburb: Postcode:

Mailing Address:

Suburb: Postcode:

Phone: (Home) (Mobile)

(Work) (Place of employment)

Emergency Contact Name: *Phone:*

Emergency Contact Name: *Phone:*

Do you have any additional needs we need to be aware of? If so, please list (i.e. developmental areas; sole custody; religion; court orders; medical or injury history etc.)

.....
.....

Parents Full Names (if under the age of 18):

Mother:..... Father:

Mothers phone number: Fathers phone number:

DECLARATION: I will not hold the YMCA of Launceston Inc. or its Instructors responsible for any injuries which may happen to me whilst on YMCA property. I agree to abide by the Constitution and Memorandum of Articles of the Association of the YMCA of Launceston Inc. I also give my permission for medical / ambulance assistance in case of emergency and agree to pay such costs incurred. I give permission for my child/ren or myself to be photographed or videoed while participating in an activity. I also give consent for the photos/video to be used for publicity if required.

Date: / / Parent or Member's Signature:

Office Use Only:

Date: / / **Non Member / Membership Renewal / New Member** **M/S Numbers:**

Activity enrolling for:

Amount received: \$ (Membership)

\$ (Activity Fees)

Total \$ (Cash / Eftpos/ Cheque)

Staff Signature:

Database entry: YES / NO **Application process completed:** / /

Additional Notes:



FAMILY MEMBERSHIP REGISTRATION

PARENT OR GUARDIAN INFORMATION:

The custodial parent (if applicable) is:

MOTHERS NAME: FATHERS NAME:

HOME ADDRESS: HOME ADDRESS:

.....

PHONE (H): PHONE (H):

(W): (W):

MOBILE: MOBILE:

Place of Employment: Place of Employment:

.....

EMAIL: EMAIL:

CHILDREN'S FULL NAMES:

1. SEX: M / F D.O.B: Resides with: Mother / Father

2. SEX: M / F D.O.B: Resides with: Mother / Father

3. SEX: M / F D.O.B: Resides with: Mother / Father

4. SEX: M / F D.O.B: Resides with: Mother / Father

EMERGENCY CONTACT PERSON:

NAME: RELATIONSHIP TO CHILD:

ADDRESS:

PHONE (H): (W): (M):

MEDICAL DETAILS: (Will not affect acceptance of children, but is needed in case of emergencies)

FAMILY MEDICARE NO:

FAMILY'S MEDICAL PRACTITIONER/S (This may include your dentist)

Name: Phone:

Address:

Name: Phone:

Address:

Please Turn Over

1. Are any of your child ren affected by any of the following? Asthma; Epilepsy; Frequent Headaches; Diabetes; Convulsions; Fainting Spells; Hearing or Sight Problems etc.

Comments:
.....
.....

2. Do any of your children have any Allergies? Food Allergy; Insect Stings; Penicillin or other drugs etc?

Comments:
.....

3. Do any of your children suffer from any emotional or behavioural problems which should be brought to the attention of the YMCA Staff in the interest of the child and the program?

Comments:
.....

4. Do you object to the application of antiseptic and band-aids for the treatment of minor injuries? **YES / NO**

5. Do you object to your children being given (1) one Panadol if required? **YES / NO**

6. Please note any special requirements for your child/ren including cultural; religious; court orders; previous / healing injuries or any other special needs:

Comments:
.....

I agree to the above person(s) attending the YMCA Activities and will not hold the YMCA, its staff or volunteers responsible for any / or loss of property and / or accident. I also give my permission for medical / ambulance assistance in case of emergency and agree to pay such costs incurred.

I understand that the YMCA vacation care fees and ten session passes are non-refundable.

I give permission for my child/ren to be photographed or videoed while participating in an activity. I give consent for the photos/video to be used for publicity if required.

I give permission for my child/ren to be transported to and from Activities which are planned with the Saintys Coaches when required.

I agree that the named persons will abide by the Constitution and Memorandum of Articles of the Association of the YMCA of Launceston Inc.

Signature of Parent/Guardian: Date:

Office Use Only:

Family Membership Surname:

Membership Renewal OR New Member

Activities enrolling for:

Child's Name: **Activity:**

Child's Name: **Activity:**

Child's Name: **Activity:**

Child's Name: **Activity:**

Mother's Name: **Activity:**

Father's Name: **Activity:**

Amount received:	\$	(Membership)
	\$	(Activity Fees)
Total	\$	(Cash / Eftpos / Cheque)

Staff Signature:

Database entry: YES / NO **Application process completed:** / /

Additional Notes:

