

MEMBER DETAILS

PLEASE PRINT CLEARLY (*Mandatory information)

Member number _____

Surname: _____

First name: _____

Date of birth: _____ / _____ / _____

Street address: _____

Suburb: _____

Postcode: _____

Contact number: _____

Email: _____

* I do not wish to receive any information or be contacted by PCYC NSW about its activities. (please tick if applicable.)

TICK ONE BOX ONLY

Female Male Non-Binary Prefer not to say

Are you of Aboriginal or Torres Strait Islander descent?

No Yes

Do you use a language/s other than English at home?

No Yes

Language: _____

CODE OF CONDUCT

Members are committed to the mission of Police Citizens Youth Clubs NSW Ltd (PCYC NSW) to provide recreational activities including sports, arts and life skills that offer young people the chance to lead and enjoy a good life.

In participating in a PCYC NSW program or activity, members agree to:

- Respect the rights and dignity of all members, participants and the wider community;
- Do not abuse or harass others with actions or words, place them in danger, treat them in a discriminatory way, or take advantage of them;
- Respect the privacy of other members;
- Help us provide a safe environment and safe activities;
- Let us know if things are broken;
- Report problems or behaviour that put yourself, or others, at risk of harm or abuse;
- A drug, alcohol and smoke-free PCYC NSW;
- A zero-tolerance policy on prohibited drugs, stimulants, steroids or doping for physical performance and;
- Follow all PCYC NSW rules and policies.

I have read and understand the code of conduct in this PCYC NSW club membership form and acknowledge that misconduct may to suspension or cancellation of membership in, and access to, a PCYC NSW club.

PRIVACY

PCYC NSW is committed to the Privacy Act 1988 and the Health Records and Information Privacy Act 2002. For PCYC NSW to conduct its activities and comply with government law and regulations, it is necessary to collect and use certain kinds of personal information about club members. That information includes the information collected in this membership form and as a result of being a member.

As much as possible, PCYC NSW will only collect such information directly from you, but we may also collect information from a parent, guardian or third party in certain circumstances such as accidents or incident investigations. We will take reasonable steps to ensure that personal information is up to date and accurate, complete and secure, and to destroy information when it is not needed.

You may request access to any personal information PCYC NSW holds about you. PCYC NSW's privacy policy can be found at www.pycnsw.org.au or be provided on request.

I have read and understand the PCYC NSW statement on privacy in this club membership form.

EMERGENCY INFORMATION

PARENT / GUARDIAN / NEXT OF KIN - if required, PCYC staff can contact the following:

CONTACT 1:

First name: _____

Last name: _____

Relationship: _____

Contact number: _____

Date of Birth: _____

CONTACT 2:

First name: _____

Last name: _____

Relationship: _____

Contact number: _____

AUTHORISATION

I authorise PCYC NSW to obtain all necessary medical treatment which may be required by me (or my child or ward) while in the care, control or custody of PCYC NSW, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner. I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.

- I authorise PCYC NSW to exercise all reasonable control, necessary in the circumstances over me (or my child or ward) or over my (or my child's or ward's) behaviour while in the care, control or custody of PCYC NSW.
- I authorise PCYC NSW to undertake police checks on me as part of its membership acceptance and review processes. I acknowledge that initial and continuing membership and volunteering are subject to any decision by PCYC NSW, at its absolute discretion, based on such police checks and recommendations.
- I authorise PCYC NSW to use my, or my child's or ward's, photographic image and/or voice and/or words (all known as "digital resource") for promotional purposes. I assign any and all rights, title and interest in the digital resource to which I or my child or my ward may be entitled in law, to PCYC NSW, and agree to make no claim for compensation for the use of the digital resource.
- I acknowledge the range of activities run by PCYC NSW and consent to my or my child's or ward's participation in any activities run by PCYC NSW, or its agents.
- I acknowledge that PCYC NSW may from time to time contact me about events, activities and offers from PCYC NSW, and its partners. PCYC NSW will not share data with third parties. Please refer to the Privacy Policy at www.pycnsw.org.au for full details.

PARTICIPATION

- I acknowledge that participation in PCYC NSW activities involves the risk of injury and/or loss and damage to my property and that I participate in PCYC NSW activities at my own risk.
- PCYC NSW, its staff, management, volunteers or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child or ward may suffer at the Club and/or as a result of a PCYC NSW activity.
- I acknowledge that, on this form, I have provided medical information only for emergency purposes, and that PCYC NSW is not liable for failing to use this information in any circumstances.
- I acknowledge that PCYC NSW membership does not include personal accident insurance coverage.

PRE-EXERCISE QUESTIONNAIRE

To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Should you have any questions about the screening form please contact your exercise professional for clarification.

1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?
 Yes No
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?
 Yes No
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?
 Yes No

4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?
 Yes No
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?
 Yes No
6. Do you have any other conditions that may require special consideration for you to exercise?
 Yes No

IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

An induction / orientation is offered to all persons above 18yrs. Please sign here if you do not wish to take part in an induction.

Sign: _____

USER DECLARATION & RELEASE OF LIABILITY

I wish to participate in organised gym and weights activities, and/or use gym and weights areas and equipment. I declare that: My membership is current; I am competent to use the Club's equipment; I will not misuse equipment;

I will report faulty or damaged equipment; I acknowledge my membership commitment to follow the PCYC Code of Conduct.

I understand I am enrolling in a program of physical activity and use of various conditioning and exercise equipment.

I hereby affirm that I am in good physical condition and do not suffer from any medical conditions or have any physical restraints that would prevent or limit my participation in such physical activity. I fully understand that I may suffer injury as a result of my participation and I hereby release the

Trainer and The Premises from any and all liability now or in the future, including but not limited to, medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

I hereby agree to accept and be legally bound by this agreement. By signing below, I attest, contract, acknowledge, and agree that I am legally bound in consent.

Signed: _____

Date: ____/____/____

Witness / Instructor: _____

ACCEPTANCE AND SIGNATURE

You will be required to provide photo-ID when submitting this form.

All the information provided by me on this form by me is accurate and true. I have read and accept those sections of this form relating to conduct, privacy, authorisation and participation. I acknowledge and accept that PCYC NSW's decision to accept or not accept my application is at PCYC NSW's discretion and is final.

Name of applicant
IF THE APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN

Signature of Applicant

Date

OFFICE USE ONLY

Witness name (PCYC staff member) Signature of Witness Date

Form of ID provided Driver Licence Passport Other (Specify) _____
PCYC receipt number _____
Receipt Date _____

WHAT TYPES OF MEMBERSHIPS DO WE HAVE AT PCYC?

PCYC ANNUAL MEMBERSHIP

Required for access to PCYC facilities in any capacity.

DIRECT DEBIT ACTIVITY MEMBERSHIP

Ongoing access to specific club activities.

UP FRONT PAYMENT ACTIVITY MEMBERSHIP

Access to specific activities for a pre-determined length of time.

MEMBER AGE RESTRICTIONS

- Members aged 13 years and under are not permitted to use or enter any PCYC NSW Gym & Fitness facility.
- Members aged 14 to 15 years must complete an induction prior to use and can only use bodyweight and cardiovascular equipment when another adult member is present. (Prohibited from training whilst alone or only member in Facility)
- Members aged 16 to 17 years must complete an induction prior to any use, and use cardiovascular and weights equipment when another adult member is present. (Prohibited from training whilst alone or only member in Facility)
- Members aged under 18 years must always be in the presence of an adult. Another gym member is acceptable, it does not need to be a parent or PCYC Staff Member.

WHEN DOES MY AGREEMENT COMMENCE?

Your agreement commences once you have signed it and we have accepted it.

WHAT IF I CHANGE MY MIND”

You have a 7-day period from the start of your agreement to cancel your membership. To cancel your membership in this manner you must give written notice to the club stating your intentions within that period. We will then cancel your membership and refund your initial payment.

The annual PCYC NSW Membership is not refundable.

WHEN DO I PAY MEMBERSHIP FEES?

Paying upfront

For membership options that are available for upfront payment you must pay in full prior to the commencement of the membership.

Paying for ongoing Direct Debit memberships

Direct debit payments for ongoing memberships are paid fortnightly in advance from your bank account or credit card. You can pay your fortnightly fees in advance, however your payment details need to be up to date at all times.

Payments will be deducted from your bank account or credit card every second Thursday. These dates are pre-set and do not differ between members.

Debits may take up to 4 days to come out of your account. It is your responsibility to ensure that your account can accept direct debit payments, and has sufficient fund to cover the payment on the payment day and for the 4 days following.

If there are any changes to your account details for direct debit we require notice no later than 48 hours prior to the payment being processed.

Use of Creative and Active Kids vouchers

Creative and Active Kids vouchers may be utilised on some activity memberships. These will be processed as an upfront payment, are non-refundable & may be subject to time limits / use by dates once applied

PAYMENT FAILURE & DEBT

If your account is in debt or has not been paid in full we will suspend your access to our facilities until such time that your payments are up to date and your account details are correct. Suspension of access to our facilities in this manner does not constitute a freeze or cancellation of your membership.

A late payment fee of \$10 will be charged for any direct debit payment that cannot be processed.

We will continue to debit your account the full amount of debt owing on your account until we receive the full amount that is owed (including any late payment fees). We will attempt to contact you via phone or email should there be multiple rejections of payments.

If you default on payment of fees we may send your outstanding debt to a third party debt collection agency.

IF YOUR AGREEMENT CHANGES

We reserve the right to change or adjust the terms and conditions of our memberships to stay in line with current business needs and legal requirements. The most up to date terms and conditions always apply. We will notify all members with 28 days notice via email of any changes to our terms and conditions. When there is an increase in membership Fees

We reserve the right to increase membership fees in line with business requirements. Before an increase in membership fees occur, you will be advised via email with a minimum 30 days' notice

PLACING MEMBERSHIPS ON HOLD

You may place your membership on hold for up to 4 fortnights per calendar year. A hold on a membership is for a minimum of 1 fortnight and will follow the payment cycle for fortnightly payments.

A membership hold is charged at the reduced rate of \$8 per fortnight.

A membership hold must be requested in writing prior to the payment being processed. Holds will not be backdated.

An upfront payment membership cannot be placed on hold.

Medical Hold

A membership may be placed on hold for medical reasons for a period of up to 13 fortnights in a calendar year. This type of hold will not receive a charge. To qualify for a medical hold a certificate stating that you are unable to participate in that activity for those specific dates will be required.

ACCESSING OUR CLUBS & FACILITIES

You will be supplied a membership card upon your purchase of your PCYC Annual membership. This card remains the property of PCYC NSW and cannot be given or shared to another person.

You will be required to use your membership card to access our facilities on each visit. If you do not have your membership card you will be asked to present photo I.D. to gain access.

If you lose your card or damage it you can purchase a replacement card for \$5.

MAKE UP CLASSES

No make up classes for activities will be offered.

If you are on an upfront membership and medically cannot attend a credit will be placed on your account for the time that you are unable to attend the activity. To qualify for this credit a medical certificate stating that you are unable to participate in that activity for those specific dates will be required. This credit will be valid for a period of 12 months.

CANCELLING YOUR MEMBERSHIP

You may cancel your direct debit membership by giving us 30 days minimum notice in writing. You are responsible to make all payments that fall within that period.

A membership cannot be cancelled until all debt is paid. The 30 day notice period will not commence until all debt is paid.

You cannot place your membership on hold during the cancellation notice period.

Upfront payment memberships may not be cancelled.

RULES & SAFETY

You are subject to the PCYC code of conduct at all times that you are in a PCYC facility or using PCYC equipment and property.

GUEST ENTRY

You may bring a guest to our facility to try an activity with you (dependent on availability) for a fee that will be dependent on the activity being attended.

If the same guest comes to the facility more than once they will be required to purchase a PCYC annual membership

MEMBERSHIP DISCOUNTS

Corporate Discounts

You will receive a partnership discount if you are an employee or volunteer of a company that we have a partnership agreement with. Proof of employment/volunteer status will be required before any discount will be applied

Concession discounts

Concession discounts may apply to certain memberships at certain clubs. These may be based on age (junior memberships) or status such as being a pensioner or having a concession. Proof of this status may be required prior to any discount being applied.

DIRECT DEBIT REQUEST

Business details (Business)

Facility Name: _____ Facility Address: _____

Phone: _____ ABN: _____

Customer Details:

Full Name: _____ Date of birth: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Payment Details:**OFFICE USE ONLY**

Payment Amount: _____ Payment Frequency: _____

Day of the week/month: _____ First Payment Date: _____

Payment Method:

Please indicate if you would like to pay via direct debit from your bank account or credit card and complete the below details:

Direct Debit from bank account, building society or credit union:

Financial institution: _____ Account Name: _____

BSB number: _____ Account Number: _____

Authorisation: I/we authorise you until further notice to debit my/our account with all amounts which Debitsuccess Pty Limited, the registered initiator of the above Authorisation Code may be initiated by Direct Debit. I/we acknowledge and accept that the bank accepts this authority only upon the conditions set out in this form.

OR

Credit card (Visa, Mastercard)

Charge my payments to: _____ Name on card: _____

Card number: _____ Expiry date: _____

Authorisation: By signing this form I/we authorise Debitsuccess Pty Limited, contracted by and acting on behalf of the Business to collect payments due by me/us pursuant to the Agreement (defined below), to debit payments from my specified Credit Card above, and I/we acknowledge that Debitsuccess will appear as the merchant on my credit card statement. I/We authorise Debitsuccess to vary the amount of the payments upon instructions from the Business and where such instructions from the Business are received by Debitsuccess Pty Limited, I/We do not require Debitsuccess Pty Limited to notify me/us of such variations to the debit amount.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request and the provided DDR Service Agreement which follows, and I/we have read and understood the same.

Signature: _____ Date: _____

Direct Debt Request (DDR) Service Agreement

DEBITSUCCESS DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

This DDR Service Agreement is designed to explain what your obligations are when undertaking a direct debit arrangement involving Debitsuccess. It also details what our obligations are to you and forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your Direct Debit Request.

INITIAL TERMS

I/We authorise Debitsuccess Pty Limited (ACN: 095 551 581) (**Debitsuccess**) APCA User ID 496485 to make periodic debits on behalf of the "Business" as indicated on Direct Debit Request.

I/We acknowledge that if specified by the Business, in addition to the agreed periodic debits set out in the Direct Debit Request, administration/setup, variation, reversal, dishonour, or processing fees may also apply and be debited under the Direct Debit Request as instructed by the Business.

RELATIONSHIP

I/We acknowledge that Debitsuccess has been contracted by the Business to collect the payments due under the agreement that I/we have entered into with the Business pursuant to which I/we have agreed to pay for goods/services provided by the Business (**Agreement**). All payments due by me/us to the Business shall be made to Debitsuccess.

I/We acknowledge that Debitsuccess is acting as an agent of the Business and that Debitsuccess does not provide any goods or services, and has no express or implied liability in relation to the goods and services provided by the Business or the terms and conditions of any agreement with the Business. I/We acknowledge that Debitsuccess sole responsibility is to make periodic debits as set out in the Direct Debit Request

CLEARED FUNDS

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by, and at all times on, the due date of the payment (Day to Debit) to enable the direct debit to be honoured on the Day to Debit. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available when the debit is attempted, I/we agree that I/we will be responsible for any fees and charges that may be charged by my/our Financial Institution and by the Business.

VARIATIONS TO DEBIT TERMS

I/We authorize Debitsuccess to vary the amount of the payments upon instructions from the Business, and where such instructions from the Business are received by Debitsuccess, I/We do not require Debitsuccess to notify me/us of such variations to the debit amount.

I/We acknowledge that Debitsuccess/or the Business is to provide 14 days' notice if varying the terms of the debit arrangements otherwise than as provided for herein.

I/We acknowledge that my/our requests to vary, defer or stop the debit arrangement must be directed to the Business.

CANCELLING THESE DEBIT TERMS

I/We understand that I/we are able to cancel this DDR Service Agreement by requesting this of the Business or my/our Financial Institution, and I/we acknowledge that cancellation of the authority to debit my/our account will not terminate my/our agreement with the Business or remove my/our liability to make the payments I/we have agreed to.

NON WORKING DAY

When the Day to Debit falls on a weekend or public holiday the debit will be initiated on the next working day.

DISHONOURD PAYMENTS

I/We acknowledge that:

- (a) if a debit is returned by my/our Financial Institution as unpaid, I/we will be responsible for any fees and charges charged by the Business as a result, in addition to any Financial Institution charges and collection fees; and
- (b) Debitsuccess may attempt to re-process any unsuccessful payments as advised by the Business and/or add such unsuccessful payment to any future payments.

ACCURACY OF INFORMATION

I/We acknowledge that it is my/our responsibility to ensure that the details entered on the Direct Debit Request are correct and that Debitsuccess is not liable to the extent that any such details are incorrect and this causes a required payment to be missed. In addition, where I/we are paying the required payments by credit card and have entered the details of the credit card on the Direct Debit Request, I/we agree that Debitsuccess may continue to debit from the credit card in accordance with the terms of this DDR Service Agreement to the extent that the credit card has expired, and that it is wholly my/our responsibility to provide details of any replacement credit card to Debitsuccess via the Business.

DISPUTES

I/We acknowledge that any disputes regarding debit payments will be directed to the Business. If no resolution is forthcoming, I/we understand that I/we are to direct any such dispute to my/our Financial Institution.

OTHER AUTHORISATIONS

I/We authorise:

- (a) Debitsuccess to verify details of my/our account with my/our Financial Institution; and
- (b) The Financial Institution to release information allowing Debitsuccess to verify my/our account details.
- (c) Any notices to be given to me/us by electronic mail to the email address on the Direct Debit Request (or any other email address notified in writing by me/us).

I/We acknowledge that:

- (a) This DDR Service Agreement will remain in force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death/bankruptcy or other revocation of this DDR Service Agreement until actual notice of such event is received by the bank.
- (b) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this DDR Service Agreement. Any other dispute lies between me/us and the Business.

INFORMATION SECURITY

We are collecting your personal information for the sole purpose of completing this direct debit arrangement. Debitsuccess agrees that it will make reasonable efforts to keep your information contained in the Direct Debit Request (including account details) and any other information that we have about you confidential and secure, and will ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. You may request access to, and correction of, any personal information held by Debitsuccess by writing to Debitsuccess at the address below. You acknowledge that your personal information will be collected, used, held and disclosed in accordance with the Debitsuccess Limited Privacy Policy found at <https://www.debitsuccess.com.au/privacy-policy>. Debitsuccess will only disclose information that we have about you:

- (a) to the extent specifically required by law;
- (b) to Financial Institutions participating in the direct debit payment system in connection with a claim made on it relating to an alleged incorrect or wrongful debit; or
- (c) for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Should you have any queries in relation to these terms and conditions contact Debitsuccess Pty Ltd. PO Box 577, Mt Waverley Victoria 3149

Phone: 1800 148 848

E-mail: customerservice@debitsuccess.com