

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.pcyctnsw.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.PCYCNSW.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 _____