



"Our vision is to create a positive, healthy, life enhancing sporting experience"



MEMBERSHIP FORM

Name: _____

Address: _____

Suburb: _____ Postcode _____

Home phone: _____ Mobile: _____

E-mail: _____

DOB: _____ Age: _____ Gender: M / F

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact Detail

Name: _____ Relationship: _____

Mobile: _____

Regular medications / Allergies / Injuries, other relevant information:

CLASS: _____ DAYS: _____ TIME: _____

Fees: \$

- GWA Registration (Annual) Age 5+: \$55
- GWA Registration (Annual) U5: \$25
- Peak Membership (Annual): \$30
- Equipment Levy: \$15
- Total: \$

BSB: 306 047

ACC: 043 2061

Account Name: Peak Trampoline Inc.

See Over



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WAIVER

In consideration for being permitted to participate in any gymnsport activities which includes trampolining, I the undersigned, understand, acknowledge and accept that:

- Gymsports (which includes trampolining) are a dangerous recreational activity and there is risk of serious injury or death that may result from gymnsport activities.
- I knowingly and freely assume all such risks, both known and unknown, and I voluntarily participate at my own risk or allow my child to so participate and assume sole responsibility for any injury, death or property damage I or my child may suffer that arises from my or my child's participation in such gymnsport activities.
- I agree to follow or seek to ensure that my child follows the directions of any club staff, coaches, officials or volunteers and that any misconduct or refusal by me to follow any direction of any club staff, coaches, officials or volunteers can result in the cancellation of my or my child's participation in the activities and may result in immediate removal. I understand that any such non-compliance may result in injury or death and/or permanent disability as a result of my or my child's failure to comply.
- I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

PHOTO PERMISSION

I the undersigned, understand and allow Peak to take digital photo's and/or video of my son/daughter for the purpose of skills review or for the promotional use for the Club.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)

This is to verify that I, as a parent / guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in such gymnsport activities.

I agree to the above conditions as parent or as athlete

Full Name: _____

Signature: _____

Date: __ / __ / ____

Upon the incorporation of Peak Trampoline Inc and upon becoming a member, your name and address, as provided above, MUST be recorded in a register of members and be made available to other members upon request, under section 27 of the Associations Incorporations Act. All other information provided in this form will not be recorded in such register and will be kept confidential by the office bearers of the club.

By becoming a member of Peak Trampoline you agree to be bound by the Constitution, Rules, Regulations and Policies of Peak Trampoline Inc.