Application for Sporting Membership

For Adult Members

Date: _____ / _____ / _____

Have you previously held a membership with Caboolture Sports Club Ltd?

❑ No ❑ Yes If yes, what is your Caboolture Sports Club member number: _____

Gender: ❑ Male ❑ Female ❑ Non Binary ❑ Prefer Not To Say **Date of Birth:** _____ / _____ / _____

Given Name(s) _____ **Last Name:** _____

Residential Address: _____

Suburb: _____ **State:**_____ **Postcode:** _____

Home Phone: _____ **Mobile:** _____

Email: _____

Postal Address ❑ As above or _____

Suburb: _____ **State:**_____ **Postcode:** _____

TERMS & CONDITIONS I Hereby apply for membership at your Club. I am over the age of 18 years and if accepted as a member, agree to abide by the Articles of Association and rules and Members Conditions that the Club has in place that may be in force from time to time. The Caboolture Sports Club Inc is committed to the privacy of your personal information such as your name, address, gender, etc supplied by you in your interaction with the Club under the Privacy Act 1988 (Cth). The Club will use the information to provide its facilities and services to you. The Club will only collect your personal information that is necessary for it to meet or fulfil its activities and functions. The Club will seek your consent before releasing your personal information, where lawful and practicable and will only disclose your personal information to a third party and for secondary purposes to the extent provided by the Privacy Act. The Club will put in place appropriate measures to safeguard your personal information. You have the right to know what type of information is held about you by the Club and the right to access and correct your personal information. The Caboolture Sports Club Inc supports the Clubs Queensland Code of Privacy Policy. If you choose not to give the required information, your request for Club membership and access to Club facilities and services may be denied. Please check the box below if you decide not to receive any services offered by the club, such as promotional offers. Alternatively, if you are an on-going member and have been receiving these offers and decide not to receive them anymore, the club will, upon your written request, take your name off the relevant mailing list. The Club has a designated staff member whom you contact if you require any clarification on this privacy statement or have a privacy complaint.

Signature of Applicant: _____

❑ *I do not wish to receive any promotional offers including birthday rewards*

Continued over page – please turn over

Office Use Only

Member ID Type: ❑ 18+ Card ❑ Drivers License ❑ Passport **Checked ID No**: _____

Must be sighted & completed by Sub Club Representative

CSC Membership Number (sub-club leave blank)**:** _____

Sub Club Rep Name: _____ **Signature:** _____

Application for Sporting Membership

CABOOLTURE SPORTS CLUB

For Adult Members - *Continued*

Dog(s) Details (Not required for parents of junior members)

1) Dog Breed: _____ **Name:** _____ **DOB:** _____

2) Dog Breed: _____ **Name:** _____ **DOB:** _____

3) Dog Breed: _____ **Name:** _____ **DOB:** _____

4) Dog Breed: _____ **Name:** _____ **DOB:** _____

Occupation (optional): _____

Would you be interested in taking on a volunteer role with the club? YES / NO

(if yes staff will contact you to discuss available volunteer roles)

IN CONSIDERATION of the CABOOLTURE SPORTS DOG OBEDIENCE CLUB'S acceptance of my application I, my heir's, executors and administrators release, and forever discharge and indemnify the CABOOLTURE SPORTS DOG OBEDIENCE CLUB, CABOOLTURE SPORTS CLUB INC, and any officers, employees or persons working in a voluntary capacity for those Clubs from and against all liabilities, claims, damages or costs which may have against them or they may incur arising out of, or in any way connected with my participation in dog training at the Club's premises at Devine Court, Morayfield ("the Premises). I understand this waiver includes claims based on negligence, breach of contract or breach of statuary duty of any of the above parties. I understand that the waiver includes but is not limited to claims as a result of being injured at the premises (including dog bite) and damage to property (including my dog).

Signed: _____ **Dated:** _____

Any member that has ever received a warning/suspension or penalty from CCCQ (Dogs Qld) or any other ANKC affiliated body must notify the club when this form is completed. If you receive a warning/suspension/penalty throughout the year you must notify the Administration Officer within 48 hours of receiving such warning/suspension/penalty.

☐ I do not wish to have my details (stories/photos) forwarded to the media, social media pages and community connect magazine

CSDOC Office Use Only

Dog 1: _____ **Vaccination**: _____ **Due:** _____

Dog 2: _____ **Vaccination**: _____ **Due:** _____

Dog 3: _____ **Vaccination**: _____ **Due:** _____

Dog 4: _____ **Vaccination**: _____ **Due:** _____

Application for Sporting Membership

MEDICAL INFORMATION

We are collecting basic medical information that staff and/or instructors may need to be aware of to keep you and/or your dog/s safe whilst participating in Dog Obedience Club activities, as well as being able to render appropriate assistance if required. All medical information will be held in the strictest confidence and only known to staff or instructors who need to know.

HANDLER'S INFORMATION

❑ I have no current medical issues that will impact my full participation in Dog Obedience Club activities

❑ I have the following medical issues for club representatives to be aware of as it may on occasion impact my fully participation in Dog Obedience Club activities:

❑ Joint Replacement (which joint/s) _____

❑ Allergy (please list) _____

Do you carry an epi-pen to treat an allergic reaction? YES / NO

❑ Other (please list) _____

_____

DOG/S INFORMATION

❑ My dog/s have no current medical issues that will impact full participation in Dog Obedience Club activities

❑ My dog/s have the following medical issues for club representatives to be aware of as it may on occasion impact full participation in Dog Obedience Club activities:

Dog 1 Name: _____

❑ Deaf ❑ Blind ❑ Epileptic ❑ Hip Dysplasia

Dog 2 Name: _____

❑ Deaf ❑ Blind ❑ Epileptic ❑ Hip Dysplasia

❑ Allergy (please list) _____

❑ Other (please list) _____