YWCA Canberra Clubhouse Membership Form

The Clubhouse is in the Community Room of Richardson Primary School, May Gibbs Close, Richardson ACT.
Please return this form to the Clubhouse Coordinator: annielea.rowley@ywca-canberra.org.au

Participant details

Name:

Address:

Other address (if applicable):

Date of Birth: /   /   Gender:

Identify as Aboriginal or Torres Strait Islander?   Y / N

Are there any cultural/religious/medical/dietary/gender/other diversities or requirements that YWCA Canberra need to know?

How did you hear about YWCA Canberra Clubhouse?

Emergency

Parent/Carer name/s:

Parent/Carer contact telephone number/s:

Parent/Carer email address:

Emergency contact name and relationship to participant:

Emergency contact number:

Would you like to receive an SMS when the Clubhouse is closed? Yes / No

Parental Consent and Expectations of Behaviour

Recognising that activities entail elements of personal risk, that the YWCA Canberra and its employees undertake strict practices to oversee safety and are covered by public liability insurance, I willingly participate in this activity. I agree that in the case of emergency, medical and transport arrangements will be made on my behalf and I will be responsible for any costs. In signing this I understand that once I have joined the program I am committed to abide by expected standards of conduct. If I fail to meet these expected standards, I accept that YWCA Canberra staff will take appropriate action, which may include, but is not limited to, being asked to leave the program. I am responsible for organising my own transport from the Clubhouse and should I leave the program for any reason, including being asked to leave, YWCA Canberra and its staff will not be held responsible.

I have read the above statement and agree that my child is able to abide by the above conditions and therefore can participate in the above program mentioned. I also understand that the YWCA Canberra Clubhouse and its staff are not responsible for the whereabouts or the transport home of any of its members.

Participant's signature: Date:

Parent/Guardian signature: Date:

Photography Consent

I _____ (participant's name) provide consent for YWCA Canberra to record my image (photograph or video footage) for promotional purposes. I understand my image may be used in mediums including: publications and promotional material, and broadcast, print and electronic/social media.

I acknowledge that my image will be used without any personal compensation or remuneration. I agree to forgo any rights to my image including moral rights and copyright.

YWCA Canberra agrees not to use your image in a manner that may be deemed adverse or defamatory. The image will remain the property of YWCA Canberra and any personal details regarding this image will
be kept confidentially and will not be used for any purpose other than related to your image.

You should understand that any image which is published online can be copied and redistributed without the knowledge of the person that uploaded it. Once published, we may not be able to retrieve or delete images if consent is withdrawn after publishing.

I agree my images can:
- □   be used to promote YWCA Canberra Clubhouse Only
- □   be used for ongoing future use (general ongoing use related to the role and function of YWCA Canberra, including external agencies)
- □   include my name with the image

You can withdraw your consent at any time by contacting YWCA Canberra

Participant's signature: Date:

Parent/Guardian signature: Date: