



Active Kids 1: _____

Active Kids 2: _____

Registration Form

CLUB: _____

MEMBERS NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE NO: (H) _____ (W) _____

(M) _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE PRIOR TO 1/9/21: _____

AGE GROUP: _____ GRADE FOR 2021: _____

Have you ever done any type of Physical Culture: Yes No

If yes:
What association? _____ For how many years? _____

In your last year:
What age group were you in? _____ What grade were you in? _____

Including this year and excluding years that you have had a break,
how many years have you done WZ Physical Culture? _____

INJURY/ILLNESS

Do you have a previous injury? Yes No

If yes, please specify: _____

Do you have any illnesses? Yes No

If yes, please specify: _____

Does this injury or illness prevent you from doing any aspect of physical culture?

Yes No

If yes, please specify: _____

CLUB: _____ MEMBERS NAME: _____

PHOTO CONSENT

I hereby give permission to WZ Physical Culture or their delegated photographer/s to photograph myself/my child/my children/my family in a group or individually at events being held by WZ Physical Culture at individual venues used by each club/s.

YES photograph can be taken NO photograph cannot be taken

If YES, please select **one** box only

I **agree** to WZ Physical Culture using any photographs taken during photographic sessions for display on our Website, use in promotional aids, use in Newspaper reports or advertising, Grand Final Program or on social media.

OR

I agree to the use of these photographs in the **Grand Final program** and **slide show only** to be held at the Grand Final.

OR

I **disagree** to WZ Physical Culture using any photographs taken during photographic sessions for display on our Website, use in promotional aids or use in Newspaper reports or advertising.

WZ POLICY DECLARATIONS

I have read and understood the Rules and Regulations and agree to comply with its provisions at all times while acting as a member, competitor or spectator for WZ Physical Culture.

I have read and understood the Code of Conduct and agree to comply with its provisions at all times while acting as a member, competitor or spectator for WZ Physical Culture.

This registration form is to be completed by all members of WZ Physical Culture. A change of details form will need to be completed in the event that a member's information changes during the year. This can be done at any time during the year.

By signing this registration form, I acknowledge my commitment to achieving the best outcomes for WZ Physical Culture and its members and playing my part in ensuring that every sporting environment is safe and supportive.

Signature of member: _____

Parent details of member under 16 years:

Name: _____ **Signature:** _____

Mobile: _____

Email: _____