



MALENY BOWLS CLUB INC.

8 Bunya Street, Maleny Qld 4552. Ph: 07 5494 2335

Email: secretary@malenybowlsclub.com.au

APPLICATION FOR JUNIOR MEMBERSHIP DATE: _____

FULL NAME _____ DOB: _____

ADDRESS: _____

EMAIL: _____ PH: _____

ARE YOU A CURRENT MEMBER OF ANOTHER BOWLS CLUB: Y/N

IF YES Please provide name/s of club/s _____

Have you been Suspended, Expelled or Refused admission to any bowls club? Y/N

If YES please list the name/s of club: _____

If you are or have been a member of a bowls club, have you fulfilled all financial obligations: Y/N

If YES you will need to provide a Clearance from your previous club.

Image use permission form

I, (insert full name), and my parent/guardian (if applicable), hereby give our full and complete permission, without reservation or restriction to Maleny Bowls Club, and its representatives, agents and assigns to photograph me during any Maleny Bowls Club event and to use, reproduce and publish in any communication medium whatsoever, as determined by Maleny Bowls Club and its representatives, agents and assigns from time to time, for educational, promotional, commercial or marketing purposes.

I, and my parent/guardian, agree and acknowledge that this permission is unconditional and applies in perpetuity.

I, and my parent/guardian, accept that no fee or remuneration will be provided for my appearance in any such communication mediums.

I, and my parent/guardian, hereby waive, release and forever discharge Maleny Bowls Club and its officers, employees, agents and assigns from all claims, actions and liability relating to its use of said photographs.

Participant's Name:	
Signed:	
Date:	
Participant's parent or guardian who if first legal point of contact must sign.	
Name:	
Relationship to participant:	
Signed:	
Date:	
Contact Number:	
Email	



Current medical history

Does your child have any medical condition that the Maleny Bowls Club needs to be aware of?

Yes		No	
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If Yes, please give a brief description of the condition. (eg asthma)

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Emergency Contacts

Name:	
Phone No:	
Relationship to Child:	

Name:	
Phone No:	
Relationship to Child:	

I approve the following person(s) to collect my child from the Maleny Bowls Club in my absence.

Full Name:	
Phone No:	
Relationship to Child:	

Or

Full Name:	
Phone No:	
Relationship to Child:	



If accepted as a member of this club, do you intend to play bowls: Y/N

Statement: If elected to membership, I agree to comply with and be bound by, the Constitution, Rules and By Laws of Maleny Bowls Club Inc.

Annual Club membership for Juniors' is FREE according to the Club/Constitution. The annual club membership period cover 1st January to 31 December until the age of 18.

If elected as a Junior Member you will be advised by a letter of welcome.

Participant's Name:	
Signed:	
Date:	
Participant's parent or guardian who if first legal point of contact must sign.	
Name:	
Relationship to participant:	
Signed:	
Date:	
Contact Number:	
Email	

Nominated by: _____ Member No: _____ Signed: _____

Seconded by: _____ Member No: _____ Signed: _____

Date of Acceptance: _____ Letter Sent: _____

Junior Membership Number: _____