

Cairns Climbing Club Membership Application Form

2016-11



CAIRNS
CLIMBING
CLUB

First Name:

Last Name:

Street:

City/Suburb: Postcode:

State: Country:

Email:

Please dont bother me with emails, I am only visiting.

I consent that my personal data including the medical form will be stored by the club secretary and will be available to the committee members. It wont be given to any third-party for any non-climbing club related use. I can request at any time the data stored about me, and submit correction. I will ensure my medical information remains up to date, and that I am happy for it to be available to the guides/instructors.

I have the obligation to inform guides/instructors of any medical issues that might affect my climbing activity or may lead to an emergency situation, *every time I participate in a club activity.*

Signature

Date