

Cairns Climbing Club Membership Application Form for underage applicants 2017-05



Details of under age applicant:

First Name:

Last Name:

Email Date of Birth:

Details of parent/guardian

First Name:

Last Name:

Street:

City: Postcode:

State: Country:

Email:

- I confirm that I am the parent/legal guardian of the applicant.
- I consent that our 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, that I am happy for it to be available to the guides.
- I have the obligation to inform guides of any medical issues that might affect the climbing activity of the applicant or may lead to an emergency situation, *every time the applicant participates in a club activity.*

Signature

Date