



Registration Form

CLUB: _____

MEMBERS NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE NO.: (H) _____ (W) _____

(Mobile) _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE PRIOR TO 1/9/17: _____

AGE GROUP: _____ GRADE FOR 2017: _____

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: _____

How many years have you done Western Zone Physical Culture: _____
Include this year and exclude years that you have had a break.

PHOTO CONSENT FORM

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

NAME OF PERSON/S TO BE PHOTOGRAPHED: _____

CLUB: _____ MEMBERS NAME: _____

Please inform WZ Physical Culture of the following information:

- 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 or on social media.
- I agree to the use of these photographs for the **slide show only** to be held at the Grand Final.
- 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.

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: _____

I have read the WZ Physical Culture Rules and Regulations and agree to abide by them. I have completed the photo consent and injury/illness sections. I agree to abide by the Code of Conduct as set out in the Rules and Regulations.

This registration form is to be completed by new members and those returning to WZ Physical Culture after a break. The current information does not need to be provided by continuing members on an annual basis unless there is a change to circumstances. A change of details form will need to be completed in the event that the member's information has changed, this can be done at any time during the year.

SIGNATURE OF MEMBER: _____

SIGNATURE OF PARENT
IF MEMBER UNDER 16 YRS: _____
