Associate Membership Application Form

For children under 18 years of age



Full name of child {IN BLOCK LETTERS}			
Full name of parent/guardian			
Child's birthdate / /	OFFICE USE ONLY: This form must not be destroyed until the child's twenty first birthday on		
Address			
Home phone	Work phone		
Mobile phone			
Email address			

Membership fees are payable by cheque or (preferably) bank transfer. Don't forget to put your name in the description box. BSB 633-000 Account 143381457

Please read and sign the declaration below. See the website www.scb.org.au for details of the current address for application submission, or scan and email it to treasurer@scb.org.au or hand it to your activity leader.

- 1. I agree to abide by the Sydney Christian Bushwalkers Inc. (the 'association') constitution and policies.
- 2. I have participated in three activities of Sydney Christian Bushwalkers.
- 3. I understand that by (a) signing this form, and (b) on payment of the fee, and (c) approval of my application by the Committee of Sydney Christian Bushwalkers Inc., my child shall become a Member of Sydney Christian Bushwalkers Inc. and therefore allowed to participate in association activities.
- 4. I understand that under rare circumstances the committee may reject an application and that the applicant concerned will consequently no longer be allowed to participate in association activities. If an applicant is rejected, the membership fee will be refunded within 30 days.
- 5. I agree with the objects of the association as shown below:
 - To provide opportunities for people of all ages to participate in bushwalking and other outdoor
 activities such as camping, liloing, canoeing, canyoning, caving, cycling and also social activities
 - To promote fellowship amongst Christian bushwalkers
 - To promote friendship with all bushwalkers
 - To make occasional donations to organisations engaged in Christian ministry, environmental conservation or community support
- 6. In voluntarily participating in any activity of Sydney Christian Bushwalkers Inc. I am aware that this may expose my child to risk that could lead to injury, illness or death or to loss of or damage to my property. Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion. To minimise these risks, I will endeavour to ensure that any activity in which my child participates is within his/her capabilities and that he/she is carrying food, water and equipment appropriate for the activity and wearing clothing and footwear appropriate for the activity and that he/she will obey the directions which are given by the leader. I agree to advise the activity leader if my child is taking any medication or has any physical or other limitations that might affect his/her participation in the activity. I will supervise my child during the activity or appoint a responsible adult by completing the Parent /Guardian Risk Waiver form.
- 7. I have read or heard and understand these requirements. I have considered the risks before choosing to sign this form. I still wish to apply for membership for my child to participate in the activities of Sydney Christian Bushwalkers Inc. I agree by signing this form to waive any claim for damages arising from an activity that I may have against the club, the leader or other participants in tort or contract. My consent is binding on my estate.

Name of parent/guardian		
Signature of parent/guardian	Date	/ /