

GOLD COAST LACROSSE ASSOCIATION INC - APPLICATION FOR MEMBERSHIP 2016



TAX INVOICE

GCLAI ABN: 85779813025 P.O BOX 5296 ROBINA TOWN CENTRE QLD 4230



| | | | | |
|------------------------|--|---|--|---------------|
| SURNAME | | GIVEN | | |
| ADDRESS | | | | |
| SUBURB | | STATE | | P/CODE |
| DATE OF BIRTH | | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| HOME PHONE | | OCCUPATION / SCHOOL | | |
| PREFERRED EMAIL | | | | |

| | | |
|-------------------------------|-------------------------------|----------------------|
| EMERGENCY CONTACT NAME | RELATIONSHIP TO MEMBER | |
| CONTACT PHONE | ADDRESS | EMAIL ADDRESS |
| | | |

| MEMBER CATEGORY / COACHING / OFFICIATING | | | |
|---|---|---|--|
| SENIOR | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | JUNIOR MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | |
| VOLUNTEER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> WORKING WITH CHILDREN CARD | | NCAS COACH - YES <input type="checkbox"/> NO <input type="checkbox"/> LEVEL: _____ NOAS OFFICIAL - YES <input type="checkbox"/> NO <input type="checkbox"/> LEVEL: _____ | |

I hereby apply for membership of Gold Coast Lacrosse Association Inc and agree to abide by the provisions of the Constitution and By-Laws of GCLAI. I will also abide by all GCLAI policies applicable to my membership including Anti-Doping Policy, Codes of Behaviour and Membership Protection Policy.

1. I tender the appropriate fees necessary for the consideration and acceptance of my Application for Membership.
2. I understand and agree that any photographs, film or images of me or any other media information in connection with me or my activities with GCLAI or any of its affiliates are and remain the property of GCLAI and may be used by GCLAI for any form of publicity or advertising which GCLAI in its sole discretion desires to use.
3. I hereby represent the information given in this application is true and correct to my knowledge.

Signature of Applicant _____ Date _____
 Parent/Guardian to sign if Player under 18 years of age:

Signature of Parent/ Guardian _____ Date _____

PLEASE TURN PAGE OVER (ACKNOWLEDGMENT, WAIVER & INDEMNITY)



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IMPORTANT NOTICE TO MEMBERS – YOU **MUST READ THIS CAREFULLY**

PARTICIPATION AGREEMENT

(ACKNOWLEDGMENT, WAIVER AND INDEMNITY)

IN CONSIDERATION of my being allowed to participate in the sport of Lacrosse administered by GCLAI and/or in consideration of the benefits which are available to me (or on my behalf) through the Insurance Scheme (the Schedule of Benefits of which I have read, acknowledged and accepted as being reasonable compensation,

I:-

- **Acknowledge and assume all risk** of death, bodily injury, disability or damage (including property damage);
- **Waive all claims** which may be made by me or on my behalf against GCLAI its servants, agents and all persons and corporations operating under its auspices and authority and all players, referees, coaches, trainers and others registered with it (individually and collectively called “Associates”) for death, bodily injury, disability or damage (including property damage); Arising by, through or in connection with GCLAI caused or contributed to by acts of negligence or breach of contract by GCLAI to the full extent permitted by law.

FURTHER FOR THE CONSIDERATION set out above **I indemnify GCLAI** and its Associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that GCLAI and its Associates are not already indemnified or insured.

I AM AWARE this is a legal document and that I have had the opportunity of taking independent legal advice on it. After taking such advice (or waiving my right to do so) I confirm that I have signed this Agreement of my own free will knowing that **I have relinquished important legal rights.**

In the case of the above named member being under the age of eighteen (18) years, I, the parent or guardian of such member **acknowledges I have read this document** and have had the opportunity of taking independent legal advice on it. After taking such advice (or waiving my right to do so) I confirm **I have accepted its terms** on behalf of such member and **in consideration** of such player being allowed to participate in the sport of Lacrosse administered by GCLAI **I indemnify GCLAI** and its Associates against all liability arising as a result of such members negligence (or the negligence of such members servants or agents) in respect of any death, bodily injury, disability, damage (including property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that GCLAI and its Associates are not already indemnified or insured.