

# **REGISTRATION DETAILS**

Enter Year:

This Registration Form must be fully completed for **each participant** and returned to the Karilee Registrar by mail to PO Box 3484, Weston, ACT 2611, or filled-in and saved to your computer then attached to an by email all four registration forms to karileeregistrar@gmail.com If you have any further questions, please email the President.

## **1: PARTICIPANT DETAILS**

Surname: Giv		Given na	Given name:		D OB:	
Home	Street	Suburb		State	Postcode	
Address:						
Postal						
Address:						
Contacts:	Home:		Work:			
	Mobile:		Preferred Contact:			
	Email:					

# Is the participant subject to any custody orders of which Karilee needs to be aware? If YES, please specify or attach as separate document if required:

### **2: PARENT/GUARDIAN DETAILS**

Name 1:		Relationship:	Name 2:	Relationship:
Address:			Address:	
Phone	Home:		Home:	
Contacts	Mobile:		Mobile:	
	Work:		Work:	
	Preferred contact:		Preferred contact:	
Email				

# Working With Vulnerable People (WWVP) If volunteering with Karilee, please provide WWVP details. Name Contact WWVP Card No. Expiry Date

## **3: AGE GROUP OF PARTICIPANT – age that participant will be as** of 31 December.

TINIES	SUB-JUNIORS	JUNIORS	INTERMEDIATES	SENIORS
3yrs to 7yrs	8yrs to 10yrs	11yrs to 13yrs	14yrs to 17yrs	18yrs and over
Participant's age at 31-Dec will be years.			I am registering for	•

### **4: MEMBERSHIP DETAILS**

Year joined Karilee:	New members only: How did you find out about Karilee?		
	Do you have skills that would help our Club (e.g. sewing, props making, accounting, secretarial)?		
Previous Club?			

### 5: COMMUNICATION - Karilee's preferred method of communication for all club matters is by email.

Preferred email address for communication:

## **6: FEES and FINANCIAL DECLARATION**

I acknowledge and agree to pay the relevant fees and charges when due and agree to contact the Club Treasurer to discuss other arrangements should the need arise. I understand that if the Club has to recover unpaid fees and charges relevant costs will be added to the debt.

Financial Person:	Signature
Financial Email Address:	

**CLUB USE ONLY** 

□ REGISTRATION FORM □ PRIVACY STATEMENT

MEDICAL FORM

CODE OF CONDUCT