|  |  |
| --- | --- |
| logocolour | LOGAN CITY SKATE AROUND INC**New Application / Renewal of Membership 2024**Version 1.00 – 7-12-2023 |
|  |
| **Member Details****Email and Phone details not mandatory if member is under 18 (see guardian bellow)** | Name:      Email:       | Phone:       |
| **Emergency Contact** | Name:      Relationship:      Name:      Relationship:       | Phone:      Phone:       |
| **Are there any medical conditions that the Club should be aware of?** |       |  |

**Below to be completed if member is under 18 years of age**

|  |  |  |
| --- | --- | --- |
| **Name of parent/legal guardian** | Name:      Email:       | Phone:       |
| **Primary Financial/ Communication Contact.****(If applicable)** | Name:      Email:       | Phone:       |
| **Secondary Financial/ Communication Contact** **(if applicable)** | Name:      Email:       | Phone:       |
| **Are there any court orders in place that the club should be aware of?** |       |
|  |
| *Membership Type* | **Fees** |
|  | **Membership Type** | **Description** | EFT | Square (CC ) |
| [ ] [ ] [ ] [ ] [ ]  | AssociateRecreationalDevelopmentCompetitiveCompetitive (Coach) | Non skating member Learn to skateSkate within club competitions only Skate in full competition Skate in full competition | $45.00$75.00$130.00$180.00$120.00 | $45.90$76.50$132.60$183.60$122.40 |
|
| Club Secretary:  |
| **Paid into Account / Receipt No.:** |  |  |  |
| Skate Australia Fees: |  |  |  |
| Club Fees: |  | Direct debit details:Logan City Skate Around IncBSB: 124037Account Number: 23175763 |
| Total: |  |
| Less Discount: |  |
| Amount Paid: |  |
| **AUTHORITY TO PUBLISH PHOTOS AND INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| I, |       | As a member or parent/guardian of*( Mark N/A to right if adult member )* |       |
| give authority to Logan City Skate Around Inc to publish: |

* Photos
* Information
* Names

Regarding skating achievements for promotional purposes. The details will be limited strictly to skating related activities. I understand the forms of promotion include, but may not be limited to, local newspaper reports, Club Internet Web site and other media forms. I give the above authority freely, with the full understanding that the Privacy Laws of Australia entitle me to withhold this authority.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |       |

Countersigned by parent/guardian if skater is under the age of 18:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |       |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RULES**

|  |  |  |  |
| --- | --- | --- | --- |
| I, |       | As a member or parent/guardian of*( Mark N/A to right if adult member )* |       |
| Acknowledge: |

* **LCSA CLUB RULES**
* **Skate QLD Artistic Child and Youth Risk Management Strategy**
* **MEMBER PROTETION POLICY**

I have read and understood the above policies and agree to abide by these. I understand that an infraction of these rules could result in outcomes up to and including termination of membership. These policies can be downloaded at:https://www.logancityskatearound.com/member-information.html

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |       |

Countersigned by parent/guardian if skater is under the age of 18:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |       |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHOREOGRAPHY: INTELLECTUAL PROPERTY**

|  |  |  |  |
| --- | --- | --- | --- |
| I, |       | As a member or parent/guardian of*( Mark N/A to right if adult member )* |       |
| Acknowledge: |

The choreography of all routines rehearsed and performed by you as a member of Logan City Skate Around are the property of the club and coaches of Logan City Skate Around and that he/she will not perform or rehearse said routines without the permission of the coach.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |       |

Countersigned by Parent if skater is under the age of 18:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |       |

 |

Email signed form back to: lcsaregistrar@outlook.com