



REGISTRATION FORM

BEFORE REGISTERING, PLEASE READ ALL THE INFORMATION IN THIS FORM

PLEASE PRINT NEATLY USING CAPITAL LETTERS

Fields marked with an * are compulsory

MEMBER DETAILS

.....
First name*

.....
Middle name

.....
Family name (your last name)*

.....
Street address*

.....
Suburb*

.....
State*

.....
Postcode*

.....
Mobile number*

.....
Email address*

Gender Male Female Other

Are you of Aboriginal or Torres Strait Islander descent?* Yes No

Country of Origin Date of birth*

PARENT/GUARDIAN/NEXT OF KIN – EMERGENCY CONTACT:

.....
First name*

.....
Last name*

.....
Relationship*

.....
Home number*

.....
Business number

.....
Mobile number*

EXISTING ILLNESSES/ALLERGIES and INJURIES

Describe any illness, allergy, injury or health issue you have, or have recently experienced*

.....
Doctor's name Contact details

.....
Describe any activity in which you should NOT participate

OTHER

How did you hear about Tribal Warrior CSWP?

Television Radio Newspaper Facebook Word of Mouth Other.....

REGISTRATION AGREEMENT

RESPECT

- I will show respect to all CSWP participants and Tribal Warrior staff, volunteers and people from its partner organisations. I acknowledge that if I do not show respect I may no longer be able to participate in the CSWP program.

PRIVACY AND CONFIDENTIALITY

- I agree not to disclose any information of a personal or confidential nature I may hear during participation in CSWP to any person without the specific consent of the person or persons concerned and authorisation of Tribal Warrior.
- I understand that Tribal Warrior will keep my information collected for this registration private and confidential.

MEDIA

- I understand that from time to time, Tribal Warrior's CSWP program is filmed and/or photographed for media (TV, radio, press, magazine, web etc. Please indicate below if you do, or do not wish to be involved in media activities.

MEDICAL

- I authorise Tribal Warrior to obtain all necessary medical treatment which may be required by me (or my child or ward) whilst participating in the Tribal Warrior CSWP program, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner. I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.
- I understand that participation in Tribal Warrior CSWP activities involves the risk of injury and/or loss and damage to my property and that I participate in Tribal Warrior CSWP activities at my own risk. Tribal Warrior, its staff, management, volunteers or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child or ward may suffer as a result of participating in the Tribal Warrior CSWP program.
- I acknowledge that I have provided medical information only for emergency purposes in this form, and that Tribal Warrior is not liable for failing to use this information in any circumstances.

GET INVOLVED

If you would like to get involved and/or make a donation to support Tribal Warrior, talk to a Tribal Warrior staff member or visit Tribal Warrior's website: www.tribalwarrior.org/get-involved.

The Tribal Warrior Association is a non-profit community organisation relying on the community for both practical and financial support. Donations of \$2 or more are tax deductible.

ACCEPTANCE AND SIGNATURE

- I have read and accept the above information.
- I acknowledge and accept that Tribal Warrior can decide to accept or not accept my registration.
- I wish to receive information or be contacted by Tribal Warrior about its activities Yes N
- I authorise Tribal Warrior to use my, or my child or ward's photographic image and/or voice and/or word ('digital resources') for publicity and promotional purposes:
 - Yes (I assign all rights, title and interest in the digital resource to which I or my child or ward may be entitled in law, to Tribal Warrior, and agree to make no claim for compensation for its use)
 - No (I understand it will be my responsibility to ensure I am not photographed or filmed during media activities)

.....
Name of Applicant

.....
Signature of Applicant

.....
Date

IF THE APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN TO SIGN

.....
Name of Parent/Guardian

.....
Signature of Parent/Guardian

.....
Date

OFFICE USE ONLY

Process Date Entered into system Yes No Entered to Easy Check Roll Yes No