

FAMILY / APPLICATION

2 ADULTS 2 CHILDREN

ALL INFORMATION SUPPLIED WILL BE STRICTLY CONFIDENTIAL

OFFICE USE ONLY

Barambah Bowhunters Membership	PAID:	DATE:
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BBHFA #	1:	2:	3:	4:	5:	6:
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Blue Card NUMBER	YES	NO	Expiry Date:
First Aid CERTIFICATE:	YES	NO	Expiry Date:
Club GATE Key #			Date Issued:

This Section must be signed by 2 Financial Members


CLASSES OF MEMBERSHIP: Tick the box.

Three-month Probationary. (New memberships – only)	TICK	Sign:	Date:
		Sign:	
Full Ordinary Membership. (RENEWALS) (SINGLE) (FAMILY)	TICK	Sign:	Date:
		Sign:	

I HEREBY WISH TO MAKE AN APPLICATION FOR THE FOLLOWING CLASS OF MEMBERSHIP OF BARAMBAH BOWHUNTERS AND FIELD ARCHERS ASSOC INC., AND IF ACCEPTED, I UNDERTAKE TO CONDUCT MY MEMBERSHIP IN ACCORDANCE WITH THE RULES OF THE CLUB AND CODE OF ETHICS.

Name:

SIGN: **Date**

	Attendance Register		Created By:	Secretary
			Approved By:	Management Committee
	Doc. No:	BBHFA-MEM-001	Issued By:	Secretary
	Rev. No:	1	Issued Date:	30th July 2024
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MEMBERSHIP / APPLICATION FORM

(NAME)		
(RESIDENTIAL ADDRESS)		
(POSTAL ADDRESS)		
(EMAIL ADDRESS)		
(PHONE NUMBER)	(DATE OF BIRTH)	BBHFA #

(NAME)	(DATE OF BIRTH)	BBHFA #
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(NAME)	(DATE OF BIRTH)	BBHFA #
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(NAME)	(DATE OF BIRTH)	BBHFA #
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(NAME)	(DATE OF BIRTH)	BBHFA #
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(NAME)	(DATE OF BIRTH)	BBHFA #
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SIGNATURE OF APPLICANT.....

DATE OF APPLICATION.....

IF THE APPLICANT IS UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN IS REQUIRED TO COMPLETE:

I (PARENT/GUARDIAN)

OF (ADDRESS).....


PHONE:

I DO UNDERTAKE TO ACCEPT RESPONSIBILITY FOR THE SAID APPLICANT

(APPLICANT'S NAME) UNTIL HE/SHE REACHES THE AGE OF 18 YEARS. WE
HAVE READ,

UNDERSTOOD, AND AGREE TO ABIDE BY THE BEHAVIOR MANAGEMENT POLICY AND SAFETY RULES ADOPTED BY
BARAMBAH BOWHUNTERS & FIELD ARCHERS ASSOC INC.

SIGNATURE OF: PARENT/GUARDIANDATE.....

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CONSENT FORM

This form is to be completed by all members and visitors of the public who participate in archery activities conducted by Barambah Bowhunters & Field Archers Assoc. Inc., whether conducted at Barambah Bowhunters & Field Archers Assoc. Inc's grounds or at another location (i.e. shopping centre, display).

In consideration of participating in the sport of Archery, Axe or Knife events or any other event hosted, I represent that I understand the nature of this activity and that I am qualified or had instruction, in good health, and in proper physical condition to participate in such an activity.

I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue my participation in the activity and advise Barambah Bowhunters & Field Archers Assoc. Inc's co-ordinator of what I believe is unsafe.

This is the approved waiver to be used by Barambah Bowhunters & Field Archers Assoc. Inc. for all members and Guests.

Field Archery and Bowhunting are shooting Sporting/Recreational activities conducted in the natural environment which can impose inherent risks through participation in a shooting activity in such an environment. Consequently, on payment of required fee, if any, and being permitted to participate in any activity carried on by Barambah Bowhunters & Field Archers Assoc. Inc. the participant does so entirely at his/her/their own risk.

It is a condition of participation, that the participant for him/herself, his/her executors, administrators, dependents and other personal representatives, absolves and indemnifies the providers, Barambah Bowhunters & Field Archers Assoc. Inc. and its office bearers, management, members and servants or agents from all liability howsoever arising from injury or damage howsoever caused (and whether fatal or otherwise) arising out of participation in Barambah Bowhunters & Field Archers Assoc. Inc. activities, learning Field Archery and/or Bowhunting, or in any way caused by or arising out of any activity carried on by Barambah Bowhunters & Field Archers Assoc. Inc. whether or not such injury or damage is in any way whatsoever due to any negligent act, breach of duty, default and/or omission on the part of Barambah Bowhunters & Field Archers Assoc. Inc. its office bearers, management persons, members and servants or agents. Any people participating in any activity carried on by Barambah Bowhunters & Field Archers Assoc. Inc. are only allowed to do so on the distinct understanding that they do so entirely at their own risk.

I consent that I understand that if I consume alcohol, I will not be covered by this or any insurance and hereby waive all rights to legal action or discourse for any injury or damage I may incur and will be held responsible for damages arising from my negligence.

I, the applicant, have read, or have had read to me, the above warning and having understood same, consent to the activity proposed.

Print your Name:


Signature: Date: /..... /20____

Valid perpetually until either Revoked or Cancelled

In the presence of (Name & Signature of witness).

Print your Name:

Signature: Date: /..... /20____

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PUBLICATION / MEDIA RELEASE PERMISSION FORM

PERMISSION:

ON BEHALF OF THE INDIVIDUAL NAMED BELOW, I GIVE PERMISSION TO THE BARAMBAH BOWHUNTERS & FIELD ARCHERS ASSOCIATION INC., TO USE AND RETAIN THE INDIVIDUAL'S NAME, IMAGE OR SOUND RECORDING.

NOTE: IF THE INDIVIDUAL IS UNDER 18 YEARS OF AGE, THE SIGNATORY MUST BE A PARENT OR GUARDIAN OF THE INDIVIDUAL. THE INDIVIDUAL MUST ALSO SIGN IF HE OR SHE IS UNDER 18 AND ABLE TO GIVE AND UNDERSTAND THE CONSENT. IF THE INDIVIDUAL IS 18 YEARS OR OLDER, THE INDIVIDUAL AND THE SIGNATORY WILL BE THE SAME.

PURPOSE:

THIS PERMISSION APPLIES TO ANY USE OF THE INDIVIDUAL'S NAME, RECORDING OR IMAGE, INCLUDING FOR THE FOLLOWING PURPOSES:

- PUBLIC RELATIONS, PROMOTION, ADVERTISING, MEDIA AND COMMERCIAL ACTIVITIES
- USE BY THE MEDIA IN RELATION TO ACTIVITIES THAT SHOW THE INDIVIDUAL IN A POSITIVE LIGHT, E.G. SPORTS ACTIVITIES AND PRIZE-GIVING

I, (NAME OF PERSON GIVING CONSENT):.....


ON BEHALF OF AN INDIVIDUAL: NAME:.....

DATE OF BIRTH:...../...../.....

Signature of the Individual.....

Signature of the parent or guardian..... (If the Individual is under 18)

Date:...../...../.....

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MEDICAL INFORMATION FORM

PERSON 1

NAME: (SURNAME)		(GIVEN NAMES)	
HOME ADDRESS:			
DATE OF BIRTH:	MALE or FEMALE	BLOOD GROUP (IF KNOWN):	
PHONE: (HOME)	(MOBILE)	(WORK)	

A	HEART PROBLEMS	YES	NO	I	DEAFNESS	YES	NO
B	RESPIRATORY PROBLEM	YES	NO	J	PHYSICAL DISABILITIES	YES	NO
C	ALLERGIES	YES	NO	K	RECENT ILLNESS	YES	NO
D	TRAVEL SICKNESS	YES	NO	L	RECENT OPERATIONS	YES	NO
E	BLOOD PRESSURE	YES	NO	M	DRUGS REQUIRED	YES	NO
F	EPILEPSY	YES	NO	N	DRUG REACTIONS	YES	NO
G	DIABETES	YES	NO	O	OTHER		
H	DYSLEXIA	YES	NO				


Parent / Guardian Signature if under 18 years of age Date:

PERSON 2

NAME: (SURNAME)		(GIVEN NAMES)	
HOME ADDRESS:			
DATE OF BIRTH:	MALE or FEMALE	BLOOD GROUP (IF KNOWN):	
PHONE: (HOME)	(MOBILE)	(WORK)	

A	HEART PROBLEMS	YES	NO	I	DEAFNESS	YES	NO
B	RESPIRATORY PROBLEM	YES	NO	J	PHYSICAL DISABILITIES	YES	NO
C	ALLERGIES	YES	NO	K	RECENT ILLNESS	YES	NO
D	TRAVEL SICKNESS	YES	NO	L	RECENT OPERATIONS	YES	NO
E	BLOOD PRESSURE	YES	NO	M	DRUGS REQUIRED	YES	NO
F	EPILEPSY	YES	NO	N	DRUG REACTIONS	YES	NO
G	DIABETES	YES	NO	O	OTHER		
H	DYSLEXIA	YES	NO				

Parent / Guardian Signature if under 18 years of age Date:

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MEDICAL INFORMATION FORM

PERSON 3

NAME: (SURNAME)		(GIVEN NAMES)	
HOME ADDRESS:			
DATE OF BIRTH:	MALE or FEMALE	BLOOD GROUP (IF KNOWN):	
PHONE: (HOME)	(MOBILE)	(WORK)	

A	HEART PROBLEMS	YES	NO	I	DEAFNESS	YES	NO
B	RESPIRATORY PROBLEM	YES	NO	J	PHYSICAL DISABILITIES	YES	NO
C	ALLERGIES	YES	NO	K	RECENT ILLNESS	YES	NO
D	TRAVEL SICKNESS	YES	NO	L	RECENT OPERATIONS	YES	NO
E	BLOOD PRESSURE	YES	NO	M	DRUGS REQUIRED	YES	NO
F	EPILEPSY	YES	NO	N	DRUG REACTIONS	YES	NO
G	DIABETES	YES	NO	O	OTHER		
H	DYSLEXIA	YES	NO				


Parent / Guardian Signature if under 18 years of age Date:

PERSON 4

NAME: (SURNAME)		(GIVEN NAMES)	
HOME ADDRESS:			
DATE OF BIRTH:	MALE or FEMALE	BLOOD GROUP (IF KNOWN):	
PHONE: (HOME)	(MOBILE)	(WORK)	

A	HEART PROBLEMS	YES	NO	I	DEAFNESS	YES	NO
B	RESPIRATORY PROBLEM	YES	NO	J	PHYSICAL DISABILITIES	YES	NO
C	ALLERGIES	YES	NO	K	RECENT ILLNESS	YES	NO
D	TRAVEL SICKNESS	YES	NO	L	RECENT OPERATIONS	YES	NO
E	BLOOD PRESSURE	YES	NO	M	DRUGS REQUIRED	YES	NO
F	EPILEPSY	YES	NO	N	DRUG REACTIONS	YES	NO
G	DIABETES	YES	NO	O	OTHER		
H	DYSLEXIA	YES	NO				

Parent / Guardian Signature if under 18 years of age Date:

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MEDICAL INFORMATION FORM

PERSON 5

NAME: (SURNAME)		(GIVEN NAMES)	
HOME ADDRESS:			
DATE OF BIRTH:	MALE or FEMALE	BLOOD GROUP (IF KNOWN):	
PHONE: (HOME)	(MOBILE)	(WORK)	

A	HEART PROBLEMS	YES	NO	I	DEAFNESS	YES	NO
B	RESPIRATORY PROBLEM	YES	NO	J	PHYSICAL DISABILITIES	YES	NO
C	ALLERGIES	YES	NO	K	RECENT ILLNESS	YES	NO
D	TRAVEL SICKNESS	YES	NO	L	RECENT OPERATIONS	YES	NO
E	BLOOD PRESSURE	YES	NO	M	DRUGS REQUIRED	YES	NO
F	EPILEPSY	YES	NO	N	DRUG REACTIONS	YES	NO
G	DIABETES	YES	NO	O	OTHER		
H	DYSLEXIA	YES	NO				

PERSON 6

NAME: (SURNAME)		(GIVEN NAMES)	
HOME ADDRESS:			
DATE OF BIRTH:	MALE or FEMALE	BLOOD GROUP (IF KNOWN):	
PHONE: (HOME)	(MOBILE)	(WORK)	

A	HEART PROBLEMS	YES	NO	I	DEAFNESS	YES	NO
B	RESPIRATORY PROBLEM	YES	NO	J	PHYSICAL DISABILITIES	YES	NO
C	ALLERGIES	YES	NO	K	RECENT ILLNESS	YES	NO
D	TRAVEL SICKNESS	YES	NO	L	RECENT OPERATIONS	YES	NO
E	BLOOD PRESSURE	YES	NO	M	DRUGS REQUIRED	YES	NO
F	EPILEPSY	YES	NO	N	DRUG REACTIONS	YES	NO
G	DIABETES	YES	NO	O	OTHER		
H	DYSLEXIA	YES	NO				


DOCTOR'S NAME:	PHONE:
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I DECLARE THE PARTICULARS HERE TO BE TRUE AND CORRECT. I SHALL NOTIFY THE PEOPLE REQUIRED OF ANY CHANGE IN THIS INFORMATION, OR FORFEIT THE RIGHT OF CLAIM.

SIGNATURE: DATE:

PARENT / GUARDIAN'S SIGNATURE if under 18: DATE:

If there are multiple people, fill out 1 medical form for each person, please.

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