



APPLICATION FOR MEMBERSHIP Year _____

Or advising change of details: Yes No

Name: _____

Address: _____

Phone: (H) _____ (M) _____

Email: _____

Date of Birth: - ____ / ____ / ____ Gender: _____

EMERGENCY CONTACT DETAILS

Name: _____

Relationship to Member: _____

Phone: (H) _____ (M) _____

DISABILITY / MEDICATIONS / FIRST AID

Do you have any disability which we should be aware of? Yes No

If yes, please describe: _____

Are you taking any medications that could impact the type of first aid provided?

Yes No If yes, please provide details: _____

Do you consent to the following being administered if deemed necessary?

Emergency First Aid Yes No

Defibrillator Yes No

Resuscitation Yes No

I agree to abide by the constitution and bylaws of the AWTTA.

Signed: _____ Date: ____ / ____ / ____

Parent/Guardian Signature [if under 18 years] _____

OFFICE USE: This form is to remain in the relevant Office folder. If providing *Change of details* replace the existing form in relevant folder and provide photocopy of form to Treasurer for updating in RevSport.