



# QPS CLUB MEMBERSHIP FORM

NAME OF LOCAL CLUB \_\_\_\_\_

MEMBER NUMBER \_\_\_\_\_

(Staff use only)

QPS Club Membership is valid only to serving Queensland Police Officers (QPS), Police Liaison Officers (PLO), QPS Employees and Queensland Police Recruits. By becoming a QPS Club Member, QPS officers, PLO's, QPS Employee and Police recruits will have access to any PCYC Queensland Gym at no additional cost. Please note this offer does not include group fitness or personal training classes.

Gym access is available to the serving QPS officers, PLO's, QPS Employees, and Police recruits not their family members.

## MEMBERSHIP TYPE

Legacy Club Membership

Registered Number \_\_\_\_\_

QPS ID sighted by PCYC Staff \_\_\_\_\_

*PCYC Staff signature*

## MEMBER DETAILS

First Name \_\_\_\_\_ Surname \_\_\_\_\_ DOB / / \_\_\_\_\_

Street Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Gender  Male  Female  X Are you of Aboriginal and/or Torres Strait Islander descent?  Yes  No

Please note any injuries, allergies or medical conditions we need to be aware of.

## HOW DID YOU LEARN ABOUT QPS MEMBERSHIP AT PCYC QUEENSLAND?

QPS Academy  QPS Communication  PCYC website  Social Media  Word of mouth  Other \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

## WORKPLACE GIVING (optional)

As a Queensland Police Officer, Police Liaison Officer, Employee and Police Recruit you have the ability to give to PCYC Queensland through Workplace Giving with a donation as little as \$2 from your pay. Donations over \$2 may be tax deductible. Simply fill in the details below and PCYC Queensland will return it to QPS Payroll for processing. Every dollar will support PCYC Queensland's youth development, crime prevention and community development programs

I would like to donate the following amount (before tax amount) each pay period:

\$2.00  \$5.00  \$10.00 or my choice of \$ \_\_\_\_\_ per pay period.

To PCYC Commencing on \_\_\_\_/\_\_\_\_/\_\_\_\_

Please credit that amount to PCYC Qld under deduction code: POLCYC

This authority will remain valid until I cancel it myself directly with the PCYC Queensland Fundraising Team

Signature \_\_\_\_\_

(continues over)

## QPS CLUB MEMBER AGREEMENT

### CONDUCT

I have read and understand the PCYC Conditions of Entry and acknowledge that misconduct may lead to suspension or cancellation of membership in, and access to, a PCYC Club.

### PRIVACY

- I have read and understand the PCYC Privacy Policy.
- I understand that PCYC may use my, photographic image and /or voice and/or word (all known as 'digital resource') for publicity and promotional purposes in all forms of media including without limitation on TV, radio, press, magazine, outdoor, direct mail, PR, posters, corporate video, cinema, Internet (worldwide) subscription, and literature, and assign any and all rights, title and interest in the digital resource to which I may be entitled in law, to PCYC, and agree to make no claim for compensation for the use of the resources including digital resources.
- I DO NOT authorise PCYC to use my, photographic image and /or voice and/or word (all known as 'digital resource') for publicity and promotional purposes.  (Please tick if applicable)
- I DO NOT wish to receive any information or be contacted by PCYC about its activities.  (Please tick if applicable)

### AUTHORISATION

- I authorise PCYC to obtain all necessary medical treatment which may be required by me whilst in the care, control or custody of PCYC, 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 authorise PCYC to exercise all reasonable control, necessary in the circumstances over me or over my behaviour whilst in the care, control or custody of PCYC.

### PARTICIPATION

- I understand that participation in PCYC activities involves the risk of injury and/or loss and damage to my property and that I participate in PCYC activities at my own risk.
- PCYC Queensland, 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 may suffer at the Club and/or as a result of a PCYC activity.
- I acknowledge that I have provided medical information only for emergency purposes in this form, and that PCYC is not liable for failing to use this information in any circumstances.

## QPS CLUB MEMBERSHIP FEE

QPS Club Membership entitles you, as a serving QPS Officer, PLO, QPS Employee or Police Recruit to access to a PCYC Gym & Fitness facility at no cost. This membership is valid for all PCYC Branches in Queensland.

QPS Club Membership fee paid via:  Cash  Cheque  EFTPOS  Credit

**All Membership fees must be paid in a PCYC Club; please do not mail this form.**

## ACCEPTANCE AND SIGNATURE

All the information provided in this form by me is accurate and true. I have read and accept those sections of this form relating to Conduct, Privacy, Authorisation and Participation. I acknowledge and accept that PCYC's decision to accept or not accept my application is in its discretion and is final.

### APPLICANT

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### WITNESS

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Member class	Process Date	Receipt No.	Barcode No.	Entered into system	Sent to MMC&F
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