



**WAVERLEY CITY ARCHERS MEMBERSHIP APPLICATION / RENEWAL**

PLEASE PRINT CLEARLY!

Renewing Member (Y/N)

AA/AV No.

Transferring & New members: Have you completed the formal induction? (Y/N)

First Name   
Surname

Address

Suburb  VIC Post Code

Email Address

Phone Number  Mobile Number

Date of Birth  Date of Application

Occupation

Emergency Contact Person   
Phone No(s)

Applicants Signature

Please note, if your membership is approved, your signature on this form acknowledges your acceptance of WCA's Rules, Policies & Procedures.

Category Details: (mark appropriate boxes with an "x")

During this year my age will become:

Female  11 & under  Senior (21+)   
Male  13 & under   
15 & under  Master (50+)   
17 & under  Veteran (60+)   
20 & under  Veteran (70+)

Anticipated Bow style(s)

Compound   
Compound Barebow   
Recurve   
Recurve Barebow   
Longbow

Nomination:   
I, (print) \_\_\_\_\_, being a financial member of Waverley City Archers, nominate the applicant for WCA, AV & AA membership.

Signature of Proposer:  Date:

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**FEES:**

AA Adult	\$85.00	AA Youth	\$55.00	AA	<input type="text"/>
AV Adult	\$30.00	AV Youth	\$20.00	AV	<input type="text"/>
WCA Adult	\$30.00	WCA Youth	\$30.00	WCA	<input type="text"/>
				Total	<input type="text"/>

**Note!!**

There are family discounts for 3 or more members. See details on notice board.

**Medical Release:**

I acknowledge that participation in Archery may carry some risk to my health, and that it is my responsibility to assess my level of fitness for the sport and to identify any medical condition that I may suffer from, and where appropriate, to seek medical advice before signing this application.

I declare that I am not aware of any medical condition, except that which I have brought to the attention of WCA's Secretary and which he or she has acknowledged in writing, that is likely to adversely affect me as a result of participation in any activity, including manual labour, undertaken by WCA.

Signature:

Date:

If the applicant is under 18 years of age, the following **MUST** be completed by the applicants parent or guardian:

As far as I am aware (name of applicant)  is in good health and I consider him or her to be capable of participating in the activities undertaken by Waverley City Archers (WCA). I consent to any necessary treatment being administered to the above applicant in the event of any illness or accident which occurs during my absence from the area.

I also understand that, whilst senior members of WCA will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered to (name of applicant)

Please note that in order to promote WCA's activities, participation and events, photographs may be taken and used for official publications, the media, and if in a group setting, for members personal use.

If you do not wish the applicant to be photographed, please put a cross in this box.

Parent or Guardian's name

Parent or Guardian's signature

Date