



# TOOWOOMBA WEIGHTLIFTING ASSOCIATION

## MEMBERSHIP FORM

**Please read all information carefully**

1. Membership categories

1. Senior - from the 1st January of that year which the member reaches 21 years of age.
2. Junior - up to 31st December of that year in which the member's 20th birthday occurs.
3. Schools - whilst in attendance at a Qld Secondary School.

2. Fees – the annual membership fee for the respective categories in clause 1

1. Senior - \$15.00
2. Junior - \$15.00
3. Schools - \$10.00

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Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Sex: Male  Female  Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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I, the undersigned, hereby apply for membership of the Toowoomba Weightlifting Association Inc and agree to be bound by the rules of the Association.

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Signature of applicant

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Date

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Signature of parent/guardian

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Date

PLEASE TURN OVER

## MEDICAL DECLARATION

The Toowoomba Weightlifting Association Inc requires any participating member to disclose any medical condition they have or have had which may be adversely affected by weightlifting training or weightlifting competition. Please indicate below any such medical condition.

It may be necessary for you to gain clearance from your local doctor before commencing training or competing

_____	_____
Signature of applicant	Date
_____	_____
Signature of parent/guardian	Date

## MEDIA DECLARATION

I agree that Toowoomba Weightlifting Association Inc retains the right to publish and utilise data and images of my participation in weightlifting activities for the purposes of promoting the Toowoomba Weightlifting Association Inc and its programs and events.

_____	_____
Signature of applicant	Date
_____	_____
Signature of parent/guardian	Date