



## Membership Application

Membership No. \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone/mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

### Conditions of Membership

- Memberships will be validated at first skiing session. Expiry date will be recorded on your membership card.
- You are required to wear a jacket and a helmet. **Jackets rental is \$6 per session. Helmet rental is \$4 per session.** Alternatively you can bring your own, or purchase your own through the pro shop.
- You are entitled to 10% off all fully marked priced items in the pro shop. Exempt are already discounted items.
- Work related absences must be recorded as soon as possible in order for your membership to be extended.
- Any injuries which you sustain while cable skiing must be reported to staff straight away. It is in the manager's discretion to extend your membership should the injury be of a more serious nature.
- Board storage pending availability. Cost is \$5 per week and to be paid in full amount prior to use.

### Acceptance of Risk and Responsibility

I understand and acknowledge that participating in any slider and kicker activities can bear certain anticipated and unanticipated risks, which could result in INJURY, DEATH, ILLNESS or DISEASE, PHYSICAL and MENTAL DAMAGE to myself, to my property or to other parties or their property.

I voluntarily agree, covenant and promise to accept and assume all responsibilities and risk for injury, death, illness or disease to myself or to my property or other parties and their property arising from my participation in any slider and kicker activities. My participation is purely voluntary.

My signature below indicates that I have read this document and understood it completely.

I, the above named person being eighteen years or older, or the parent or legal guardian of the above named participant who is under age 18, hereby acknowledge and agree to above mentioned terms and conditions.

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents or Guardian Signature  
(for participants under 18 years)

### Office Use Only

Joining Date \_\_\_\_\_

Expiry Date \_\_\_\_\_

Amount \_\_\_\_\_

Layby \_\_\_\_\_

Paid By  
 Cash  
 Cheque  
 Eftpos

Member Type \_\_\_\_\_

Staff Signature \_\_\_\_\_

Photo Id No. \_\_\_\_\_