

EDITH PARSONS SCHOOL OF PHYSICAL CULTURE  
AFFILIATION FORM FOR MEMBERS

Club: .....

Member's Name: .....

Address: .....

Phone: Home: ..... Work: ..... Mobile: .....

Email: .....

Date of Birth: .....

---

Emergency Contact Information

(1) Name and Relationship: .....

Phone: Home: ..... Work: ..... Mobile: .....

Email: .....

(2) Name and Relationship: .....

Phone: Home: ..... Work: ..... Mobile: .....

Email: .....

---

Injury, Illness, Allergy

Do you have any injury, illness or allergy? **Yes No**

*If yes, please specify* .....

Does this injury, illness or allergy prevent you from doing any aspect of physical culture? **Yes No**

*If yes, please specify* .....

As a member of the Edith Parsons School of Physical Culture, I agree to be administered first aid in the event of an accident or illness if required.

---

**Insurance and Limitation of Liability**

I understand that Public Liability Insurance is included in the registration fee paid to the Edith Parsons School of Physical Culture but that personal injury to my child or myself while undertaking Physical Culture activities is not covered.

I understand that during Physical Culture activities incidents and injuries may happen and I acknowledge this warning of the injury risks involved.

To the extent permitted by the law, I assume the risks of my child or myself undertaking Physical Culture activities and I agree to hold harmless the Edith Parsons School of Physical Culture against any medical, hospital or ambulance expenses incurred in the treatment of my child/myself relating to personal injury sustained at class or competitions.

---

PTO

Photography Consent

I hereby give permission for the Edith Parsons School of Physical Culture or their delegated photographers to photograph my child/myself/my family in a group or individually at events being held by the Edith Parsons School of Physical Culture and I am aware that such photographs may be used for promotional purposes. If you answer No, you must be aware that this will prevent you/your child from competing at the State Grand Finals conducted by the Edith Parsons School of Physical Culture where a professional DVD is produced incorporating all competitors.

**Yes**

**No**

---

I, the undersigned, for myself or as parent or legal guardian of the below-named child, agree that:

**Please read  
and tick**

- I have read, understood and agree with the section titled "Insurance and Limitation of Liability" on the first page of this document.
- I have read, understood and agree to the Edith Parsons School of Physical Culture terms and conditions set out in this Affiliation Form.
- At all times I agree to abide by the rules, regulations and code of conduct of the Edith Parsons School of Physical Culture.

Member/s Name: .....

Parent/s or Guardian's Name (if applicable): .....

Signed: .....

Dated: .....