



SPORTS CLUB MEMBERSHIP FORM

NAME OF SPORTS CLUB _____

YEAR _____

PERSONAL DETAILS

NAME _____

PHONE (HOME) _____ (HP) _____

ADDRESS _____

STATE & POSTCODE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

COURSE / PROGRAMME _____

YEAR / SEM _____

ANY MEDICAL CONDITIONS? _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT TELEPHONE NUMBER _____

PLEASE READ AND SIGN IF YOU AGREE ON THE CONDITIONS

I _____ (YOUR NAME) understand and acknowledge that participating in activities ran by clubs and societies of the Sunway Campus carries a certain risk of physical injury which may occur through no fault of any volunteer, participant, employee, or coach affiliated with the Sunway Campus. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept full responsibility for my own safety. I agree not to hold the instructors or management responsible for any injuries which may occur. Furthermore, I realize that it is my responsibility to know my own limits and will not act in a manner that will bring harm to my-self or others. It is also my duty to immediately point out any injuries or limitations that I may have to the instructors or management and to seek medical attention. I agree that I will not continue with any session if prohibited to by the coach / instructor. It is also my duty to report any safety issues / concerns to the Sports Advisor / Sports Executive / Head of Student Development & Sports. I fully understand and agree to all the above. I also agree to comply with all safety rules presented by instructors and / or management. Management hold the right to terminate any contract or membership at any time for students who fail to comply with the aforementioned.

(Signature) _____ DATE _____

(Signature of parent/Guardian if under18) _____

Please complete and return this to the Student Services Department.