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| **Parkdale Bowling & Social Club Inc.****Application for Membership**Last Name: Other Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: Date of Birth\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ e-­‐mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership Type: Current or Past Occupation\_  |
| Have you been a member of another Bowling Club? \_\_\_\_\_\_\_If so, which Club and when? (A Clearance Form must be completed from your current/previous club if under 2 years)If you have played pennant before, in what Division and what position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will you play bowls if elected to membership? Pennant? If your nomination is accepted, will you:* Agree to conform to the Rules and Bylaws of the Club?
* Attend the Club regularly for bowls and or functions?
* Pay the following fees upon acceptance?

**Annual Subscription: Clearance Fee** ( if applicable) **:**  Have you ever been refused an application or suspended from another club? Applicants signature Witnessed and proposed by : (Print) Signature: Date: Seconded by: (Print) Signature: Date:  |
| Contact Details in case of Emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please complete Emergency Medical Form**   |
| **PRIVACY STATEMENT:** Personal information provided on this membership form will be used in accordance with the Club’s privacy policy – refer to web site.Assigned Mentor: First Coaching Session:  |

**Code of conduct**

**As a member of the Parkdale Bowling & Social Club Incorporated (The Club) I agree to conduct myself in a mature, courteous, and responsible manner and** I **recognise that the reputation of the Club is affected by and dependent upon my conduct and behaviour.**

I acknowledge that I will:

* Conform to all rules, regulations and procedures of Bowls Victoria and The Club -­‐ available upon request
* Offer congratulations to my opponents, win lose or draw
* Act and conduct myself with dignity and with respect for others and the property of others
* Always practice and encourage good sportsmanship and fair play
* Participate in all games to the best of my ability
* Be on time for games and practice sessions
* Advise the Club at the earliest possible time if I am unable to attend any game or practice session
* Avoid individual or collective behaviour which may reasonably be held by opposition players or spectators to be offensive or discriminatory
* Understand that all players are participating for their enjoyment
* Respect the rights, dignity and worth of every player regardless of their gender, sexual orientation, ability, impairment, cultural background or religion
* Take proper care of all club equipment and facilities

I further acknowledge that the following conduct is unacceptable and will not be tolerated:

* Using abusive or threatening language to anyone be they an opponent, a fellow team member, spectator or umpire
* Use of derogatory language based on gender, sexual orientation, race, cultural background, religion, or impairment
* Any disparaging comments, sexual harassment, or acting in a manner that brings the club into disrepute

I understand that breaching this code of conduct may result in disciplinary action, including but not limited to the following, by the board:

* Temporary or permanent suspension from any further social or competitive games,
* Revocation of membership, and
* Any other action permitted under the rules and constitution of the club.

I understand that I am responsible for ensuring that the code of conduct is followed. I acknowledge that the club has a dispute resolution process should I have any concern with any aspect of any actions listed above.

If a member has a grievance the board will follow the grievance procedures outlined in clause 26 of the constitution.

I am prepared to be part of The Club, and I fully endorse and comply with the Code of Conduct. Name: ………………………………………………………………………..

Signature: ………………………………………………………………………..

**Parkdale Bowling and Social Club**

**Emergency Medical Form**

**Confidential – only to be used in medical emergencies**

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| **PERSONAL DETAILS:** |
| Family Name: Given Name: |
| Address: |
| Home Phone: Mobile: |
| **EMERGENCY CONTACT:** |
| Family Name: Given Name: |
| Home Phone: Mobile: |
| Relationship: |
| **HEALTH CARE DETAILS:** |
| Medicare Number: |
| Ambulance Membership Number:Covered for Ambulance as a Pensioner? YES / NO |
| Please detail any medical conditions and medications to be considered in case of an accident or emergency. |
| **CURRENT MEDICAL HISTORY:** |
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I understand that this information will be kept private and confidential locked file and will only be used in the case of a medical accident or emergency.

I understand that this form will be photocopied and placed in a sealed envelope. The envelope will be given back to me to place in my bowling bag, so that it can be used in the case of an accident or medical emergency at another venue. It is my responsibility to let another team member know of the whereabouts of the form. I need to inform the team member of any medication I am carrying, that would need to be administered in a medical emergency.

**Signature: Date:**