



KOONUNG BUSHWALKING CLUB
PO Box 360, DONCASTER, VIC 3108
Incorporated Association Number A9928S.
ABN 23 919 184 953

APPLICATION FOR MEMBERSHIP

Name (*Please complete one form per applicant*):

Address:..... Postcode:.....

Telephone Nos: Home:..... Work:.....

Mobile:..... Email address:

Age bracket for Insurance purposes (please tick):

18-34 35-54 55-94 95 and over

Emergency Contact Name:Phone No:

From time to time a list of members and their phone numbers and email addresses is circulated to the membership, as an addition to the Club newsletter, *Walk Talk*.

Please tick this box if you **do not wish** your details to be circulated to other Club members.

Please tick this box if you **do not wish** your photograph to be used by the Club in any Format.

Club walks (and Leader) completed to qualify for membership

1.
2.

Acknowledgement of Risks and Obligations of Members

I acknowledge that my voluntary participation in activities organised by the Koonung Bushwalking Club, may expose me to risks that could lead to injury, illness or death or to loss of or damage to my property. I also acknowledge that I may encounter weather conditions that could lead to hypothermia and being in locations where evacuation for medical treatment may take hours or days.

In particular when participating in abseiling or above the snowline activities I am aware that these activities expose me to additional hazards and risks.

To minimise these risks I have endeavoured to ensure that:

1. The activity is within my capabilities.
2. I am carrying food, water and equipment appropriate for the activity
3. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might adversely affect my participation in the activity.
4. I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity.
5. I will advise the leader of any concerns I am having, and
6. I will comply with all reasonable instructions of club officers and the activity leader.

Please cut out this EMERGENCY INFORMATION form and keep it in your waterproof container in an outer pocket or on the outside (using the metal container & clip system) of your day walking pack.

EMERGENCY INFORMATION

NAMECAR REGO.....

ADDRESS.....DOB.....

.....MOBILE.....

MEDICAL Conditions.....

ALLERGIES.....

MEDICATIONS Used.....Carried in Pack (YES/NO)

.....Carried in Pack (YES/NO)

(#All Optional info: Ambulance No:.....Medicare No:.....

Health Insurance Provider:.....

NEXT OF KIN/CONTACT PERSON

NAME.....RELATIONSHIP.....

ADDRESS.....Phone No:

.....Mobile No (+613).....