



Membership Application Form Pee-Wee Membership 8-11 Years

SURNAME _____ GIVEN _____

ADDRESS _____

SUBURB _____ POSTCODE _____ D.OB. _____

TELEPHONE _____ EMAIL _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME: _____

RELATIONSHIP: _____

CONTACT TELEPHONE: _____

Membership Fees for Pee Wee Member: \$66.00 subscriptions per annum
\$19.80 Insurance fee per annum
TOTAL: \$85.80 pa

- I hereby agree to abide by all the Rules of Lakelands Country Club Inc.

Signed _____ Date _____

PAYMENT METHOD:	Cheque <input type="checkbox"/>	Cash <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Card type:	Visa <input type="checkbox"/>	Bankcard <input type="checkbox"/>	Mastercard <input type="checkbox"/>
Card Number:	_____ / _____ / _____ / _____		
Expiry Date:	_____ / _____	Amount: \$	_____

Pee-Wee Playing Rights

- Coaching available between 2.00pm and 3.00pm on Sunday afternoons
- May play Sundays from 3.30pm under the control of the Pro-Shop staff and only with a Senior member or adult supervision.

Lakelands Country Club, P O Box 1322, Wangara, WA 6947
Telephone: (08) 9405 4888



PARENTAL CONSENT FORM

JUNIOR'S NAME:

ADDRESS:

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ACTIVITY	PERMISSION GIVEN	PERMISSION <u>NOT</u> GIVEN
Have their image published in a Lakelands Newsletter or Report		
Have their image published on the Lakelands website or web report (no contact details would be published)		

I (print name) authorise Lakelands Country Club to obtain emergency medical treatment as listed above for my child due to accident or illness sustained and agree not to make any claims of whatsoever kind and howsoever arising relating to such treatment, against Lakelands Country Club or any of its member's and staff.

PARENT / CARER SIGNATURE:

PRINT NAME: DATE:

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD WHO IS A MEMBER OF LAKELANDS COUNTRY CLUB