

APA MEMBERSHIP APPLICATION

You are required to fill out **all** sections of this form except for the voluntary medical questions. State all information to the best of your knowledge. If you are under 18 years of age a parent or guardian **must** sign your waiver form.

You will require the signatures of **two** current Australian Parkour Association members to nominate and second your application.

If you have a state representative, forward them your completely signed forms with payment. They will validate and forward your application through the appropriate avenues.

If you cannot give your forms to a state representative or committee member then send the forms to:

**PO Box 21159
Little Street 8011
Melbourne 3001
VICTORIA**

You will be required to pay a \$10 joining fee and yearly membership fee. Dependant upon what time of the year you join the yearly membership fee will vary:

July – Sep: \$50

Oct – Dec: \$37.50

Jan – March: \$25

April – June: \$12.50

Upon receipt of payment you will be entered into the Register of Members and you be entitled to exercise your rights as a member and be considered a member of the Australian Parkour Association.

Once you become a member, should your contact or medical details change, or if you become aware of any relevant medical issues that we should know about, please contact the secretary to update your details.



APPLICATION FOR MEMBERSHIP OF THE AUSTRALIAN PARKOUR ASSOCIATION INCORPORATED

I, _____ **(name and occupation)**

of _____ **(address)**

desire to become a member of the Australian Parkour Association Incorporated.

In the event of my admission as a member, I agree to be bound by the rules and policies of the Association for the time being in force.

_____ **(signature of applicant)**

DATE: / /

I, _____ **(name)**, a member of the Association,
nominate the applicant, who is personally known to me, for membership of the Association.

_____ **(signature of proposer)**

DATE: / /

I, _____ **(name)**, a member of the Association, second
the nomination of the applicant, who is personally known to me, for membership of the Association.

_____ **(signature of seconder)**

DATE: / /

OFFICE USE ONLY

State:

Ref no:

Date:



ADDITIONAL INFORMATION

SEX: _____

DATE OF BIRTH: / /

PREFERRED MAILING ADDRESS: (Leave blank if same as before)

Suburb/city: _____ State/Territory: _____ Post Code: _____

PRIMARY E-MAIL: _____

SECONDARY E-MAIL: _____

PRIMARY CONTACT NUMBER: () _____

FAX: () _____

I prefer correspondence by (tick one): Email Mail Fax

MEDICAL, HEALTH AND EMERGENCY RECORD

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: _____

Home: () _____ Mobile: _____ Business: () _____

CURRENT AND PREVIOUS MEDICAL CONDITION/S AND INJURIES

Do you or have you ever suffered from any medical conditions or injuries that could affect your activity?

MEDICATION

Are you currently taking any medication or supplements that will affect your activity?



WAIVER AND RELEASE OF LIABILITY

In agreeing to participate in the APA and its activities, I agree as follows:

I fully understand and acknowledge that Parkour has (a) inherent risks, dangers, and hazards and such exists in my participation in this activity; (b) my participation in such activity may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) by my participation in these activities, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Australian Parkour Association Inc. and all its members from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of participation in this activity. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future.

I understand that the Australian Parkour Association does not condone the irresponsible use of Parkour or related disciplines in dangerous or illegal activities which include roof jumping or trespassing.

I understand that I am responsible for informing my instructors of any pre-existing medical conditions or injuries that may affect my ability to participate in training. I understand that if during the course of my training I develop any medical conditions or injuries that I will inform my instructor about them.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE AUSTRALIAN PARKOUR ASSOCIATION INC. AND ITS MEMBERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH BY ANY CAUSE.

PARTICIPANT'S NAME (PRINT): _____

PARTICIPANT'S/GUARDIAN'S SIGNATURE: _____

WITNESS NAME (PRINT): _____

WITNESS SIGNATURE: _____

DATE: / /

