

# Ku-ring-gai Bushwalkers

Activity & Social Group Inc.



The Bushwalkers Three Fs - Fun Fitness Friendship and Safety

**PLEASE PRINT**

050131www.mspppli

Please fill in all details and post with prescribed fee to: Ku-ring-gai Bushwalkers P.O. Box 3121 ASQUITH NSW 2077.

## Membership Application Form (information provided is strictly confidential)

First Name: ..... Last Name: .....  
 Address: ..... Vehicle Rego: .....  
 Suburb: ..... Post Code: ..... Date of Birth: .....  
 Home Phone: ..... Mobile: .....  
 Work Phone: ..... Email: .....  
 Date Joined: ..... (Msp/Insurance Start Date) Occupation: .....  
 Postal Address: ..... Post Code: .....  
If different from residential address

### Medical Information

Emergency Contact: ..... Relation: .....  
 Emergency Phone(s): .....  
 Doctor Name: ..... Doctor Phone(s): .....  
 Medical History: .....  
Include information that may impair your ability to participate in high impact activities

### Activity Interests & Experience

E.G. Place level of interest in left box and experience in right box - 0 to 5 (Highest level is 5).

|                  |   |                  |   |                  |   |
|------------------|---|------------------|---|------------------|---|
| Day Walks        | <input type="checkbox"/> <input type="checkbox"/> Level | Canoe/Kayaking   | <input type="checkbox"/> <input type="checkbox"/> | Bicycle Touring  | <input type="checkbox"/> <input type="checkbox"/> |
| Overnight Walks  | <input type="checkbox"/> <input type="checkbox"/>       | Weekends Away    | <input type="checkbox"/> <input type="checkbox"/> | Barbecue Socials | <input type="checkbox"/> <input type="checkbox"/> |
| Expedition Walks | <input type="checkbox"/> <input type="checkbox"/>       | Car Base Camping | <input type="checkbox"/> <input type="checkbox"/> | Other            | <input type="checkbox"/> <input type="checkbox"/> |

## DECLARATION

- I the undersigned in consideration of and as a condition of acceptance of my entry and or participation in the Ku-ring-gai Bushwalkers Activity and Social Group Inc for myself my heirs, executors and administrators hereby waive all claim, right or cause of action which I or they may otherwise have for or arising out of loss of life or injury, damage or loss of any description whatsoever which I may suffer in the course of and or while participating in the events and or activities.
- This waiver, release and discharge shall be and operate in favour of the Ku-ring-gai Bushwalkers Activity and Social Group Inc, its members, visitors, coordinators, leaders and agents and shall operate should the damage or cause be due to any act or neglect of any of them.
- I declare that I am medically fit with a sufficient level of physical fitness to participate in high impact activities for extended periods.
- I agree that the activities can sometimes be dangerous and shall participate solely at my own risk.
- I will abide by the rules and objects of the Ku-ring-gai Bushwalkers Activity and Social Group Inc.

Do you have First Aid Certificate/Experience.  YES  NO

Sign.....

All members are strongly advised to take out Medical Insurance and Ambulance Cover prior to participating in any of our activities.

Date.....

We provide Public Liability and Personal Accident Insurance. In addition to these insurances we also provide a Medical, Evacuation and Safety Net Fund for our members.

|                 |                  |             |                |         |
|-----------------|------------------|-------------|----------------|---------|
| Office use only | Registration Fee | Receipt No. | Proposed ..... | Remarks |
|                 |                  |             | Seconded ..... |         |
|                 |                  |             | Accepted ..... |         |
|                 |                  |             | Date .....     |         |

MSP Type:  Prov (2 mths)  Ord (12 mths)  CIS (12 mths)  Con (12 mths)  Hon (12 mths)