

GAUTENG CLIMBING MEMBERSHIP FORM



All prospective members of Gauteng Climbing are required to complete this membership form and return it to gautengclimbingsecretary@gmail.com. Membership is subject to the approval of the GC management committee. All details will be kept in a secure database with access restricted to authorised Gauteng Climbing officers only.

SECTION 1: MEMBER CONTACT INFORMATION (Required)

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
ADDRESS		DATE OF BIRTH	
		HOME PHONE #	
CITY		CELL #	
POSTAL CODE		EMAIL	

SECTION 2: ANNUAL MEMBERSHIP TYPE (Required)

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
CLIMBER	League member	R280	<input type="checkbox"/>
COACH	Coach, Assistant Coach	R280	<input type="checkbox"/>
INSTRUCTOR	Instructs technical (rules/regulation) training, skills training	R280	<input type="checkbox"/>
OFFICIAL	Judges, Scorers, Belayers, First Aiders	Free	<input type="checkbox"/>

SECTION 3: MEMBER INFORMATION (Optional)

(Information in this section is optional and will be used for Gauteng Climbing development purposes only)

Would you be interested in learning to coach and or route set? (Please state)
Would you be interested in being a committee member? (Please state position) YES NO
What skills do you have that could help develop Gauteng Climbing? (e.g. web design, accounting, printing, planning, sponsorship, first aid, etc)

SECTION 4: MEDICAL INFORMATION & CONSENT (Required)

In case of emergency and as part of the league responsibility to its membership, ALL league members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised league officers only.

PRIMARY EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	
ADDRESS		
HOME PHONE #	CELL #	

SECONDARY EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	
ADDRESS		
HOME PHONE #	CELL #	
MEDICAL AID #		
PRIMARY PHYSICIAN	PHYSICIAN CONTACT #	

Allergies? (Please state)

Medication? (Please state)

List previous injuries, illness or surgery that EMS may need to know about:

Declaration: I certify that, to the best of my knowledge, the above information is current, correct and true. I consider myself to be physically fit and capable of full participation and agree to notify the league of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission for the team managers/coaches appointed by another Health Care to obtain emergency medical information on my behalf. I understand that with any sport, there is risk involved. I know that climbing is a dangerous sport. I understand the risk associated with climbing and further agree that all injuries that may result from playing this sport will be covered by me, my primary or my secondary insurance.

I accept and will abide by the Gauteng Climbing Constitution and all policies in force including but not limited to the Anti-Doping policies (copies of which will be provided upon request). At the same time I indemnifying and waive all claims against GC, the management committee and or the Members, and all matters incidental thereto, how so ever arising from all or any causes of any nature whatsoever.

SIGNED MAJOR	DATE
SIGNED MINOR	DATE