

## Membership Application For children up to the age of 12 years

Childs Details	· <b>·</b>
Name: _	
Address:	
Date of Birth:	
Gender:	Male   Female
Parent/Guard	lian Details:
Name:	
Membership No:	Relationship to Child:
Phone No:	Email:
Our Privacy P	olicy:
on this form unde	RSL is Committed to the privacy of you and your child's personal information r the QId Industry Privacy Code. The Club will use the information to process your child's ovide its facilities & services.
from the club regathe child's name t	m, you, as the child's parent/guardian, acknowledge that we will send to you information arding services, upcoming competitions and events. You are also giving permission for o be mentioned in the Beacon on the month of their birthday. Photographs of you and/be used from time to time for advertising purposes.
l do not give	e permission for the above.
Signature:	

