



# Membership Form

## Parent / Carer # 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

## Parent / Carer # 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Emergency Contact:**

Membership Level:    Level One / Level Two / Level Three / Casual User

Membership Fee:        \$40                    \$60                    \$80                    \$5

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Children / Dependents Details (name & date of birth)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lockyer Community Centre**

**14 Crescent St. Gatton 4343**

Ph; 5462 3355    Membership Email; [admin@lockyercc.com.au](mailto:admin@lockyercc.com.au)

Hire / Loan enquiries: [info@lockyercc.com.au](mailto:info@lockyercc.com.au)



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We encourage and ask all members to support and consider contributing towards the operation of this program in the form of undertaking of a 2 hour roster duty per month.

To assist us with gaining program funding and research how did you find out about this Toy Library Program? \_\_\_\_\_

Do you use Facebook, Twitter, Instagram? \_\_\_\_\_

## Membership Agreement:

In applying for membership of Lockies Toy Club, I and all other parties included in my membership agree to:

Comply with the program rules, terms & conditions.

To indemnify Lockyer Community Centre, its members, staff and volunteers against the loss or liability howsoever caused, arising from hiring by or through the member of any toys, games or other program items.

I acknowledge I have been informed and understand the program rules, terms & conditions.

I agree that I and all other parties included in my membership are liable for any loss or damage to toys, games, or other program items whilst in our possession.

I agree to inform Lockies Toy Club of any damages or incidents that may arise during any hire period.

I have read and agree to helmet waiver below and signing this agreement forms acknowledgement and acceptance of this waiver.

I agree to Photo / Media release use of any images of any parties included in this membership application, for the purposes of promotion and gaining future program funding.

I understand that I can cancel my membership at any time upon notice to Lockies Toy Club, and have been made aware that no membership fee refunds apply.

I understand that Club Membership is not transferrable.

Lockyer Community Centre reserves the right to cease membership in the event of intentional misuse / non-return of toys, games or other program items.

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## WAIVER, RELEASE AND INDEMNITY FOR BICYCLE AND SCOOTERS

Lockyer Community Centre - Lockies Toy Club ("Provider") is pleased to make bicycles and scooters available to subscribers ("the Service").

As a subscriber to the Service you acknowledge that there are dangers and risks inherent with bicycle and scooter riding (the "Activity") to which any child under your supervision ("Your Child") may be exposed.

The Provider does not provide protective clothing or bicycle helmets and it is your responsibility to ensure that Your Child wears a helmet at all times and is otherwise appropriately attired when participating in the Activity. You agree that Your Child will participate in the Activity at your own risk. You also agree to voluntarily assume responsibility for supervising the Activity and any injury, death or property damage you or Your Child may suffer or cause as a result of participating in the Activity. To the maximum extent possible at law, you (both in your personal capacity and on behalf of Your Child) agree to release, hold harmless and indemnify the Provider and its respective officers, employees, servants, agents and contractors (the "Indemnified Persons") against all actions, claims, suits, costs, expenses, demands and damages suffered or incurred by the Indemnified Persons or any one or more of them by reason of, or in respect of, or in any manner whatsoever arising out of, or caused by, your use of the Service or Your Child's participation in the Activity.

You agree that you are subscribing to the Service on the express condition that the Provider:

- (a) will, under no circumstances be liable or responsible in any manner whatsoever for any death, loss, accident, damage or injury to you, Your Child or any of your servants, agents, contractors, visitors or invitees or any other person whatsoever ("Related Party") which may happen as a result of your use of the Service or Your Child participating in the Activity; and
- (b) will not incur or be under any liability whatsoever to you, Your Child, or to any Related Party for any loss, damage or injury to or in respect of any of your property or of any Related Party's property.

The Provider is not liable to you, Your Child or any Related Party in respect of any indirect or consequential loss. For the avoidance of doubt, 'consequential loss' means loss or damage arising from a breach of contract, tort (including negligence), under statute or any other basis in law or equity of an indirect or consequential nature including, but without limitation, loss of profits, loss of revenue, loss or denial of opportunity, loss of goodwill, loss of business reputation, future reputation or publicity, damage to credit rating and indirect, remote, abnormal or unforeseeable loss, or any similar loss whether or not in the reasonable contemplation of the parties.

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Member Name & Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff / Volunteer receiving membership application & acting as witness to agreement:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NEW MEMBER TO COMPLETE WHERE APPLICABLE:**

**Member ID** (driver's license/Health Care Card etc.) \* To be sighted & copy retained on file

**ID Details:**

\_\_\_\_\_

Payment Received & Date: \_\_\_\_\_

Form of payment & Number: \_\_\_\_\_ New member # \_\_\_\_\_

**Accepted Payment Methods:**

Cash    Direct Debit / EFT    Bank  
Deposit

**Banking Details:**

Account Name: Lockyer Information & Neighbourhood Centre Inc.

BSB: 034 182                          Account Number: 293240

- To ensure we can identify your payment please use name as deposit reference.

**ADMIN USE ONLY:**

**Staff / Volunteer name;**  
\_\_\_\_\_

**Date membership processed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Entered into MiBASE:**                          Y / N

**Welcome email sent** Y / N **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Log in email sent:** Y / N **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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