



# MEMBERSHIP FORM

## PERSONAL DETAILS (CHILD)

christian name		surname	
name of school		school year	date of birth
address		suburb	postcode
phone (home)			

## DETAILS OF PARENT(S) / GUARDIAN(S)

fathers name		title	profession
email address		phone (mobile)	
mothers name		title	profession
email address		phone (mobile)	

## PAYMENT DETAILS

Frontier Club fees are \$125 per term. Please find enclosed payment (cheque / cash) of:

- \$125 - Term 1 only. I will promptly pay subsequent term fees throughout the year
- \$500 - Whole Year. One of payment (preferred).

Please note that term fees can also be paid by electronic funds transfer (EFT). Please contact us for further information regarding this.

signed	date
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# PARENTAL CONSENT

As a parent/care giver of \_\_\_\_\_  
I give my consent for him to participate in the activities of Nairana Study Centre / Frontier Club and I agree to delegate my authority to the supervisor(s) and assistant(s) involved. Such persons may take whatever measures they deem reasonable to ensure the safety, well being and good conduct of the boys as a group and individually.

I also give my consent to the supervisor(s) and assistant(s) to obtain any medical assistance or ambulance transportation which they may deem necessary should illness or accident occur, and agree to pay any resulting expenses. I further authorise qualified medical practitioners to administer any appropriate medical treatment deemed necessary, and the qualified supervisor(s) and assistant(s) of Nairana Study Centre / Frontier Club to administer whatever first aid they deem prudent.

I give permission for Nairana Study Centre / Frontier Club staff to take and use photos and / or video recordings of the above-mentioned young person for promotional purposes.

signed

date