



West Torrens Lacrosse Club

General Membership Application

Personal Details – PLEASE PRINT

Surname/Family Name _____

Given Name/s _____

Address _____ Postcode _____

Contact Details: Home _____ Work _____

Mobile _____ Email _____

Code of Conduct and Consents

I confirm that I have reviewed and signed the **Code of Conduct** and that I understand and agree with the content.

I agree to abide by all **rules, regulations, rulings and decisions** of the Club, State Association, team and game officials.

If any **medical emergency** should arise for myself I authorize any club official to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred.

My **contact details** may be provided to third parties and used for purposes relevant and appropriate to my participation in National, State and Club lacrosse activities.

I give permission for **photographs and/or video** to be taken during my participation in lacrosse activities, which may be used by the WTLC and affiliated organization(s) for promotional purposes.

Signature _____ **Date** _____

Privacy Statement

West Torrens Lacrosse Club respects your privacy. We protect your personal information. We do not rent, sell or trade our mailing lists. The information you provide will only be shared with directors, officers, volunteers, coaches, officials of WTLC and Lacrosse South Australia (for registration purposes and participation in State, National and International lacrosse events). You can get more information about the way we manage your personal information by writing to West Torrens Lacrosse Club, Attention Club Secretary PO Box 386 Prospect 5082 or wtliceagles@hotmail.com. Please contact us at West Torrens Lacrosse Club PO Box 386 Prospect 5082 or wtliceagles@hotmail.com if you would like to access or correct the information that we hold about you.

WTLC Membership Fee - \$20.00

Club Membership Fee Received \$ _____ **Cash/Cheque** **Date Received** _____

Receipt Number _____

Club Membership Fee Received By _____ **Signature** _____

Our Values

Health Excellence Accountability Respect Teamwork