

## Responsible Adult Authority

To be completed when a membership only has person/s covered under 18 years of age

Membership No:

Nominated responsible adult :			
<b>Full Name:</b>			
<small>Please Print:</small>			
<b>Date of Birth:</b>		<b>Relationship to Youth:</b>	

Person 2: (if applicable)			
<b>Full Name:</b>			
<small>Please Print:</small>			
<b>Date of Birth:</b>		<b>Relationship to Youth:</b>	

Membership Mailing Address:					
<b>Address:</b>					
<small>Please Print:</small>					
<b>Suburb:</b>		<b>State:</b>		<b>Post Code:</b>	

I declare and acknowledge that:

1. I am the parent or guardian of (enter child's full name) \_\_\_\_\_.
2. I/we consent to being noted as the responsible adult/s for this membership.
3. I/we understand that (enter child's first name) \_\_\_\_\_ will remain the only person covered by this membership.
4. I understand that either myself or Person 2 (if applicable) nominated on this authority have unrestricted access & authority on this membership.
5. I/we understand that all documentation pertaining to this membership will be sent to the membership mailing address above.
6. I/we acknowledge that my rights as the responsible adult may be revoked or amended when (enter child's first name) \_\_\_\_\_ reaches 18 years of age.

Responsible Adult Signature	Date									
	D	D	/	M	M	/	Y	Y	Y	Y

Person 2 Signature (if applicable)	Date									
	D	D	/	M	M	/	Y	Y	Y	Y