



Application for Membership

Full Name: _____
(Parents/Guardians)

Cazalys Membership Number: _____
(Parents/Guardians)

Child's Full Name: _____

Child's Address: _____

Phone: _____ Email Address: _____

Male/Female _____ Child's Date of Birth: _____

Does the child have any Allergies/Disabilities/Special Requirements: Yes/No

If Yes Please give details: _____

How did you find out about Cazalys Juniors Kids Club? _____

Office Use Only

Cazalys Juniors Kids Club/Number: Card Issue..... (Date)

Copy of Policy Issued to Parent Guardian (Date)

Paid Receipt Number.....

Please complete the following Questions:-

- 1. In case of an emergency involving the Parent or Guardian who should be contacted to care for the child?*

Name: _____ Phone: _____

- 2. Do you give your permission for this Child to receive emails and/or mail regarding promotions for the Cazalys Juniors Kids Club- **Yes or No***

- 3. Will the child be attending the Cazalys Juniors Kids Club while in the care of a person other than the registered parent/guardian? **Yes or No***

*(If **yes** please give details below)*

Please note that Children must be in the care of a Member who is registered below in the absence of Parents and Guardians.

Name: _____

Membership No: _____

Relationship to the Child: _____

Name: _____

Membership No: _____

Relationship to the Child: _____

I declare that I am the Parent/Legal Guardian of

I have read and understood the Juniors Kids Club Policy and Rules and agree to abide by them and any other direction that may be from time to time imposed by Club Management.

Name:.....Signature.....