



SOUTHERN CAMPDRAFTING ASSOCIATION LIMITED **APPLICATION FOR NEW MEMBERSHIP**

Name:.....
Address:.....
Town:..... State:..... Post Code:.....
Date of Birth:..... Gender:..... Telephone #:.....
Email:.....

Please ensure this application is completed in full.
*MEMBERSHIP FEES DUE 1 ST JULY TO 30TH JUNE EACH YEAR

(Please circle)	
Adult.....	\$165 - (17yrs & over)
Juvenile.....	\$30 – (13yrs & under 17yrs)
Junior.....	\$25 – (8yrs & under 13yrs)
Mini.....	\$20 – (5yrs & under 8yrs, clinics/camps only)
Non-Riding....	\$30 (SCA Magazine subscription Only)
	ADULT
	JUV
	JNR
	MINI
	NON-RIDING

NB: All Full Memberships should be paid through SCA Office MINIMUM 7 days prior to event.

RELEASE AND WAIVER OF LIABILITY THE SOUTHERN CAMPDRAFTING ASSOCIATION LIMITED

I acknowledge that the recreational activity of Campdrafting is a dangerous recreational activity and involves a significant risk of physical harm. I acknowledge that I have been warned that if I participate in this activity that I may suffer injury, loss, damage or even death. I acknowledge that Southern Campdrafting Association Limited (SCA) has warned me that if I participate that I may suffer injury, loss, damage, or death. In consideration of Southern Campdrafting Association Limited permitting me to use their facilities and activities and allowing me to participate, I hereby release Southern Campdrafting Association Limited from any claims that I may otherwise have against Southern Campdrafting Association Limited in respect of any damage, injury or loss that may be occasioned by virtue of my participation in that dangerous activity and I agree to release from all liability and not to sue Southern Campdrafting Association Limited for any such injury, death, loss or any other damage sustained by me as a result of my participation in any of the activities provided by Southern Campdrafting Association Limited.

Helmet Compliance

I acknowledge that I am required to wear the correct, current, up-to-date standard of helmet whilst competing at any event affiliated with Southern Campdrafting Association Limited and I agree to comply with all rules and regulations regarding protective headgear. I understand that failure to wear the approved helmet may increase the risk of injury and may result in injury, loss, damage or even death.

I acknowledge that: my signature to this document constitutes a complete and unconditional release of all liability of the SCA (and any Campdraft Committees affiliated with the SCA) to the extent permitted by law in the event of me and/or the children under my care suffering injury, death, or permanent disability.

Signed: _____ this _____ day of _____ 20_____
(signature) (date) (month) (year)
Member Signature. (If Person under 18 years of age a Parent or Guardian must sign).

Please Note: Memberships will not be processed until this Release and Waiver is signed and returned with Fees. (Unsigned forms will be returned).

Please post or email completed application to the
Secretary/Treasurer. P.O. Box 266 Tumut NSW 2720

Email: sca@campdraft.org.au

PH: 0422 629 930

If you require further information before lodging your application please
contact us.