



Date.
 Membership No.

(08) 9651 0000
 PO Box 211, Moora 6510 WA
 34 Padbury Street, Moora 6510 WA
 shire@moora.wa.gov.au

SHIRE OF MOORA – DECLARATION OF SUPERVISION 2024/2025

APPLICANT DETAILS

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Phone No.	<input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>		

PARENT/GUARDIAN DETAILS

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Phone No.	<input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>		

DECLARATION

I, _____, declare that I am the Parent/Guardian of applicant, _____

- a. I agree that the applicant is fit and capable of using the gym facilities.
- b. I agree to supervise the applicant for the entire duration they are present at the gym facility.
- c. I understand that as part of my supervision, I will not use any of the gym facilities myself and failure to comply will result in the termination of the applicant’s membership.
- d. I understand that I hold full responsibility for the safe handling of all gym equipment and any damages that may occur to any equipment or the facility during my time supervising the applicant.
- e. I also agree that I have read and will abide by the Terms and Conditions specified on the Gym Membership Application form.
- f. I understand that the Shire of Moora holds the right to terminate the applicant’s membership should the applicant and/or myself fail to comply with the Terms and Conditions.

SIGNATURE CONFIRMATION

Member Name:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Receiving Officer:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>