



# 2009-2010 APPLICATION FOR MEMBERSHIP – INDIVIDUAL

CLUB NAME \_\_\_\_\_

SEASON \_\_\_\_\_

**2009- 2010**

RENEWAL

New Member

Upgrade

Have you ever been a member of this Club or another Club and did not register last season?  Yes  Club \_\_\_\_\_ Year \_\_\_\_  
 No

## CONTACT AND PERSONAL INFORMATION

\*Club Code \_\_\_\_\_

\*Registration  
Number \_\_\_\_\_

Build ID number \_\_\_\_\_

\*First Name \_\_\_\_\_

\*Surname \_\_\_\_\_

\*Middle Name \_\_\_\_\_

\*Gender

Male

Female

\*Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)

\*Australian Citizen

Yes

No

Occupation \_\_\_\_\_

\*Address \_\_\_\_\_

\*Suburb \_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

\*Telephone \_\_\_\_\_

(H)

(W)

(M)

\*Email Address \_\_\_\_\_

I would like to receive

Swimming SA e-newsletter

Swimming Australia e-newsletter

\*required information

## EMERGENCY CONTACT DETAILS

Relationship \_\_\_\_\_

\*First Name \_\_\_\_\_

\*Surname \_\_\_\_\_

\*Telephone \_\_\_\_\_

(H)

(W)

(M)

\*required information

## MEMBERSHIP CATEGORY (Registrars: If more than one is ticked please ensure they are all ticked online)

Swimming SA Life Member

Club Life Member

Competitor - who shall be eligible to compete in open and / or interclub competitions.

Technical Official who shall hold a Swimming Australia Technical Official accreditation.

Recreation Swimmer, who is a member who undertakes training or learn to swim with a Club but does not compete

Associate, who is a member but does not swim (eg parent or guardian).

## OTHER INFORMATION

Coach ASCTA Number \_\_\_\_\_ NCAS \_\_\_\_\_

Administrator

Non-English Speaking

Indigenous Member

Swimmer with a disability Classification (if applicable) \_\_\_\_\_

## MEDICAL DETAILS

If you suffer or you have suffered from any disease or any physical or mental disability (eg, epilepsy, diabetes or any permanent disability to a limb, eye or ear) likely to affect your efficiency as a Club member, it may affect your safety and the safety of the public. You should consult your medical practitioner prior to commencing any swimming activity.

Please tick this box if you have read this information

# DECLARATION

1. I **acknowledge** that acceptance of this application for registration by Swimming SA Inc. will operate as an agreement binding upon me to abide by all the provisions of the Rules, Regulations and Codes of Conduct of Swimming SA Inc and to accept and enforce all its decisions and to be bound by the constitution, rules and by-laws (as amended from time to time) of Swimming SA, Swimming Australia Limited and FINA.
2. I **authorise** Swimming SA Inc. to use and disclose to related and relevant bodies any of my personal information that may be necessary to implement the rules, regulations and policies referred to above.
3. I **agree / do not agree** (please delete as applicable) to have my name, **photograph** and/or results published in official programmes, newsletters and/or websites.
4. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any Swimming SA activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify Swimming SA in writing through my Club of any change to my fitness and ability to participate. I understand and accept that Swimming SA will continue to rely upon this declaration as evidence of my fitness and ability to participate.
5. I **have provided the information required overleaf and signed this form.** I warrant that all information provided is true and correct.
6. Swimming SA has a **Privacy** policy and that the information that I have provided overleaf is necessary for the Objects of Swimming SA. I acknowledge and agree that the information will be disclosed to my Club and Swimming SA and will only be used for the Objects of Swimming SA and to provide me with membership services. I understand that I will be able to access my information through my Club. If the information is not provided my membership application may be rejected.
7. I **have read, understood, acknowledge and agree** to the above declaration. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of Swimming SA membership.
8. I, **being the legal parent/guardian** of the within named member(s) of the Fleurieu Swimming Club Inc., or being a member over the age of 18 years, hereby consent to the said member(s) participating in all Club activities, including all competitive swimming, training, recreational, social or administrative activities. I will not hold Fleurieu Swimming Club Inc. responsible for any loss or claim whatsoever in connection with any injury or damage to person or property arising by virtue of the member(s) participating in any manner in any Club activity. I acknowledge that the Club carries no personal insurance (apart from public liability insurance) for injury or loss to any member's person or property. It is an expectation of swimmers and their families competing at any Fleurieu Swimming Club meet or event (eg time trials) and any Swimming SA sanctioned meet to assist with time keeping when required.

The Fleurieu Swimming Club conducts many fundraising opportunities throughout the year to help raise funds for on going administration costs, the Mildura Training Camp, social activities, travel fund assistance, lane fees, relay nominations and many other events. To ensure the club is kept in a strong financial state, we require on-going fundraising throughout the year. It is expected that all members participate in both major and minor fundraising events.

Minor Fundraising events include raffles, chocolate sales and any other small fundraiser the Committee prepares throughout the season.

Major fundraising events are deemed by the Committee and can change season to season. Our current Major commitments are marshalling at various triathlons and to Bunning's barbecues. It is expected that all members and their families assist where possible and attend a minimum of two (2) of these events. Alternatively a fund-raising levy can be paid on written application to the Management Committee.

Swimmers are expected to be well presented in uniform at any competition they enter whilst representing the Fleurieu Swimming Club. Swimming Australia Codes of Conduct should be adhered to on all occasions.

At different activities during the year, the Fleurieu Swimming Club Inc. may take photographs for archival purposes, and from time to time for Fleurieu Swimming Club Inc. The use of these photos is at the Fleurieu Swimming Club's discretion and will only be used to enhance the good name of the Fleurieu Swimming Club Inc.

## DECLARATION

I have read, understood, acknowledge and agree to the declaration above. I warrant that all information provided is true and correct.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

## \*Note: PARENT/LEGAL GUARDIAN CONSENT. (IN RESPECT TO AN APPLICANT UNDER THE AGE OF 18 YEARS)

Where the applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian. Applicants under 18 years of age must have a registered parent or guardian who must separately apply for associate or other membership.

I have read, understood, acknowledge and agree to the declarations above and the details provided in the application and I personally consent to the declarations above and I warrant that all information provided is true and correct.

I \_\_\_\_\_ am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this membership application and declaration.

SURNAME \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

## CLUB CERTIFICATION (this section must be signed and retained by the Club)

This membership has been **accepted / rejected** (please delete as applicable) by our Club committee:

The Club has sighted proof of age  Yes

The Club has sighted proof of Australian citizenship  Yes

Name of Club Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_