



CARINA LEAGUES CJ's SWIM CLUB REGISTRATION 2010/2011



Personal details

Parent/Guardian: Mother - Family First
 Father - Family First

Primary address: Suburb Qld

Tele: email:

Mobile:(mother) (father)

Swimmer's details

Name	First	Middle	Family	D.O.B			
1st Child	:	:	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Child	:	:	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Child	:	:	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th Child	:	:	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Need a copy of each child's Birth Certificate or a copy needs to be sighted on registration.

Club Fees

Payment details

	Before 30 July	After 30 July
One swimmer	\$ 50	\$ 90
Two swimmers	\$100	\$140
Three swimmers	\$150	\$190
Four swimmers	\$200	\$250

Payment can be made by: Cheque, Cash, Eftpos/Credit card.
 Cheques need to be made out to: Carina Leagues CJ's Swim Club.
 Eftpos or Credit Cards are to be processed at the Clem Jones Centre Reception counter.
 Please retain your receipt to give to the Registrar:
 Kym Fisher 0437 937 906

Club subscription, includes Queensland Swimming & Brisbane Swimming Association fees. These fees will allow your child to swim at all competitive meets organize by the above organizations.

Club volunteer info

As a club that is completely run by volunteers, we strongly encourage you to participate. It's fun and it helps tremendously to make our club a winning club. Please tick the boxes you and your partner can help with

- Friday Club Night
- BBQ
- Clem Jones Carnival
- Committee member

What skills or business contacts could you offer

Blue card status

It is not necessary for parents to have a Blue card when attending with their children. But we do strongly encourage all volunteers to apply for a Blue card with the Queensland Police.

Do you hold a current Blue card YES NO

Name on the card:

Exp Date: Number

Parental/Guardians Agreement Conditions

I/we agree that if our child / children attend any club activity they will be accompanied and supervised by a responsible adult. I/ we agree to advise a Committee member in writing of any medical conditions my child / children may have which may affect their attendance at club activities. I/we agree to read and abide by the parents and spectators Code of Conduct produced by Swimming Australia which will be published in the club handbook and available on the Club's website. I/we agree that our child / children photo can be published in the clubs newsletter, website and marketing material as deemed appropriate by the committee.

Signature: _____ Date: _____

2010-2011 INDEMNITY AND RELEASE FORM

Indemnity and Release

I /
We.....
..... am /are the parent/s or legal guardian/s of my/our child/ren:

I / We agree to my/our child/ren applying to and being allowed to participate in swimming competition, club nights, training and associated events ("activities") organised and/or supervised by the Carina Leagues CJ's Swim Club Inc ("the Club"). In consideration of the Club allowing my/our child/ren to take part in the activities, I / we acknowledge, agree and confirm the following:-

- (A) While Carina Leagues CJs Swim Club will take all necessary care and precaution however there are inherent risks associated with the activities which may result in my/our child/ren being injured in a serious manner. I/ We fully accept and agree to bear those risks in our own right and on behalf of my/our child/ren;
- (b) To the full extent permitted by law, I / we agree both on behalf of my/our child/ren and in my/our respective rights to absolve, indemnify, release and discharge the Club, its officers, employees, representatives and agents ("indemnities") from any and all liability for any injury, loss, cost, charge, expense or damage suffered by me/us or my/our child however caused, arising from or incurred directly or indirectly as a result of my/our child/ren's participation in the activities, including without limitation as a result of any act, default, omission or negligence of the indemnities.

I / We have read, understood, acknowledge and agree to all the matters referred to in the statement, including the warning, release and indemnity.

Signed _____

Signed _____

Printed Name _____

Printed Name _____

Date _____

Date _____

Please complete this form and return it to the Club Registrar: Kym Fisher Mb: 0437 937 906



MEMBERSHIP FORM

CLUB _____ SEASON: 20____ / 20_____

Renewal New Member Upgrade Transfer (Previous Club (_____))

PERSONAL INFORMATION (* compulsory information for members)

Title* Circle Mr, Mrs, Miss, Ms, First Name* _____

Middle Name* _____ Last Name* _____

Address* _____

Suburb* _____ State* _____ Postcode* _____

*At Least One Telephone Contact Number Must Be Entered

Business (____) Private (____) Mobile _____

Date of Birth* ____/____/____ (dd/mm/yyyy) Gender* Male Female Birth Certificate Sighted Yes No

If not Born in Australia has Club Sighted your Australian Citizenship Yes No

Email Address: _____ Format: HTML Plain Text

Emergency Contact Person _____

Emergency Contact Number* _____

Membership Subscription Type*

Competitive Swimmer: A member who competes against members of other clubs.

1st or 2nd Family Member 3rd Family Member 4th Family Member

Recreational Swimmer: A member who swims within club only, i.e: does not compete against members of other clubs.

1st or 2nd Family Member 3rd Family Member 4th Family Member

Non – Swimmer: (All other members e.g. Club Committee members who are not the parents/guardians of a swimming member, etc)

Parent Member: (The parent or guardian of a swimming member.)

Coach: (This membership is for qualified Coaches who are members of ASCTA.)

Technical Official: (To be eligible for this category you need to hold at least one SAL Technical Official qualification.)

Life Member Club: Life Member Region: Life Member State:

I would like to receive: Swimming Queensland's Q-Swimmer Newsletter (Free)

National Custom Fields:

Alternate Email Address: _____

Alternate Address(including Suburb, State & PC) _____

Medical Conditions/ Allergies/ Vaccinations? _____

If a SWD member, what are your classifications: _____

What is your Coach's name? _____

Do you belong to another Swimming Federation: _____

Australian Citizen? Yes No Asthmatic? Yes No Indigenous Member? Yes No

DECLARATION 1

Title: **Conditions of being a Member of Swimming Queensland, Affiliated Regions and Affiliated Clubs**

1. I agree to abide by the rules, regulations and policies of Swimming Queensland, Swimming Australia, the relevant Regional Swimming Association and the relevant club, including Swimming Australia's Anti-Doping, Member Welfare, Child Welfare and Privacy Policies (These are available at www.swimming.org.au).

Declaration:

2. I authorise Swimming Queensland 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 in 1 above. I agree to have my name and results published in official programs, newsletters and websites.

3. I note that the club, as an affiliate of Swimming Queensland, has \$20 million public liability insurance cover.

4. I warrant that all information provided is true and accurate.

I have read, understood, acknowledge and agree to the above declaration.

DECLARATION 2

Title: **Parent/Legal Guardian Consent (in respect to an applicant under the age of 18 years)**

1. Where the applicant is under 18 years of age this form must be endorsed by the applicant's parent or legal guardian.

Declaration:

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

3. I, as the Parent or Guardian of the applicant, expressly agree to accept responsibility for the applicant's behavior and agree to personally accept the conditions set out in the membership application and declaration.

Confirmation:

I have read, understood, acknowledge and agree to the above declaration.

Signature (Member) _____ Date ____/____/____

If under 18 Parent / Guardian Signature _____ Date ____/____/____

Payment Details

Cash Cheque Credit Card (details below)

MasterCard / Visa Card/ Bank Card (please circle): I authorize the payment of the above membership

Card No: _____

Expiry Date: ____/____

Amount: AUD\$ _____

Name on Card: _____

Signature: _____

Date: ____/____/____

<u>CLUB USE ONLY:</u>
Receipt/Reference Number: _____
Signature _____
Date _____