

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, Dr, Other _____

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 Family Member 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 Family Member 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)

Before joining this club, did you: (please tick all applicable)

- Attend a Learn to Swim School Participate in a Macca's Mini meet Participate in an Aquatic Fun Day
 Participate in a Make a Splash Session

Additional Information: -

Medical Conditions/ Allergies? _____

Do you belong to another Swimming Federation: _____

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

DECLARATION 1: -

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).
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 fully understand that the Swimming Australia National Insurance Programme includes a limited level of cover in the event of Personal Injury. I understand that only NON-MEDICARE medical expenses (to a maximum of \$5,000) can be claimed. If the medical service provided is eligible for a Medicare rebate of any value, any resultant GAP in costs is not able to be covered by the Swimming Australia policy due to current Commonwealth Legislation. For further information on the insurance cover available refer to www.jlttsport.com.au/swimming or phone JLT Sport on 1300 373 130.
5. I warrant that all information provided is true and accurate.

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

DECLARATION 2:-

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.
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 _____