

CLUB

**HELENSVALE SWIMMING CLUB**

SEASON: 2010 / 2011

 Renewal  New Member  Upgrade  Transfer (Previous Club (\_\_\_\_\_))**PERSONAL INFORMATION ( \* compulsory information for members )**

Swimmer Title\* Circle Mr, Mrs, Miss, Ms, Swimmer First Name\* \_\_\_\_\_

Swimmer Middle Name\* \_\_\_\_\_ Swimmer 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  NoIf not Born in Australia has Club Sighted your Australian Citizenship  Yes  No

Emergency Contact Person \_\_\_\_\_

Emergency Contact Number\* \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_

It is important to us to communicate with you and keep you as the swimmer and parent informed of the Club activities. The best way to do this is via email please provide one or more email addresses for contact.

Email Address: \_\_\_\_\_ Format:  HTML  Plain Text**Membership Subscription Type\* (tick box that is applicable)** **Recreational Swimmer:** A member who swims within club only, i.e: does not compete against members of other clubs swims only at Friday night Helensvale Aquatic Centre swimming.**OR** **Competitive Swimmer:** A member who competes against members of other clubs.1<sup>st</sup> or 2<sup>nd</sup> Family Member  3<sup>rd</sup> Family Member  4<sup>th</sup> Family Member **Other Type of Member (if applicable):-**Non – Swimmer:  (All other members e.g. 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)

Medical Conditions/ Allergies/ Vaccinations? \_\_\_\_\_

Australian Citizen?  Yes  No Asthmatic?  Yes  No Indigenous Member?  Yes  No**You must complete the next page****..../2**

**National Custom Fields:**

Alternate Email Address: \_\_\_\_\_

Alternate Address(including Suburb, State & PC) \_\_\_\_\_

If a SWD member, what are your classifications: \_\_\_\_\_

What is your Coach's name? \_\_\_\_\_

Do you belong to another Swimming Federation: \_\_\_\_\_

**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](http://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 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.

**DECLARATION 3**

**Media Consent for Helensvale Swimming Club**

1. I authorise Helensvale Swimming Club to use any photos collected throughout the season. I agree to have my full name, picture and results published in any Helensvale Swimming Club programs, newsletters CD/DVD and website.

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  Direct Debit  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\$ \_\_\_\_\_

**SURCHARGE WILL APPLY FOR CREDIT CARD TRANSACTION**

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR DIRECT DEBIT HELENSVALE SWIMMING CLUB  
COMMONWEALTH BANK  
BSB 064 474  
ACCOUNT 1001 1934**

**Office Use Only**

***Paid Date:***

***Posted Date:***

***Type of Swimmer:***  Recreational  Competitive

***Upgrade:***  ***Date:***

***Birth Certificate Sighted Date:***

***New member (Under 12 ) given bag:***

***Date:***