



ACADEMY SWIM CLUB MEMBERSHIP FORM

Season 2011/2012



___ **Renewal** ___ **New Member** ___ **Upgrade** ___ **Transfer** (Previous Club _____)
___ **Life Member** ___ **Official**

Personal Information

Title: ___ First Name: _____ Middle Name: _____
Last Name: _____ DOB: _____ Male: ___ Female: ___
Address: _____
Suburb: _____ State: _____ Postcode: _____
Australian Citizen: Yes ___ No ___ Email Address: _____

Competitive Swimmer (A member who competes against members of another Club)

1st Child (\$80) ___ 2nd Child (\$70) ___ 3rd Child (\$45) ___ 4th or more children (Free) ___

Recreational Swimmer (A member who swims at Club Nights only)

1st Child (\$55) ___ 2nd Child (\$55) ___ 3rd Child (\$40) ___ 4th or more children (Free) ___

Medical Conditions / Allergies

Asthmatic Yes No
 Other (Please Specify): _____
 Swimmer with Disability Yes No **Classification:** _____

Parent or Guardian Contact Information

Parent/Guardian Information

First Name: _____
Last Name: _____
DOB: _____ Australian Citizen: Yes No
Home Phone: _____
Mobile: _____ Male Female
 Accredited Technical Official (All Technical Officials including timekeepers accredited by Swimming Queensland)
 Do you wish to receive free parent membership?

Parent/Guardian Information

First Name: _____
Last Name: _____
DOB: _____ Australian Citizen: Yes No
Home Phone: _____
Mobile: _____ Male Female
 Accredited Technical Official (All Technical Officials including timekeepers accredited by Swimming Queensland)
 Do you wish to receive free parent membership?

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, image and results published in or on official programs, newsletters, websites and print media as used by Swimming Queensland or Academy Swim Club.
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.jltsport.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):

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

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

I, as the Parent or Guardian of the applicant, expressly agree to accept responsibility for the applicant's behaviour 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 ____/____/ 2011

If under 18 Parent / Guardian Signature: _____ Date ____/____/ 2011

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: ____/____/

CLUB USE ONLY:

Receipt/Reference Number:

Signature: _____

Date: _____