

MEMBERSHIP FORM

Boolaroo Speers Point Swimming Club Inc 2018/2019 Season

Renewal New Member Upgrade Transfer (Previous Club _____)

Please complete the below form print out and bring signed form to first swim.

2017/18 Fee -\$100 per swimmer. To be paid via direct deposit to: Boolaroo Speers Point Swimming Club BSB: 062804, A/C. 000902607 name as reference. e.g Smithx3. If using Active Kids voucher please provide email with voucher number.

Please record the following:

Date paid: _____ **Amount: \$** _____ **Reference:** _____

PERSONAL INFORMATION (** compulsory information)

Title: Mr / Master / Miss / Ms / Mrs / Other: (Please Specify) ** _____

First Name _____ **Middle Name or Initial** _____ **Last Name **** _____

Date of Birth ** ____ / ____ / ____ **dd/mm/yyyy** **Gender **** Male Female

Australian Citizen Yes/No **Do you identify as: Aboriginal/Torres Strait Yes/No**

CONTACT INFORMATION (the privacy information and declaration below must be signed)

Address ** _____

Suburb ** _____ **State **** _____ **Postcode **** _____

Telephone: (Please tick preferred number, at least 1 number must be provided)

Primary Contact ** (____) _____ **Other Contact** _____

Email Address ** _____

EMERGENCY CONTACT INFORMATION

Last Name ** _____ **First Name **** _____ **Relationship **** _____

Telephone: ** (____) _____ **Other Contact **** _____

DECLARATION

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

I authorise Swimming NSW 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, photograph and results published in official programs, newsletters and websites.

I give consent for me or my child / ward (listed over) to having their photo taking and name published in reports and captions during any BSPSC activity.

If Under 18 Name of Parent/Guardian: _____

Signature (Member/Parent/Guardian): _____ **Date:** ____ / ____ / ____

Medical Information Required by Club **

Allergies:	
Medical Conditions:	
Detail on signs /symptoms:	
Special Needs / Disabilities:	

Please note: Swimming NSW collects membership information in accordance with the Australian Swimming Privacy Policy.

Information on this and other policies is available at www.nswswimming.com.au

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