



PINE RIVERS COMMUNITY AQUATICS CLUB

PO Box 195, Strathpine Centre QLD 4500

www.pineriversaquatics.com.au

prcaclub@gmail.com

Registrar (Day): 0416 119 837

Fees Schedule 2018 / 2019

Club and Region Fees apply to anyone who swims on **Club Nights**, with the following exceptions:

1. Swimmers who are 7 years and under receive free Region fees.
2. Swimmers who are 8 years old receive half price Region fees
3. All swimmers pay Club Fees. This fee covers ribbons, medals and trophies throughout the season

Region Fees includes Swimming Queensland, Swimming Australia, Brisbane Swimming Association and insurance fees. Please turn over for list of fees.

CLUB FEES

Does not apply to Learn to Swim **unless** you would like to swim on Club Nights.

Membership Type	Swimmer 1 (same family)	Swimmer 2 (same family)	Swimmer 3+ (same family)
Swimming Member	\$60	\$60	\$40

* **Parent Member:** The parent or guardian of a swimming member. Parents/guardians automatically become members when their child joins the club. If a parent swims at the Club, they will need to become a financial swimming member.

LEARN TO SWIM – Saturday mornings (Adult classes also available)

	1 Lesson per Week	1. A 25% discount will apply for the 3rd and subsequent Learn to Swim child from the same family. 2. We require 6 hours' notice if you cannot make your lesson. If this is not provided, fees will still be payable for this lesson to cover coaching fees. Make up classes are subject to availability.
Weekly	\$14	
10 Week Block	\$130	

SKILLS SQUAD - Mon, Tues, Wed, Thurs 4:00pm – 4:45pm; Sat 8:00am – 9:00am.

	Swimmer 1 (from one family)	Swimmer 2 (from one family)	Swimmer 3+ (from one family)
Weekly	\$24	\$20	\$14
10 Week Block	\$190	\$170	\$110
Casual Punch Card	10 sessions for \$100	10 sessions for \$100	10 sessions for \$100

DEVELOPMENT SQUAD - Mon, Tues, Wed, Thurs 4:45pm – 6:15pm, Sat 8:00am – 9:00am.

	Swimmer 1 (from one family)	Swimmer 2 (from one family)	Swimmer 3+ (from one family)
Weekly	\$25	\$21	\$15
10 Week Block	\$200	\$175	\$110
Casual Punch Card	10 sessions for \$110	10 sessions for \$110	10 sessions for \$110

Fees correct as at 18 August 2018. If changes are required members will be informed via email.

Region Fees

SAL – Swimming Australia

SQ – Swimming Queensland

BSA – Brisbane Swimming Association

Category		Total (Includes SAL, SQ and BSA Fees)
Competitive Swimmer 9 years+	Swimmer 1 from one family	\$78.00
	Swimmer 2 from one family	\$78.00
	Swimmer 3 from one family	\$52.50
	Swimmer 4+ from one family	\$27.00
Recreational Swimmer 9 years+	Swimmer 1 from one family	\$64.00
	Swimmer 2 from one family	\$64.00
	Swimmer 3 from one family	\$45.50
	Swimmer 4+ from one family	\$27.00
Junior Dolphin 8 Year Old 1/2 price membership	Swimmer 1 from one family	\$39.00
	Swimmer 2 from one family	\$39.00
	Swimmer 3 from one family	\$26.25
	Swimmer 4+ from one family	\$13.50
Junior Dolphin 7 & Under free membership	Free 7/u program	\$0.00

Membership Form

Membership Type	Renewal	New Member	Transfer Member
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Parent/Guardian Contact Details				
First Name:		Last Name:		DOB: ___ / ___ / ___
Address:				
Email:		Phone:		

Swimmer 1				
First Name:		Last Name:		DOB: ___ / ___ / ___
If 9+ years, PLEASE CIRCLE membership category: RECREATIONAL / COMPETITIVE				
Australian Citizen	Yes / No	Asthmatic	Yes / No	
Indigenous	Yes / No	Member with Disability	Yes / No	

Swimmer 2				
First Name:		Last Name:		DOB: ___ / ___ / ___
If 9+ years, PLEASE CIRCLE membership category: RECREATIONAL / COMPETITIVE				
Australian Citizen	Yes / No	Asthmatic	Yes / No	
Indigenous	Yes / No	Member with Disability	Yes / No	

Swimmer 3				
First Name:		Last Name:		DOB: ___ / ___ / ___
If 9+ years, PLEASE CIRCLE membership category: RECREATIONAL / COMPETITIVE				
Australian Citizen	Yes / No	Asthmatic	Yes / No	
Indigenous	Yes / No	Member with Disability	Yes / No	

Swimmer 4				
First Name:		Last Name:		DOB: ___ / ___ / ___
If 9+ years, PLEASE CIRCLE membership category: RECREATIONAL / COMPETITIVE				
Australian Citizen	Yes / No	Asthmatic	Yes / No	
Indigenous	Yes / No	Member with Disability	Yes / No	

CONSENT

I agree that while Pine Rivers Community Aquatics Club (PRCAC) Officials and the Coach(s), will take all responsible precautions to provide a safe training venue for my child/children, I release PRCAC, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the my child/children.

I agree that my child may be photographed by a representative of PRCAC during their swimming lessons, attendance at Club Nights or whilst participating in official Swimming Carnivals. I hereby authorise PRCAC to publish these photographs and videos taken of me and/or my child/children, and our names, for use by PRCAC in printed, audio and video publications and websites, including club promotions, club newsletters or newspaper articles. I release PRCAC from any expectation of confidentiality for my child/children and myself and attest that I am the parent or legal guardian of the children listed and that I have the authority to authorise PRCAC to use their photographs and names. I acknowledge that since participation in publications and websites produced by PRCAC is voluntary, neither my child/children nor I will receive financial compensation. I further agree that participation in any publication and website produced by PRCAC confers no rights of ownership whatsoever.

I agree to abide by the PRCAC Code of Conduct as stated in the Club Handbook. Understand that I am responsible for the appropriate behaviour of my children at all club activities and will encourage a positive family atmosphere at our club.

I consent for an Ambulance to be called for my child(ren) in the case of an emergency and permit suitable medical care to be provided.

Parent / Guardian Signature		Date	/ /
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SWIMMING QUEENSLAND DECLARATION

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

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 and general behavioural guidelines (these are available at www.swimming.org.au). I further agree that Swimming Queensland shall have the power to administer, apply and enforce Swimming Australia policies as required.

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, photograph and results published and used by Swimming Queensland, official sponsors and constituent members in official programs, newsletters and websites including social media.

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

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.jltssport.com.au/swimming or phone JLT Sport on 1300 373 130.

I warrant that all information provided is true and accurate.

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.

Parent / Guardian Signature		Date	/ /
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Payment Details

Credit Card or **EFTPOS** facilities are available at the Pool Canteen, or by completing details below.

Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	
Card Number:	_ _ _ _ _ _ _ _ _ _		Expiry Date: ___ / 20__
Card Holder's Name:			Amount: \$
Signature:			

Alternatively, payment can be made by direct deposit to **Pine Rivers Community Aquatics Club** Bank Account.

Please use your last name as the payment reference. **BSB: 064:164** **Account Number: 0009 0581**

OFFICE USE

Date Paid	/ /	Payment Method		Amount Paid	\$
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