



2018-2019 GSC KINGFISHERS' MEMBERSHIP
1st October 2018 to 30th September 2019

NAME OF SWIMMER: _____

DOB: _____

GENDER: _____

NAME OF NON-SWIMMER: _____

(Must be aged 18yrs or over)

CONTACT INFORMATION:

ADDRESS: _____

EMAIL: _____

PHONE: _____

I agree to the Terms and Conditions for GSC Kingfishers' Membership as stated on Galston Swim Club website.

I certify that I have read the Galston Swim Club Inc Accident Waiver and Release of Liability Form and I fully understand its content. I am aware that this is a release of liability and a contract and I agree with by my own free will.

PARENT/GUARDIAN OF SWIMMER SIGN: _____

DATED: _____

Please make payment and then email form with proof of payment to registrar@galstonswimclub.com.au

EFT Details:

Account Name: Galston Swim Club Inc

BSB 633 000

Account no. 137656179

Ref: KF-surname

OFFICE USE:

Payment received YES or NO