

# MEMBERSHIP FORM

## Swimming Victoria & **Swimland Swim Club** Membership Form



Season:	Tick Appropriate Box		
<input type="checkbox"/> Renewal	<input type="checkbox"/> New Member	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Transfer (Previous Club: _____ )

<b>PERSONAL INFORMATION</b> (*compulsory information)	
Swim Vic ID Number:	(leave blank if not known)
Last Name*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name*:	Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Middle Name or Initial:	Date of Birth*: ____/____/____ (d/m/y)
Pool Site:	(not published, compulsory to avoid confusion between similar names, for demographic reporting and to calculate age group of swimmers)

<b>MEMBER'S CONTACT INFORMATION</b> (the privacy information and declaration overleaf must be signed)			
Address*:			
Suburb*:		State*:	Postcode*:
Telephone*:	Home:	Work:	Mobile:
Email Address:			

<b>PARENT EMERGENCY CONTACT INFORMATION</b> (parent/guardian)			
<b>MOTHER</b>	Last Name*:	First Name*:	
Telephone*:	Home:	Work:	Mobile:
Email Address:			

<b>FATHER</b>	Last Name*:	First Name*:	
Telephone*:	Home:	Work:	Mobile:
Email Address:			

<b>DOCTOR:</b>	Name:	Telephone:
Medical conditions, allergies, etc.:		

# MEMBERSHIP FORM

(Continued...)



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### MEMBERSHIP DETAILS Tick Appropriate Box

- COMPETITOR** – A member competing in organised competition within or outside club (eg. Interclub, District, State, National competitions). Most common type of membership.
- LEARN TO SWIM** – A child new to squad OR looking for an introduction to competitive swimming and DOES NOT compete outside of their own club nights. An individual can only be registered as LTS for a maximum period of 12 months.
- OFFICIAL** – A SV qualified technical official working at club, District, State or National level.
- LIFE MEMBER** – Any active life members of the club.
- NON COMPETITOR** – None of the above eg committee, parents, officials in training, coaches or non-competing swimmers (but not LTS)

LEVEL OF SQUAD:  Pumpkin  Red  Caramel  Gold

### OTHER INFORMATION (Tick Appropriate Boxes)

- |  |   |
|--|---|
| <input type="checkbox"/> Coach ASCTA #:    | <input type="checkbox"/> Asthmatic                                      |
| <input type="checkbox"/> Committee Member  | <input type="checkbox"/> Non-English Speaking Background                |
| <input type="checkbox"/> Administrator     | <input type="checkbox"/> Swimmer with a Disability. SWD Classification: |
| <input type="checkbox"/> Indigenous Member |   |

## DECLARATION

I agree to abide by the rules, regulations and policies of Swimming Victoria, Swimming Australia, the relevant District Swimming Association and the Swimland Swim Club, including Swimming Australia's Anti-Doping, Member Protection and Privacy Policies  
(these are available at [www.swimming.org.au](http://www.swimming.org.au)).

I authorise Swimland Swim Club and Swimming Victoria 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.

In the event of illness or injury, I consent to the staff of the Swim Club seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the Swim Club.

Signature (Applicant):

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

Name of Parent/Guardian (if under 18yrs):

Signature (Parent/Guardian):

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