

# PRESTON RESERVOIR SWIMMING CLUB MEMBERSHIP FORM



## MEMBERSHIP TYPE

- Membership Renewal  
 Membership Upgrade  
 Transfer (Previous Club \_\_\_\_\_) (SV Membership Number \_\_\_\_\_)  
 Brand new member (if you have been with any club within Australia you must tick Transfer)  
*(Please tick one)*

## PERSONAL INFORMATION (\* INDICATE REQUIRED FIELD INFORMATION)

Title\*  Mr  Mrs  Master  Ms  Miss

First Name\* \_\_\_\_\_ Middle Name\* \_\_\_\_\_

LAST NAME\* \_\_\_\_\_ CLUB \_\_\_\_\_

Address\*  
\_\_\_\_\_

Suburb\* \_\_\_\_\_ State\* \_\_\_\_\_ Postcode\* \_\_\_\_\_

## CONTACT DETAILS

*Please fill out at least one phone number*

Phone (\_\_\_\_) \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

## MEMBER DETAILS

Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) Gender\* (please tick one)  Male  Female

**MEDICAL CONDITIONS/ ALLERGIES?**  
\_\_\_\_\_

Are you Aboriginal/ Torres Strait Islander?  Yes  No  
\_\_\_\_\_



## EMERGENCY CONTACT

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER\*: \_\_\_\_\_

## MEMBERSHIP SUBSCRIPTION TYPE

(Please tick one of the following)

- Competitive Swimmer (\$112.00)** - *A member who competes against members of other clubs*
- Recreational Swimmer (\$82.00)** - *A member who swims within the club only and does not compete against other clubs*
- Non-Swimmer (TBC)** - all other members e.g. Club Committee members, parents or guardians, or member of a swimming club that does not "get wet"
- Registered Official (TBC)** - Must hold at least ONE Swimming Australian Technical Official qualification

## DECLARATION 1

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

1. I agree to abide by the rules, regulations and policies of Swimming Victoria, 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](http://www.swimming.org.au) ).
2. I authorise 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 and results published in official programs, newsletters and websites.
3. Please note that the club, as an affiliate of Swimming Victoria, 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](http://www.jltsport.com.au/swimming) or phone JLT Sport on 1300 373 130
5. I warrant that all information provided is true and accurate.

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)

1. Where the applicant is under 18 years of age this form must be endorsed by the applicant's parent or legal guardian.
2. I have read, understood, acknowledge and agree to the declarations above and I warrant that all information provided is true and correct.
3. 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.

I have read, understood, acknowledge and agree to the above declaration.



Signature (Member) \_\_\_\_\_

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

If under 18 Parent / Guardian Signature \_\_\_\_\_

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

---

**Payment Details:**

Details on how payment is to be made will be made available after membership application has been processed.

**CLUB USE ONLY:**

Receipt/Reference Number: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_