

## APPLECROSS SWIMMING CLUB MEMBERSHIP FORM

### SEASON:

Renewal    New Member    Upgrade    Transfer (Previous Club \_\_\_\_\_)

### PERSONAL INFORMATION (\*compulsory information)

Registration Number _____	Last Name* _____
First Name* _____	Middle Name or Initial _____
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth*    ___ / ___ / ___    dd/mm/yyyy
Australian Citizen* <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Address* _____
Suburb* _____ State* _____ Postcode* _____
Telephone: (Please tick preferred number; at least 1 number must be provided)
<input type="checkbox"/> Home (____) _____ <input type="checkbox"/> Work (____) _____
<input type="checkbox"/> Mobile _____
Email Address _____
I would like to receive: <input type="checkbox"/> Swimming WA e-newsletter <input type="checkbox"/> Swimming Australia e-newsletters

I would like to receive:  Applecross Swimming Club e-newsletter / information

### EMERGENCY CONTACT INFORMATION

Last Name* _____	First Name* _____	Relationship* _____
Telephone: Home (____) _____	Work (____) _____	
Mobile _____	*at least 1 number must be provided	

**Please continue on next page**

Please note: Swimming WA collects membership information in accordance with the Swimming Australia Privacy Policy. Information on this and other policies is available at [www.wa.swimming.org.au](http://www.wa.swimming.org.au)



## APPLECROSS SWIMMING CLUB MEMBERSHIP FORM (cont'd)

### MEMBERSHIP DETAILS (only 1 must be selected)

- Competitor       Non-Swimmer / Volunteer       Recreational  
 Competitor – is a competitive swimmer  
 Non-Swimmer / Volunteer - is usually a parent, official or anyone who does not swim  
 Recreational - swims in their club pool only and does not compete

### OTHER INFORMATION (more than 1 may be selected)

- Coach - ASCTA No. \_\_\_\_\_       Administrator       Learn-to-Swim       Official  
 Asthmatic       Non-English Speaking Background       Indigenous Member  
 Swimmer with a Disability      SWD Classification (if applicable) \_\_\_\_\_

## DECLARATION

1. I agree to abide by the rules, regulations and policies of Swimming WA, Swimming Australia, the relevant Regional Swimming Association and the relevant 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) ).
  
2. I authorise Swimming WA 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, results and any photograph taken during events conducted by Swimming WA, unless I or any guardian indicate otherwise, published in official programs, newsletters and websites and other media.

Signature (Member): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Under 18 Name of Parent/Guardian: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Information Required by Club:

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