Windsor State School Swimming Club
Application For Membership

We hereby apply for membership of the Windsor Seawolves. If accepted we agree to be bound by the rules of the club (as stipulated in the Club Handbook).

Family Surname: ……

Address: ……

……..……

Home Phone Number: ……Mobile:……..

E-Mail Address 1……Email Address 2……

Mother's Name: …… ……Father's Name:……..

Emergency Contact Person: ……..

Emergency Contact Number:……

Swimmers Names	Date of Birth	Medical Health Issues
1. ……		
2. ……		
3. ……		
4. ……		

As a parent / guardian I give my consent for my child/ren
• To participate in the club activities and agree to delegate my authority to the instructors involved. Such persons may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the swimmers as a group or individual in all Seawolves swimming club activities.
• I authorise these persons to obtain medical assistance they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above member(s).
• I am aware of the activities for which my consent is requested.
• I agree to indemnify and keep indemnified the officials, officers and any other persons or parties undertaking activities on behalf of Windsor Seawolves against any loss or expenses as a result of any activities and outgoings incurred relating to the club.
I agree to perform volunteer duties as per the volunteers roster.

Fee Schedule for 2009/2010 season (Please circle appropriate amount):

Family with one swimmer	$50
Family with two swimmers	$60
Family with three or more swimmers	$70

Method of Payment: [1]Direct Deposit: ☐ (preferred) [2]Cheque: ☐ Cash: ☐
(Please tick)

Parent/ Guardian Signature:……Date……

Official Use Only
Amount Received……..Receipt Number …… Date ……

Membership Number ……

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[1] REMEMBER to include surname as 'Reference'. BSB 064-114 Acct No 10024247
[2] Please make cheques payable to 'Windsor State School Amateur Swimming Club'