

## Armadale Kelmscott Swimming Club MEMBERSHIP FORM

**CLUB:** *Armadale Kelmscott*    **SEASON:** *2018~2019 (March 19-Sept 19)*

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*    /    /
Australian Citizen* <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate sighted* <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(new members only)</i>
Asthmatic* <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 _____
<u>(Please print clearly)</u>

<b>Office Use Only:</b>	
Payment Method: _____	Payment Date: _____
Receipt No: _____	
Team manager to complete:	
Squad:    Junior <input type="checkbox"/>	Intermediates <input type="checkbox"/>
Seniors <input type="checkbox"/>	
Registered:    My Swim Results _____	
Notify:    Treasurer/newsletter	

**Cash, cheque or proof of EFT payment must be submitted with completed form.**

Please continue on next page

## Armadale Kelmscott Swimming Club MEMBERSHIP FORM (cont'd)

MEMBERSHIP DETAILS (only 1 must be selected)

<input type="checkbox"/> Competitor	<input type="checkbox"/> Non-Swimmer' Volunteer
Competitor - is a competitive swimmer ( <i>Swims at Club Nights, and Represents the Club at swim meets held by other clubs</i> )	
Non-Swimmer / Volunteer - is usually a parent, official or anyone who does not swim	

OTHER INFORMATION (more than 1 may be selected)

<input type="checkbox"/> Indigenous Member <input type="checkbox"/> Official <input type="checkbox"/> Swimmer with a Disability	<input type="checkbox"/> Coach - ASCTA No _____  SWD Classification (if applicable) _____	<input type="checkbox"/> Administrator
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**Fees for Season 2018-2019 (March 2019-September 2019):**

	8 Years & Over	7 Years & Under
Membership Fee (Mar-Sept)	\$96.00	\$30.00

*Submission of this form and payment is only provisional acceptance of membership as per policies 9.35 -9.37. If payment is made via EFT a transfer receipt must be attached to this form. Membership forms will not be accepted without a payment or proof of payment.*

<b>Payment Options:</b>	<b>Cash/Cheque/EFT</b>	
<b>Cheque:</b>	<b>Made payable to Armadale Kelmscott Swimming Club</b>	
<b>EFT/Direct Payment:</b>	<b>Account Name:</b>	<b>Armadale Kelmscott Swimming Club</b>
	<b>Bank:</b>	<b>Commonwealth Bank</b>
	<b>Branch:</b>	<b>Armadale</b>
	<b>BSB:</b>	<b>066 131</b>
	<b>Account No:</b>	<b>00900209</b>
	<b>Reference:</b>	<b>Swimmers surname</b>

Please continue on next page

## EMERGENCY CONTACT INFORMATION

<b>Last Name:</b> _____	<b>First Name:</b> _____
<b>Relationship:</b> _____	
<b>Telephone: Home:</b> _____	<b>Work:</b> _____
<b>Mobile:</b> _____	(at least 1 number must be provided)

### 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, Behaviour Guidelines 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 indicates 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: **Please include medical information, allergies etc here.**

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To Armadale Kelmscott Swimming Club

Please accept this note as my parental consent to use images (photo's) of my child/children and myself to promote and/or advertise the club. I understand that these photo's may be used on the clubs noticeboard at the Armadale Aquatic Centre, our monthly club newsletter, in the newspapers (usually the Armadale Examiner, The Comment News) the 'in my community' website ([www.inmycommunity.com.au](http://www.inmycommunity.com.au)) and the clubs own website: [www.armadale.swimming.org.au](http://www.armadale.swimming.org.au) or anywhere else that the Club may deem appropriate. I also understand that I can withdraw this permission at any time and that I may request that individual photo's not be used as I decide at the time.

Childs name \_\_\_\_\_ Parents signature \_\_\_\_\_

Childs name \_\_\_\_\_ Parents Signature \_\_\_\_\_

Childs name \_\_\_\_\_ Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

Please continue on next page

## Memorandum of Understanding

I/we agree to abide by the Clubs rules and note that as a Volunteer based club, I will assist with fundraising, club night timekeeping and any other duties as required ensuring our Club is run successfully for the enjoyment of our children.

### Club Management

The Club is managed by a volunteer committee elected at the Annual General Meeting held after the completion of the summer season each year.

Monthly meetings are held on the third Tuesday of the month at the Armadale Aquatic Centre at 7.00pm unless otherwise agreed. All members are encouraged to attend. It is important for all members to be aware that the committee has set in place measures to ensure that all meetings finish at a reasonable time.

Our Club is run entirely by volunteers. To avoid overworking the regulars, parents are required to assist the Club throughout the season with duties such as timekeeping, refereeing, marshalling, setting up and packing away of equipment. Help is needed in all areas.

Our Club nights cannot run effectively & quickly without everyone's participation.

### Mission Statement

"To actively promote & maximise the development of all club swimmers through continued support, encouragement & sensitive guidance whilst endeavouring to maintain a friendly Club environment"

### Statement of Common Values

Be totally committed to satisfying the needs & expectations of our Club members

Value & develop our most important asset—our Club members.

Treat each Club member fairly & equitably & with sensitivity to their individual needs.

Display a courteous & helpful attitude when communicating with other Club members & members of the public.

Demonstrate creativity & a desire to contribute to the development of our Club.

Accept responsibility & open accountability for our actions.

Work as a team with all committee members committed to effective problem solving.

Swimmers Name \_\_\_\_\_

Swimmers Signature \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

(If under 18 years of age)

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