



Everton Park State School Amateur Club Swimming

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EPSSASC Membership Form 2020/2021

Parent / Carer Details

First Name: _____ Last Name: _____

Phone: (h) _____ (mobile) _____

Email: _____

To be completed by ALL EPSSASC Club Members

From time to time we may take photos of Club Nights please sign the authority below to let us know if you give your permission for your Swimmers to be included or not.

I do / do not give permission for photos of my Swimmers to be used on the Club Facebook Page or Website.

Signed _____ Date _____

I understand that the Family Membership fees are due with this enrolment form, and must be paid in full before my family can participate Club night, and any other Club activities.

I understand that in the case of accident/injury, an ambulance will be called at the discretion of the First Aid Officer in attendance and at parent/carer expense.

I also undertake to ensure that all child/ren will be accompanied by an adult to all Friday night fixtures, and that the accompanying adult will be responsible for the conduct of the child/ren whilst in the confines of the pool area. The Club will not take responsibility for any accident/injury which may occur during, before, or after Club fixtures. I take full responsibility for ensuring all family members that are participating in the pool, meet the Health and Safety Regulations outlined in the seasons program and club rules. Our family will volunteer to assist the club as required.

Signed: _____

Parent or Carer

Date: _____

Please complete swimmer details over page

OFFICE USE ONLY (SEP)

Payment Processed

Cheque / Direct Deposit / EFT / Credit Card

Receipt No

Swimmer 1 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Medical Considerations: _____

Swimmer 2 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Medical Considerations: _____

Swimmer 3 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Medical Considerations: _____

Swimmer 4 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Medical Considerations: _____

Swimmer 5 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Medical Considerations: _____



Club Membership Fees 2020/2021

Family Membership – Term 1 2021

\$60

- All memberships fees to be paid by week 4
- Fees can be paid by eftpos or direct deposit (no cash taken)
 - Eftpos payments taken during club nights
 - Direct Deposit details:

Account Name: Everton Park SS Amateur Swim Club
BSB: 064 110
Acct Number: 900374

Please use your **surname as reference**