



Everton Park State School Amateur Club Swimming
 Email: evertonparksharks@gmail.com
 Website: evertonparksharks.com
 ABN : 24 392 685 811

EPSSASC Membership Form 2023/2024

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 on 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 Family Membership fees are due with this enrolment form and must be paid in full before my family can participate in Club Nights, 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 the parent/carer's 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/Carer

Date: _____

OFFICE USE ONLY
Payment Processed
Cheque / Direct Deposit / EFT / Credit
Card Receipt No.

PLEASE COMPLETE SWIMMER DETAILS OVER PAGE

Swimmer 1 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Name of School: _____

Medical Considerations: _____

Swimmer 2 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Name of School: _____

Medical Considerations: _____

Swimmer 3 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Name of School: _____

Medical Considerations: _____

Swimmer 4 Details

First Name: _____ Last Name: _____

Date of Birth: _____ Female Male

Name of School: _____

Medical Considerations: _____



Club Membership Fees 2023/2024

FAMILY MEMBERSHIP
Term 4, 2023 – Term 1, 2024

\$150 full season / \$75 mid-season (from Jan 2024)

- All full season memberships fees are due by Week 3 of the School Term – Friday, 20 October 2023.
- Fees can be paid by EFTPOS or direct deposit.
- EFTPOS payments can be taken during club nights.
- Direct Deposit details:

Account Name: Everton Park SS Amateur Swim

BSB: 064 110

Account Number: 900374

Please enter your **surname** in the reference field.