



CASEY AMATEUR SWIMMING CLUB

Registration A0008250N

SWIMMING VICTORIA MEMBERSHIP FORM

Season: 2005/6	Date of First Day of Training: (For new members only)
Tick Appropriate Box <input type="checkbox"/> Renewal <input type="checkbox"/> New Member <input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer (Previous Club: _____)	
Previous Club or Swim School? How did you hear of CTS?	

PERSONAL INFORMATION (*compulsory information)	
SwimVic ID Number:	(leave blank if not known)
Last Name*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name*:	Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Middle Name or Initial:	
Date of Birth*: ____ / ____ / _____	dd/mm/yyyy (not published, compulsory to avoid confusion between similar names, for demographic reporting and to calculate age group of swimmers)

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: (may be used to send club newsletters and club info)		

EMERGENCY CONTACT INFORMATION (parent/guardian)		
Last Name*:	First Name*:	
Relationship*:		
Telephone*: (Please tick preferred number, at least 1 number must be provided) <input type="checkbox"/> Home: <input type="checkbox"/> Work: <input type="checkbox"/> Mobile:		
Name of person to notify if parent/guardian is unavailable*:		
Telephone*: (Please tick preferred number, at least 1 number must be provided) <input type="checkbox"/> Home: <input type="checkbox"/> Work: <input type="checkbox"/> Mobile:		

Please continue on next page...





MEMBERSHIP FORM (cont'd...)

MEMBERSHIP DETAILS (Only 1 must be selected in each row. Tick appropriate box)				
<input type="checkbox"/> Competitor	<input type="checkbox"/> Non-Competitor	<input type="checkbox"/> Learn-to-swim	<input type="checkbox"/> Official	<input type="checkbox"/> Life Member
SQUAD:	<input type="checkbox"/> Senior	<input type="checkbox"/> Junior State	<input type="checkbox"/> Junior	<input type="checkbox"/> Development

OTHER INFORMATION (Tick appropriate boxes)	
<input type="checkbox"/> Coach ASCTA #: <input type="checkbox"/> Asthmatic <input type="checkbox"/> Indigenous Member	<input type="checkbox"/> Administrator <input type="checkbox"/> Non-English Speaking Background <input type="checkbox"/> Swimmer with a Disability. SWD Classification:

<h3>DECLARATION</h3>	
<p>1. I agree to abide by the rules, regulations and policies of Swimming Victoria, Swimming Australia, the Metropolitan South District Swimming Association and the Casey Amateur Swimming Club, including Swimming Australia's Anti-Doping, Member Protection and Privacy Policies (these are available at www.swimming.org.au & www.caseytigersharks.com.au).</p> <p>2. I authorise Casey Amateur Swimming Club & Swimming Victoria 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, photograph and results published in official programs, newsletters, newspapers, websites and club brochures.</p> <p>3. In the event of my son/daughter becoming ill, or in the case of an emergency or accident, I authorize the person responsible or person in charge, where it is impractical or impossible to contact me on the emergency number given, to arrange for my son/daughter to receive such medical or surgical treatment deemed necessary.</p>	
The person responsible should be in possession of the following information. Please attach another sheet if needed.	
Any permanent or recurring illness from which the swimmer suffers:	
Details of any medications used by swimmer regularly or for above illness:	
Known allergies, including any allergies to medicine or food:	
Medicare No.:	Health Insurance Scheme & No.:
Signature (Member):	Date: ___ / ___ / _____
If Under 18yrs, Name of Parent/Guardian:	
Signature (Parent/Guardian):	Date: ___ / ___ / _____

