Craigslea Schools' Aquatics Club Hamilton Road West Chermside Qld 4032



MEMBERSHIP APPLICATION - HALF SEASON Friday Night Club

31 January - 3rd April 2020 (10 weeks)

Parents / Guardians details

Names:

Address:

Email address :

Home Phone:

Mobile :

This information is being collected for the purpose of Craigslea School Aquatics Club enrolment and communication activities only.

SWIMMERS DETAILS - Child and Adult							
	First name	Last name			Date of Birth	Gender M/F	
1							
2							
3							
4							
Total number of swimmers:		Price per person:	\$65		TOTAL \$		
Registration fee to Firday Night Club covers the following costs : * Swimming Australia registration & insurance * Trophies, awards and medals							

* Renewal of equipment for the Club, as needed

1. I//we have received the Information Handbook and agree to abide by the rules contained therein.

2. I/we agree to pay all fees in relationship to my membership.

3. I/we authorise Craigslea Schools' Aquatics Club to seek ambulance/medical/hospital care if necessary and I/we accept financial responsibility for this medical treatment.

4. I/we understand that supervision is not provided for children not actively engaged in Club and I/we accept responsibility for my/our children's supervision.

5. I/we understand that families are required to act as volunteers for the Club.

6. I/we agree and understand that weekly Club results may be posted on the Internet.

7. I/we agree and understand that photos may be taken of my/our child/ren and agree they can be used for archives and/or displays or the like.

8. I/we will not hold the Craigslea Schools' Aquatics Club or any of its members or officers, liable for any loss or damage to me/us, through its negligence or not, whilst carrying out activities associated with the Club.
9. I/we understand that I/we may be requested to apply for, present, obtain or hold a 'Blue Card', under the Child Protection Legislation; failure to do so may mean that I/we will be unable to attend Club functions

SIGNED:	

Parent/Guradian

Direct Payment Details Bank : CBA Stafford BSB : 064 - 202 Account : 1002 9996 Reference : Child surname

DATE:

Date Paid

Method

EFT

Other

Date entered in Rekon

Date reco'd in Reckon

Entered in listing