



**Windsor State School Swimming Club
Application For Membership**

We hereby apply for membership of the Windsor Seawolves. If accepted we agree to be bound by the rules of the club (as stipulated in the Club Handbook, available online).

Family Surname:

Swimmers' Names:

- 1.
- 2.
- 3.
- 4.

- As a parent / guardian I give my consent for my child/ren to participate in club activities and agree to delegate my authority to the instructors involved. Such persons may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the swimmers as a group or individual in all Seawolves swimming club activities.
- I authorise these persons to obtain medical assistance they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above member(s).
- I am aware of the activities for which my consent is requested.
- I agree to indemnify and keep indemnified the officials, officers and any other persons or parties undertaking activities on behalf of Windsor Seawolves against any loss or expenses as a result of any activities and outgoings incurred relating to the club.
- I authorise Seawolves Committee representatives to take photos of the above member(s) and make use of these photos without need for further consent or permission from me.
- I agree to perform volunteer duties as per the volunteer roster.

ONLINE REGISTRATION COMPLETE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
POOL USE FEE PER FAMILY FOR 2017/2018 SEASON (please tick):		
	<input type="checkbox"/> \$90	
	<input type="checkbox"/> \$80 (early-bird fee)	
	<input type="checkbox"/> \$45 (Term 1 only)	
PAYMENT METHOD (please tick):	<input type="checkbox"/> Direct Deposit (preferred)* (please attach copy of receipt to this form)	
	<input type="checkbox"/> Cash	
*REMEMBER to include surname as 'Reference'. BSB 064-114 Acct No 10226121		

Parent/Guardian Signature:.....Date.....

Official Use Only

Comments.....