



# Bracken Ridge Swimming Club Inc. Membership Application Form

**Application for:**

Renewal  New Member  Upgrade  Transfer (Previous Club & Member #: \_\_\_\_\_)

**If a new member, how did you hear about us:**

Newspaper Ad	<input type="checkbox"/>
Internet	<input type="checkbox"/>
The School you attend	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>

**ADDRESS INFORMATION** (\*indicates required information)

Residential Address	Billing Address (if different)
Parent/Carer 1 Name/s: *Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> : _____ _____	Address to: _____
Parent/Carer 2 Name/s: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> : _____ _____	Street: _____
Street*: _____	Suburb: _____
Suburb*: _____	State: _____ Post Code: _____
State*: _____ Post Code*: _____	Home Phone: _____
Home Phone*: _____	Business Phone: _____
Business Phone: _____	Mobile: _____
Mobile*: _____	e-mail: _____
e-mail*: _____	

**PARTICIPANT INFORMATION (Please list Primary Member first – the person who will pay for all members linked within this family membership. List all family members including non participants)**

Last Name*	First Name*	Middle Name/s*	M/F*	DOB*	Sighted*	IM*	CAT*
					Birth Cert <input type="checkbox"/> Citz Cert <input type="checkbox"/>		
					Birth Cert <input type="checkbox"/> Citz Cert <input type="checkbox"/>		
					Birth Cert <input type="checkbox"/> Citz Cert <input type="checkbox"/>		
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					Birth Cert <input type="checkbox"/> Citz Cert <input type="checkbox"/>		
					Birth Cert <input type="checkbox"/> Citz Cert <input type="checkbox"/>		

**IM** – Indigenous Member (Yes or NO)

**CAT** = CATEGORY CODES:

**CM** = Competitive Member – Participates in club activities

**PM** = Parent Member – Parents/Guardians of Swimmers

**NS** = Non-Swimmer – Other non swimmers who are not parents

**CH** = Coach who are ASTCA members

**TO** = Technical Official (holds at least one Swimming Australia Technical Official Qual)

**Please read the declarations on the back of this form & tick (✓) to acknowledge that you have read & understood them. All applicants above eighteen (18) years or older must sign in the space below:**

Print Name	Signatures	Date

**PTO**

## ALTERNATE INFORMATION

(Please tick all applicable)

- |                          |                                     |                          |                                |
|--------------------------|-------------------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Did you attend a GO SWIM Day?       | <input type="checkbox"/> | Are you an Australian Citizen? |
| <input type="checkbox"/> | Are you a member with a disability? | <input type="checkbox"/> | Are you an Indigenous member?  |
| <input type="checkbox"/> | Are you asthmatic?                  |                          |                                |

## DECLARATION 1

### Conditions of being a Member of Swimming Queensland, Affiliated Regions and Affiliated Clubs

1. I agree to abide by the rules, regulations and policies of Swimming Queensland, Swimming Australia, the relevant Regional Swimming Association and the relevant club, including Swimming Australia's Anti-Doping, Member Welfare, Child Welfare and Privacy Policies and general behavioural guidelines (these are available at [www.swimming.org.au](http://www.swimming.org.au) ). I further agree that Swimming Queensland shall have the power to administer, apply and enforce Swimming Australia policies as required.
2. I authorise Swimming Queensland 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 and results published in official programs, newsletters and websites.
3. Please note that the club, as an affiliate of Swimming Queensland, has \$20 million public liability insurance cover.
4. I fully understand that the Swimming Australia National Insurance Programme includes a limited level of cover in the event of Personal Injury. I understand that only NON-MEDICARE medical expenses (to a maximum of \$5,000) can be claimed. If the medical service provided is eligible for a Medicare rebate of any value, any resultant GAP in costs is not able to be covered by the Swimming Australia policy due to current Commonwealth Legislation. For further information on the insurance cover available refer to [www.jltsport.com.au/swimming](http://www.jltsport.com.au/swimming) or phone JLT Sport on 1300 373 130
5. I warrant that all information provided is true and accurate.

I/We have read, understood, acknowledge and agree to the above declaration.

## DECLARATION 2

### Conditions of being a members of the Bracken Ridge Swimming Club Inc.

1. I agree to abide by the relevant "Code/s of Conduct" as amended from time to time and published on the Australian Sports Commission web site: <https://www.playbytherules.net.au/>
2. I further understand that breaching any of these applicable codes may result in disciplinary action.

I/We have read, understood, acknowledge and agree to the above declaration.

## DECLARATION 3

### Parent/Legal Guardian Consent (in respect to an applicant under the age of 18 years)

1. Where the applicant is under 18 years of age this form must be endorsed by the applicant's parent or legal guardian.
2. I have read, understood, acknowledge and agree to the declarations above and I warrant that all information provided is true and correct.
3. I, as the Parent or Guardian of the applicant, expressly agree to accept responsibility for the applicant's behaviour and agree to personally accept the conditions set out in the membership application and declaration.
4. I as the Parent or Guardian of the applicant, expressly agree to allow images of the applicant under the age of 18 years to be used by the club in promotional material either printed or electronic. (please strike out if not agreeable to this item)

I/We have read, understood, acknowledge and agree to the above declaration.

OFFICE USE:  
BRSC

SimplySwim		
Management Meeting		