



WONDALL SEAGULLS SWIMMING CLUB
Membership Form
2017/18 Season

New Member

Membership Renewal

MEMBER'S PERSONAL INFORMATION

Full Name _____

Address _____

Date of Birth _____ **Male** **Female**

Medical Conditions/Allergies _____

CARER / EMERGENCY CONTACT DETAILS

Full Name _____

Relationship to Member _____

Contact Number/s _____

Email address _____

Full Name _____

Relationship to Member _____

Contact Number/s _____

Email address _____

During the season we will be posting frequent updates on Facebook. Would you like us to send you a Facebook Invitation to our closed Wondall Seagulls page? YES / NO

SWIMMING PERMISSION

I hereby give permission for my child _____ to participate in the Wondall Seagulls Swimming Club. I acknowledge that Wondall Seagulls Swimming Club does not have Personal Accident Insurance cover for members.

Signature of Parent / Guardian _____

Please print name _____

Date _____

PARENT PARTICIPATION

- As a member, or Parent/Guardian of a member of Wondall Seagulls Swimming Club, I acknowledge and agree to the following:
1. No child is to be left unattended at the pool during Club nights and carnivals. Supervision of members is the responsibility of the carer/parent at all times.
 2. To abide by the Club Rules including Code of Conduct set out in the Wondall Seagulls Swimming Club Handbook.
 3. The completion of the membership form includes a willingness to participate in club activities including time keeping, marshalling, canteen and to assist where possible as a volunteer.

ANNUAL MEMBERSHIP FEES FOR SEASON 2017/18:

- \$45.00 for the first child in the family
- \$85.00 for two children in the same family
- \$120.00 for three children in the same family
- \$150.00 for a family of four or more

Payment options:- \$ _____ 1st, 2nd, 3rd or 4th Child (Please Circle)

Cash

Eftpos

Bank Transfer:-

Cheque

BSB: 124-012

ACC: 22484537

NAME: Wondall Heights State School P&C Assn - General
(Please add child's surname as a reference)