



# PLAYFORD AQUATIC CLUB INC.



## APPLICATION FOR MEMBERSHIP

### SWIMMER

#### PERSONAL INFORMATION (\*compulsory information) *Please PRINT clearly and legibly*

Surname\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Middle Name or Initial\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ dd/mm/yyyy

Gender\*  Male  Female

(not published, compulsory to avoid confusion between similar names, for demographic reporting and to calculate agegroups for swimmers)

ADF Family  Yes  No

Stationed at \_\_\_\_\_

#### CONTACT INFORMATION (\*compulsory information)

Address\* \_\_\_\_\_

Suburb\* \_\_\_\_\_ State\* \_\_\_\_\_ Postcode\* \_\_\_\_\_

Telephone: (Please tick preferred number, at least 1 number must be provided)

Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Mobile \_\_\_\_\_

Family Email Address \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION (\*compulsory information)

Name\* \_\_\_\_\_

Phone number\* \_\_\_\_\_ Relationship\* \_\_\_\_\_

#### MEDICAL INFORMATION

Medical conditions/Allergies  Yes  No

Asthma sufferer  Yes  No

(If YES to either of the above please fill in full details on the medical form to follow)



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## ADDITIONAL INFORMATION

Alternative Email Address- \_\_\_\_\_

Alternative Address- \_\_\_\_\_

Australian Citizen  Yes  No

Indigenous Member  Yes  No

Member with a Disability  Yes  No S \_\_\_\_\_

Attended a Come'n'Try event  Yes  No

Transfer from another Club  Yes  No

Member Number \_\_\_\_\_

Name of former Club: \_\_\_\_\_

Joining from a Swim School:  Yes  No

Name of Swim School (if applicable): \_\_\_\_\_

**Coach to complete**

*Squad level* \_\_\_\_\_

*Invoice squad fees from* \_\_\_\_\_



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## MEMBERSHIP DECLARATION FORM SWIMMER

**Child Member's Full Name** .....  
**Declaration**

- I agree to abide by the rules, regulations and policies of Swimming SA, Swimming Australia, the relevant District Swimming Association and the relevant club, including Swimming Australia's Anti-Doping, Member and Child Welfare and Privacy Policies (available at [www.swimming.org.au](http://www.swimming.org.au))
- I authorise Swimming SA 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 as outlined above.
- I agree to have my name; photograph and results published in official programs, newsletters, websites or any other Swimming Club produced documents. **Unless documented otherwise.**
- I agree to attend Club arranged Cyber Bullying information sessions when required to do so.
- I agree to abide by the **Swimming Australia Code of Conduct**, which states:

### Competitor Code of Behaviour

- Play by the rules.
- Never argue with an official. Always use the appropriate rules and guidelines to resolve a dispute.
- Control your temper. Verbal abuse of officials and sledging other players, deliberately distracting or provoking an opponent are not acceptable or permitted behaviours in any sport.
- Work equally hard for yourself and/or your team.
- Be a good sport. Applaud all good performances whether they are made by your team or the opposition.
- Treat all participants in your sport as you like to be treated.
- Do not bully or take unfair advantage of another competitor.
- Cooperate with your coach, team mates and opponents.
- Participate for your own enjoyment and benefit, not just to please parents and coaches.
- Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.

**Signature (Competitor):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If under 18, Name of Parent/ Guardian:** \_\_\_\_\_

**Signature (Parent/ Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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Swimmer *ONLY* to complete

## MEDICAL INFORMATION FORM SEASON

*Our insurance requires that we have current medical information and parental permission for use in emergencies; a new medical information form is required each season. Could you please complete the details below and return this form to the Registrar Playford Aquatic Club PO Box 229 Elizabeth 5112 with your membership form and payment.*

ALL INFORMATION WILL BE HELD IN CONFIDENCE BY YOUR CHILD'S COACH

Swimmer's Full Name .....

Address .....

Date of Birth ...../...../.....

Parent's/ Guardian's Name .....

Contact phone no (BH) ..... (AH) .....

Mobile .....

Ambulance subscriber?  Yes  No      Membership No .....

Medicare No .....

Private Health Insurance?  Yes  No

Fund Name.....      Membership No .....

Any Allergies?       Yes  No

**If yes, please provide details of nature of allergy and Details of Medication /Treatment Plan**

.....  
.....  
.....

Asthma sufferer?       Yes  No

**Details of Medication /Treatment Plan**

.....  
.....  
.....

**\*\* Asthma sufferers should complete and attach an Emergency Asthma Management Plan per your Doctor's advice, prior to commencement of Summer Training Camp.**



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Any other Current or Past Medical Condition (i.e. Diabetes, Heart Condition)  Yes  No

If YES, provide details:.....  
.....  
.....  
.....

Please list ALL medication currently being taken

.....  
.....

Year of last Tetanus Injection/ Booster.....

Medical Practitioner or Specialist Name:.....

Address:.....

Contact Ph no:.....

### EMERGENCY CONTACT INFORMATION (\*compulsory information)

Last Name\*..... First Name\*..... Relationship\*.....

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Mobile \_\_\_\_\_ \* at least one number must be provided

**In the event of accident or illness, I authorise the person in charge, (where it is impractical to communicate with me), to obtain such medical or surgical treatment deemed necessary for my child. I agree to pay all fees and expenses.**

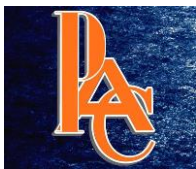
Print Full Name Parent / Guardian.....

Signature of Parent / Guardian.....

Date:.....

### Please note:

*Playford Aquatic Club and Swimming SA collect membership information in accordance with Swimming Australia's Privacy Policy.*



# PLAYFORD AQUATIC CLUB INC.



*Swimmer ONLY to complete*

## PHOTOGRAPH / MEDIA RELEASE CONSENT FORM

We like to promote our Club by publishing images of our swimmers on the PAC Facebook Page/ Website during training sessions, club nights and competitions. We also supply local Newspapers with interesting stories and photographs of our swimmers.

We therefore need to have written approval from all parents/guardians to allow us to use photos or media of your child/children in the promotion of our Club.

## PHOTOGRAPHY / MEDIA RELEASE CONSENT FORM

I, .....give /do not give  
permission for my child ..... to be,

- photographed
- have their name released to the media
- have their images on the PAC Facebook Page/website.
- have their images published in the PAC club news letter

Parent / Guardian Signature .....

Date:.....

\*\*\*\* This authority may be amended at any time by contacting the following email

[registrar@playford-aquatic.com.au](mailto:registrar@playford-aquatic.com.au)