



Holland Park State School  
HOLLAND PARK SWIM CLUB

Club Membership Form

**SEASON 2011/2012**

Please complete the following details in **block** letters:

CONTINUING MEMBER?      YES                  NO                                  (Please circle)

FAMILY SURNAME:

ADDRESS:

SUBURB:

STATE:

POSTCODE:

HOME PHONE:

WORK PHONE:

MOBILE:

MOBILE:

EMAIL ADDRESS (please print clearly – used for contact with club members):

EMERGENCY CONTACT (OTHER THAN PARENTS):

MUM'S NAME:

DAD'S NAME:

PLEASE COMPLETE THE FOLLOWING:

1	Childs Name	DOB (DD/MM/YEAR)			Medical form filled in?	
			M	F	Yes	No
2			M	F	Yes	No
3			M	F	Yes	No
4			M	F	Yes	No

CUSTODY (RESIDENCE)/RESTRAINING OR OTHER COURT ORDERS RELATING TO CHILDREN

YES/NO

**PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO ENSURE THAT AN APPROPRIATELY AUTHORISED ADULT MAINTAINS CONTROL OF THE CHILD AT ALL TIMES. (SEE CLUB RULES).**

**FEES 20011/2012**

HPSSASC MEMBERSHIP: \$100.00 FOR ONE CHILD  
PLUS \$30.00 FOR EACH CHILD THEREAFTER

(BSA) BRISBANE SWIMMING \$63.50 FIRST CHILD (8years or older)  
ASSOCIATION MEMBERSHIP OPTIONAL MEMBERSHIP PER CHILD APPLIES  
THEREAFTER

<b>FEES PAID 20011/2012</b>			
	<b>Club Membership</b>	<b>BSA Membership</b>	<b>TOTAL PAID</b>
Child 1	100.00	63.50	
Child 2	30.00	optional	
Child 3	30.00	optional	
Child 4	30.00	optional	
		SUBTOTAL	
RECEIPT NO: CASH/CHEQUE/DIRECT DEPOSIT		TOTAL PAID:	
<b>Bank details:</b> <b>HPSS P&amp;C Association Swimming Club Account</b> <b>BSB: 064112 Account No: 10066450</b>			

I AGREE TO ABIDE BY THE RULES IN THE HANDBOOK WHICH I ACKNOWLEDGE WAS MADE AVAILABLE TO ME WHEN I REGISTERED MY CHILDREN. I ACKNOWLEDGE THAT MY ENTRY TO THE POOL AND TO CLUB EVENTS AND THOSE TO WHICH THE CLUB IS INVITED AND THAT OF MY NOMINATED CHILDREN IS CONDITIONAL ON ABIDING BY THESE RULES.

I AGREE TO ENSURE THAT ANY CHILDREN WHO ENTER THE POOL AREA UNDER MY CARE, AND ANY ADULTS OR RELATIVES WHO ENTER THE POOL AREA BY THROUGH OR IN CONNECTION WITH ME, ABIDE BY THE RULES IN THE MEMBERS HANDBOOK, AND WILL BE RESPONSIBLE FOR THEIR ACTIONS WHILST THEY ARE IN THE POOL AREA. I AUTHORISE THE CLUB TO ADMINISTER APPROPRIATE FIRST AID, AND TO ENGAGE MEDICAL TREATMENT IN THE EVENT OF INJURY TO ANY OF MY CHILDREN AT MY EXPENSE, WHICH MAY INCLUDE ENGAGING AMBULANCE ASSISTANCE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I GIVE PERMISSION FOR HPSSASC TO PUBLISH PHOTOS OF MY CHILDREN FOR PUBLICITY PURPOSES ON THE CLUB WEBSITE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Note: It is critical that parents help out by volunteering for jobs on club nights. A \$5.00 canteen credit will be awarded to each volunteer on club nights.**

**HOLLAND PARK STATE SCHOOL AMATEUR SWIMMING CLUB  
MEDICAL INFORMATION**

<b>NAME</b>	<b>Last:</b>	<b>First:</b>
<b>ADDRESS</b>		
	<b>Suburb:</b>	<b>Post code:</b>
<b>PHONE#</b>	<b>Home:</b>	<b>Work:</b>
<b>MOBILE#</b>		<b>DOB:</b>

Please complete the following. This information is kept confidential.

			<b>Further Information</b>
<b>Allergy (eg Bee Sting)</b>	Y	N	
<b>Breathing Disorder (Asthma)</b>	Y	N	
<b>Ear Disorder</b>	Y	N	
<b>Epilepsy</b>	Y	N	
<b>Fainting/Dizziness</b>	Y	N	
<b>Diabetic</b>	Y	N	
<b>Any other relevant information:</b>			

I/We certify that the answers to the above questions are true and that any medical information has not been withheld.

I/We undertake to immediately advise the Holland Park State School Amateur Swimming Club of any change to the information which may occur.

<b>Name of Parent Guardian</b>		
	(First)	(Last)
<b>Signature</b>		
<b>Date</b>		