



MEMBERSHIP FORM

SEASON: OCTOBER 20__ TO MARCH 20__

Family name: _____

First name	Gender M/F	Date of Birth	*Competing Group
1.			
2.			
3.			
4.			
5.			
6.			

* Age grouping of competing members will be determined by age of the person as at **01 January, 201__**

Postal Address: _____

Phone No: _____ Mobile : _____

Email address: _____

Emergency Contact information:

Name: _____ Phone: _____ Mobile: _____

SELECT: RETURNING MEMBER/S FROM 201__/201__ NEW MEMBER/S

Required fitness levels:

If you are not medical fit to compete, do not register. It is not the Club's responsibility to determine a competing members' medical condition or fitness level.

Supervision of children:

Parents and/or Guardians must supervise their children at all times including in Woronora river & on beach area, sand square area & Club Hall.

Club photographs - children:

Occasionally photographs may be taken of children attending Club activities for Club promotion & advertising. Please mark one of the following:

Yes, I given permission No, never photograph my child/children

Conduct:

Behaviour of any person/s attending or participating in Club activities must be corrected if it causes harm, duress or distress to any other person/s.

Liability:

Any person attending and/or participating in activities conducted by Woronora Life Saving and River Patrol Club does so at his/her own risk and as such accepts responsibility for any personal injury however incurred. The Club cannot accept liability in regards to any injury or damaged suffered by any person whilst attending or engaged in Woronora Live Saving and River Patrol Club activities.

Signature of parent/guardian/member: _____ Print Name: _____
(parent/guardian to sign if under 18 years)