



Mingara Aquatic Swimming Club

2nd CLAIM MEMBERSHIP FORM



Personal & Contact Information.

Surname: _____ First name: _____

Email: _____ DOB: _____

Address: _____

Suburb: _____ State: _____ Pcode: _____

Contact #: _____

Emergency Name: _____ Contact #: _____ Relationship: _____

Other information. All questions must be answered.

Medical Conditions/Allergies: _____

Australian Citizen: Yes / No Asthmatic: Yes / No Indigenous member: Yes / No

Member with a Disability: Yes / No Classification (if applicable): _____

I am registering for:

2nd CLAIM

First Claim Club: _____ Swim NSW #: _____

All payments must be made via EFT to the Westpac Account listed below. No cash or cheque payments will be accepted).

The declarations overleaf must be completed. Return this completed form and a copy of your payment receipt to registrar@mingaraaquatic.com

Please note: 2nd Claim members must be financial with your 1st claim club before 2nd claim membership will be approved with Mingara Aquatic Swimming Club.

Bank details:

Bank: Westpac
Account: Mingara Aquatic Swimming Club
BSB: 032-627
Account: 361471

Please note: Swimming NSW collects membership information in accordance with the Australian Swimming Privacy Policy. Information on this and other policies is available at www.nsw.swimming.org.au

Mingara Aquatic Swimming Club

Mingara Aquatic Swimming Club Member Declaration

1. I authorise Mingara Aquatic Swimming Club (the "Club") and Coast & Valley Swimming Association (CVSA) to use, disclose or relate to any relevant bodies any of my personal information that may be necessary to implement the rules, regulation and policies as per the New South Wales State Declaration.
2. I agree to be photographed, videoed and recorded in various forms of media and agree to have my name, photograph, video and results published in/on official programs, newsletters, noticeboards, various forms of social media and websites of the Club, CVSA, Swimming NSW (SNSW), Swimming Australia (SAL), any sponsor of the Club and Mingara Aquatic Centre, in accordance with the policies of SNSW and SAL.
3. I acknowledge that the Club relies on the continued assistance and cooperation of volunteers to successfully operate. To allow for smooth running of Club activities, I understand family members are required to help out on a rotational basis. If our family is unable to fulfil the rostered duties, we accept responsibility to find someone to take our place.

To be completed by members over 18 years of age:

I have read & agree to the above. By ticking this box and dating this form I am indicating that I am signing this form electronically.

Date: _____

Parent/Guardian Declaration

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 declaration above and the details provided in the application and I personally consent to the declaration 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 be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this membership application and declaration.

By ticking this box & dating this form I am indicating that I am signing this form electronically.

Parent/Guardian Approval Name: _____

Date: _____

All new members are required to supply proof of age (birth certificate or passport). Please send a copy of one of these documents to our Registrar: registrar@mingaraaquatic.com