

Long Reef SLSC / Surf Life Saving Australia



Application for Nipper Membership from 1 August 2007 to 31 July 2008

Po Box 214 Collaroy, NSW 2097

DETAILS

Name: Male Female Phone home:
Address: work:
Suburb / Postcode mobile:
Date of Birth: Email:

MEMBERSHIP CATEGORY

J6 - 10/01 to 9/02 J9 - 10/98 to 9/99 J12 - 10/95 to 9/96
 J7 - 10/00 to 9/01 J10 - 10/97 to 9/98 J13 - 10/94 to 9/95
 J8 - 10/99 to 9/00 J11 - 10/96 to 9/97 J14 - 10/93 to 9/94

MEDICAL DETAILS

If you suffer or you have suffered from any disease or any physical or mental disability (eg, epilepsy, diabetes or any permanent disability to a limb, eye or ear) likely to affect your efficiency as a Club member, it may affect your safety and the safety of the public. You should consult your medical practitioner and SLSA prior to commencing any surf lifesaving activity.

EMERGENCY CONTACT:

Relationship:
Name: Phone home:
Address: work:
Suburb/Pcode mobile:

DECLARATION:

I warrant that all information provided is true and correct. I hereby apply for membership of Long Reef SLSC and Surf Life Saving Australia.

Signature: _____ Date:/...../.....

Where the applicant is under 18 years of age this form must be signed by the applicant's parent or legal guardian.

I, am the parent or guardian of the applicant. I 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 including the provision by me of a release and indemnity in the terms set out above and over leaf.

Parent's Signature: _____ Date:/...../.....

Please sign rear of form as well

PAYMENT

Method: Cash Cheque (To: Long Reef SLSC) Credit See _____'s form.

Credit Card Details: Visa Mastercard Bankcard

Name on Card:

Card Number: _____ Expiry ____ / ____

Amount \$ Signature Date

Official Clarkie Use Only:

Receipt number: _____ Amount: _____ Surfguard Spare

SLSA DECLARATION

1. "SLSA" for the purposes of this declaration means & includes Surf Life Saving Australia Limited, its subsidiaries, its members (including State Centres & Clubs), Branches & their respective directors, officers, members, servants or agents.
2. If accepted I will be a member of Long Reef SLSC, in Sydney Northern Beaches Branch, SLSNSW & SLSA.
3. This document cannot be amended. If I do amend it my application will be null & void. It cannot be accepted by SLSA.
4. Insurance is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised SLSA activity ("SLSA Activity"). (For insurance details contact your SLSC.) I can, in my own interests, seek & obtain personal insurances over and above the cover provided by SLSA.
5. The SLSA Constitution is a contract between me & SLSA. I will be bound by it & any regulations, policies and codes of conduct made under it. It is necessary & reasonable for promoting SLSA & surf lifesaving as a community service.
6. Warning: Surf lifesaving can be inherently dangerous. Serious accidents can & often do happen which may result in me being injured or even killed. I have voluntarily read & understood this Warning & accept & assume the inherent risks in surf lifesaving.
7. Exclusion of Liability: Except where provided or required by law & such cannot be excluded, I agree that it is a term of my membership (if accepted) that SLSA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership &/or participation in any SLSA Activity.
8. Release & Indemnity: In consideration of SLSA accepting my application for membership I:
 - a. Release & forever discharge SLSA from all Claims that I may have or may have had but for this release arising from or in connection with my membership &/or participation in any SLSA Activity; &
 - b. Indemnify & hold harmless SLSA to the extent permitted by law in respect of any Claim by any person including but not only another Member of SLSA arising as a result of or in connection with my membership &/or participation in any SLSA Activity. In this clause 8 "Claims" means & includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant SLSA insurance policy or under the SLSA Constitution or any Regulations.
9. Fitness to Participate: I declare that I am & must continue to be medically and physically fit & able to participate in any SLSA Activity. I am not & must not be a danger to myself or to the health & safety of others. I will immediately notify SLSA in writing through my Club of any change to my fitness & ability to participate. I understand & accept that SLSA will continue to rely upon this declaration as evidence of my fitness & ability to participate.
10. I have provided the information required overleaf and signed both sides of this form. I warrant that all information provided is true and correct.
11. SLSA has a Privacy policy and that the information that I have provided over leaf is necessary for the Objects of SLSA. I acknowledge and agree that the information will be disclosed to my Club and State Centre and will only be used for the Objects of SLSA and to provide me with membership services. I understand that I will be able to access my information through my Club. If the information is not provided my membership application may be rejected.
12. I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release & indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges & services of SLSA membership.

Name: _____ Signature: _____ Date: ___/___/___