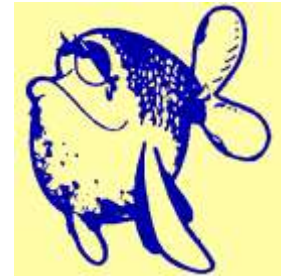




CLAREMONT MASTERS SWIMMING CLUB



HOW TO JOIN CLAREMONT MASTERS SWIMMING CLUB

New members and renewing members are encouraged to register online using the secure Clubsonline Portal. It is quick and easy and you can pay using a credit card.

Please go to www.mastersswimmingwa.asn.au and click on the "online registrations & renewals" box to the right of the screen. Select either Re-registration or New Registration and follow the steps from there. If you have any problems please email Club Treasurer Martin Lodge – martin@reislodge.com

The 12th month fee for 1st Jan 2011 – 31st Dec 2011 is \$125

If you are a 2nd claim member i.e. a member of another Masters Club but wish to join Claremont Masters as your 2nd club please fill in the form below and pay using one of the methods listed on the reverse. Please do not use the online registration system as it will generate a second member number for you. The 12 month fee is \$60.

Membership form for 2nd claim members only

◆ Denotes compulsory information required

Club Details

◆ Club: Claremont Masters Swimming Club ◆ Year: _____

◆ First Claim Club: Yes No

Membership Details (◆select only one)

Renewal New Member Transfer (previous club: _____)

Subscription Type (◆select only one)

12-month member 4-month member 16-month member

Personal Information

◆ Title: _____ ◆ First Name: _____

Middle Initial: _____ ◆ Last Name: _____

◆ Address: _____ ◆ Suburb: _____

◆ State: _____ ◆ Postcode: _____ ◆ Country: _____

Phone (◆At least one telephone contact number must be provided):

(work) () _____ (home) () _____

(mobile) () _____ (fax) () _____

◆ E-mail Address: _____

◆ D.O.B.: _____ / _____ / _____ ◆ Gender: Male Female

Alternative E-mail Address: _____

◆ Mailing List – Do you wish to be on the **Masters Swimming Australia Inc.** mailing list for newsletters and other relevant information? Yes No

Emergency Contact Details

◆Emergency Contact Person: _____

◆Emergency Contact Phone: () _____

Privacy Statement

Some of the information contained in this form will be disclosed to the Branch and National Office for membership registration purposes. Some of the information, including the health information, may be disclosed to other Masters Swimming Clubs, other Masters Swimming Branches or National Office for official Swim Meet purposes. Identifying information may be published in Masters Swimming publications such as Top Ten, Records, newsletters, etc.

Safety in Activity

Masters Swimming is concerned for your health and well being. It is strongly recommended that you have a medical examination and discuss with your doctor your intention of undertaking an activity program. Continued participation in swimming during pregnancy may pose health risks to women and their unborn children. As soon as you learn you are pregnant, you should seek advice from an appropriately qualified medical practitioner as to:

1. The risks involved in swimming while pregnant;
2. Whether it is safe to continue participating in swimming while pregnant, and if so, for how long you should continue to participate.

You should also inform your club Safety Officer or other assigned officer of your pregnancy.

Medical Disability

A completed Medical Disability form (available from www.mastersswimming.org.au) must be sent to your club for a Medical Disability to be considered for breaststroke and/or butterfly.

Declaration

As a condition of acceptance of my membership application, declare that I am aware of the risks associated in undertaking an activity program. I undertake to advise the Club Coach and Club Safety Officer (or other assigned officer) of any disability lack of fitness, illness, or other medical condition, prior to participation in Masters Swimming activities.

Signature: _____ Date: ____ / ____ / ____

Payment Details:

Option 1 - Cheque / Money order / Cash (in person at training only)

Please return this form with your payment either at training or post to;

Claremont Masters Swimming Club, PO Box 257, Claremont 6910

Option 2 – Direct Deposit

Hand your completed form in at training, post to the address above or email your completed form to ClaremontSecretary@gmail.com and pay by direct deposit as follows;

BSB 066 129 Account # 00905967 Account name: Claremont Masters Swimming Club Inc

(Please include your name as the transaction description.)

Club Use Only

Membership Fee received: \$ _____ Receipt No.: _____

A copy of the member's proof of age document is:

Attached On file Not applicable

Name: _____ Position: _____

Signature: _____ Date: ____ / ____ / ____

Other club information: