

MH²O SWIMMING CLUB
APPLICATION FORM 2009/10 Season



PLEASE PRINT CLEARLY. ONE APPLICATION PER PERSON

****Please note: Much of our communication is by email.
Please ensure your details are up to date and clearly written.**

SWIMMERS FULL NAME AND INITIALS ARE REQUIRED

Name: _____ Initial: _____ Surname: _____

D.O.B _____ Parents First Name: _____

EMERGENCY CONTACT NAME & Phone Number:

HOME MAILING ADDRESS OF PARENTS: _____

HOME PHONE: _____

WORK PHONE: (Mum) _____ (Dad) _____

MOBILE/S: (Mum) _____ (Dad) _____

**E-MAIL: (Preferred) _____

DECLARATION

1. I Agree to abide by the rules, regulations and policies of Swimming Victoria, Australian Swimming, the relevant District Swimming Association and the relevant club, including Australian Swimming's Anti-Doping, Member protection and Privacy Policies.
2. I authorize Swimming Victoria to use and disclose, to related and relevant bodies any of my personal information that may be necessary to implement the rules, regulations and policies in 1 above. I agree to have my name, photograph and results published in official programs, newsletters and websites unless Swimming Victoria is otherwise notified.
3. I give permission for my child's photo to be used at the pool, on our web-site, or for any promotional purposes.

Signature _____ Date: ____/____/____
(Member):

Signature _____ Date: ____/____/____
(Parent/Guardian):

MH²O SWIMMING CLUB
APPLICATION FORM 2009/10 Season

MEDICAL INFORMATION

Do the participants suffer from any of the following:

Asthma **

Diabetes

Epilepsy

Heart Disease

Physical or Learning
Disability

Other

** Please attach a copy of your asthma management plan. Your child must be responsible for carrying his/her own asthma medication to all MH²O or H²O related activities. We are legally not allowed to administer medication in the event of an emergency.

If other please specify _____

Any other reason that may affect teaching/learning capacity: _____

(Attach additional sheet if required)

In the event of illness or accident and if I am unable to be contacted, I authorise you to obtain on my behalf of such medical advice as my child may require.

Signature of Parent/Guardian: _____ Date: _____

Where did you hear about MH²O? (eg Ad, Friend) _____

Club Fees:	Full Member May 1 st 2009 - April 30 th 2010	\$120.00	<input type="checkbox"/>
Please Tick	Full Member Successive Child	\$110.00	<input type="checkbox"/>
	Masters Member (co-registered with Masters Club)	\$90.00	<input type="checkbox"/>
	Non Competitive Member (ineligible to compete at any SV Meets)	\$35.00	<input type="checkbox"/>

**Please make cheques payable to "MH²O Swimming Club" and send to:
PO Box 47 Darling South VIC 3145**

Office Use Only:

Membership Number: _____ Date first joined: _____