



## Bilgola SLSC - Nipper Membership New or Renewal 2009-2010

Membership Details:			
Surname:			
First Names:		Date of Birth:	
Mailing Address:			
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone:	
Family Email:			

Membership Types:		
<input type="checkbox"/> U 14 (01.10.95 to 30.09.96)	<input type="checkbox"/> U 11 (01.10.98 to 30.09.99)	<input type="checkbox"/> U 08 (01.10.01 to 30.09.02)
<input type="checkbox"/> U 13 (01.10.96 to 30.09.97)	<input type="checkbox"/> U 10 (01.10.99 to 30.09.00)	<input type="checkbox"/> U 07 (01.10.02 to 30.09.03)
<input type="checkbox"/> U 12 (01.10.97 to 30.09.98)	<input type="checkbox"/> U 09 (01.10.00 to 30.09.01)	<input type="checkbox"/> U 06 (01.10.03 to 30.09.04)

Parent/Guardian Member Details & Medical Information (please attach a list of additional emergency contacts if necessary)			
Surname:		First Name:	
Home Address:			
Mobile:	Home Phone:	Work Phone:	
Does your child suffer, or has suffered from any disease or physical or mental disability (eg epilepsy, diabetes or any permanent disability to a limb, eye or ear) which is likely to affect his/her efficiency as a club member, having regard to the safety of the public generally? If Yes, please provide details:		Medical Details:	
<input type="checkbox"/> Initial Membership or <input type="checkbox"/> Transferring			

Nipper Parents:	
Do you have your Bronze Medallion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, are you interested in obtaining your Bronze Medallion this season?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsorship	
Are you interested in sponsoring within the Junior Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only:			
Application Date:		Amount Paid:	
		Registrar Initials:	

## Bilgola Surf Life Saving Club – Nipper Renewal Application Declaration

I, the undersigned, hereby apply for membership of SLSA. In so applying and in consideration of my application for membership being accepted **I acknowledge and agree** that:

1. **"SLSA"** for the purposes of this declaration means and includes Surf Life Saving Australia Limited, its subsidiaries, its members (including State Centres and Clubs), Branches and their respective directors, officers, members, servants or agents.
2. **If accepted I will be a member of Bilgola SLSC**, Northern Beaches Branch, NSW State Centre and SLSA.
3. **This document cannot be amended.** If I do amend it my application will be null and 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 Bilgola SLSC). I can, in my own interests, seek and obtain personal insurances over and above the cover provided by SLSA.
5. **The SLSA Constitution** is a contract between me and SLSA. I will be bound by it and any regulations made under it. It is necessary and reasonable for promoting SLSA and surf lifesaving as a community service.
6. **Warning:** Surf lifesaving can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this Warning and accept and assume the inherent risks in surf lifesaving.
7. **Exclusion of Liability:** Except where provided or required by law and 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 and/or participation in any SLSA Activity.
8. **Release and Indemnity:** In consideration of SLSA accepting my application for membership I:
  - (a) release and 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 and or participation in any SLSA Activity; and
  - (b) indemnify and 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 and or participation of in any SLSA activity.

In this Clause 8 "Claims" means and 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 Regulation
9. **Fitness to Participate** I declare that I am and must continue to be medically and physically fit and able to participate in any SLSA Activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify SLSA in writing through my Club of any change to my fitness and ability to participate. I understand and accept that SLSA will continue to rely upon this declaration as evidence of my fitness and ability to participate.
10. **I have provided the information required and signed 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 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 consent to my child/children being photographed by our Club Endorsed Photographer(s) for promotional purposes.
13. I accept that I will receive emails from Bilgola SLSC.
14. **I have read, understood, acknowledge and agree** to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of SLSA membership.
15. **I have read, understood, acknowledged and agreed** to the Bilgola SLSC Nippers Code of Conduct, and shall ensure that my child/children have understood, acknowledged and agreed to this code also.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_/2009  
In respect of a person under the age of 18 years: I consent to the Declaration on Application of Membership

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_/2009

**Relationship to Applicant:** \_\_\_\_\_