

PLEASE RETURN THIS FORM TO YOUR CLUB: DO NOT SEND TO THE BRANCH OR NATIONAL OFFICE

New Member

Renewing Member (please tick)

Last year's club name if renewing: _____

Please tick if you would like to receive the following electronically

NSW Newsletter "Splash"

National newsletter

Member Information

Surname		Given Name	
Date of Birth	dd / mm / yy	AUSSI Number	Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal Address			
		Postcode	
Email			
Phone (M)			
Phone (H)		Phone (W)	

Emergency Contact Details

Family Name	Given Name	Relationship
Telephone Home	Work	Mobile

Medical Disability

A completed Medical Disability form must be attached to this form for a Medical Disability to be considered for breaststroke and/or butterfly.

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 may be disclosed to other AUSSI Clubs, other AUSSI Branches or National office for official swim meet purposes. Identifying information may be published in AUSSI publications such as Top Ten, Records, newsletters etc.



National Office: 148A Ferguson Street ● Williamstown ● VIC 3016
Ph + 61 3 9399 8861 ● Fax + 61 3 9399 8863 ● ceo@aussimasters.com.au

Safety in Activity

AUSSI 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.

Pregnancy

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 designated officer of your pregnancy.

Payment Details

Please return this form with your payment of \$ 57.50 to

Cheque/Money Order should be made payable to:

DECLARATION

I, the undersigned, as a condition of acceptance of my membership application, declare that I am aware of the risks associated in undertaking an activity program.

Signature _____

Date _____

CLUB USE ONLY

Membership Fee Received \$

Receipt No _____

A copy of the member's age document is attached/is on file/has been sighted (delete as required)

Signature _____

Position _____

Date _____

Other club information: