

PENSHURST RSL YOUTH SWIM CLUB

2019-2020 SEASON REGISTRATION

FAMILY INFORMATION

ARE YOU A RETURNING FAMILY? **YES** **NO** **HAVE ANY DETAILS CHANGED FROM LAST SEASON?**

SURNAME:	Mothers Name:	Father's Name:
Home Phone:	Mother's Mobile number:	Father's Mobile number:
Home Address:		Post Code
Email address:		Office Use:
Penshurst RSL Membership Number: (Card must be presented at Registration)		Valid Until:

SWIMMER INFORMATION

Child's Name:	Date of Birth:	Gender:
Child's Class:		
Does this child suffer from any medical condition/allergy that might put them at risk in or out of the water? Please supply specific details of any existing, or potential medical conditions:		
Child's Name:	Date of Birth:	Gender:
Child's Class:		
Does this child suffer from any medical condition/allergy that might put them at risk in or out of the water? Please supply specific details of any existing, or potential medical conditions:		
Child's Name:	Date of Birth:	Gender:
Child's Class:		
Does this child suffer from any medical condition/allergy that might put them at risk in or out of the water? Please supply specific details of any existing, or potential medical conditions:		
NB: If your child/ren will be swimming at Zone Carnivals for a different RSL club or Inter-Club Carnivals for a different swim club - a declaration of Primary Club needs to be received in writing at 2019-2-2020 Season Registration or the default, will be to Penshurst RSL Youth Swim Club. Primary Club (If other than PRSLYSC):		

STANDARD PHOTOGRAPH RELEASE (VOLUNTARY)

Penshurst RSL Youth Swim Club promotes itself to the community like any other organisation. To help to do this, we sometimes use still photography of our members. On occasion we might add photos from carnivals, functions and lessons to our website and social network sites to increase publicity. By signing this release, you acknowledge, understand and accept that Penshurst RSL Youth Swim Club will only use material in a way that **enhances the profile of the Club** and its swimmers. You also agree that the material may be used without further permission or payment. Material may also be updated using subsequent registration forms. This release covers all members of your family and will remain in force until cancelled (in writing) by you.

I _____ agree to allow PRSLYS to use media for publicity, which may depict members of my family:	Date:
SIGNED:	

ACCEPTANCE OF REGULATIONS & BY-LAWS

- I agree that as a family we have read and will abide by the Penshurst RSL Youth Swim Club Constitution.
- I agree that as a family we have read and will abide by the Penshurst RSL Youth Swim Club By-Laws.
- I understand that non-adherence to these regulations may jeopardize my family's membership at Swim Club.
- I understand to remain a member, the swimmer must have 75% minimum attendance between 7/09/19 & 28/03/20.
- I will explain these rules to my swimmer & continue to reinforce these regulations as deemed necessary.

SIGNED:

Date:

Child's Name:	Date of Birth:	Gender:
Child's Class:		
Does this child suffer from any medical condition/allergy that might put them at risk in or out of the water? Please supply specific details of any existing, or potential medical conditions:		
Child's Name:	Date of Birth:	Gender:
Child's Class:		
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Swimmer's Name	Paid on	Payment Method	Amount Paid	Balance Owing

VOLUNTEERING

We are a club that is completely run by volunteers so we need your support and ask that you participate. Volunteering is fun and we expect every family to actively participate to make our club a successful family club. It is likewise essential that you keep up to date with club news, dates and information via your email, the website and on Facebook.
Please consider where you can lend a hand in our club and circle the jobs you and your partner can help out with:

Join COMMITTEE: Support CAFE: Support BBQ:
CARNIVAL DUTIES: Timekeeper / Marshaller / Runner

SWIMMING COSTUME ORDER

Child's Name:	Size:	Gender:
Child's Name:	Size:	Gender:
Child's Name:	Size:	Gender:

SWIM SEASON PAYMENT DETAILS