



## MASTERS SWIMMING AUSTRALIA REGISTRATION FORM

♦ Denotes compulsory information required

### Club Details

♦ 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  16-month member

### Life Membership (if applicable)

Club life member  Branch Life Member  National Life 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](http://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.

### Subscription payment

Annual subscriptions of \$80 can be paid either by cheque to

Fremantle Masters Swimming Club Inc  
PO Box 1453  
Fremantle  
WA 6959

Or online to

**BANK NAME: ANZ**  
**BANK BRANCH: FREMANTLE**  
**ACCOUNT NAME: FREMANTLE MASTERS SWIMMING CLUB INC**  
**BSB: 016307**  
**ACCOUNT NO: 255467454**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Club Use Only

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

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

Attached       On file

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

Attached       On file       Not applicable

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other club information: