TEA TREE GULLY
AMATEUR SWIMMING CLUB INC
"Teaching the art and encouraging the sport of swimming"

APPLICATION FOR MEMBERSHIP

Swimmers Details	
Surname:	**Given names:**
Date of Birth:	**Male / Female**
Previous Swim School:	**Referred to TTGASC by:**
Address:	
Billing Address: *(if different to above)*	

Parents/Guardians *(applicable if member is under 18 years)*	
Parent/Guardian 1	**Parent/Guardian 2**
Name:	**Name:**
Relationship:	**Relationship:**
Occupation:	**Occupation:**
Mobile:	**Mobile:**
Alternate phone no:	**Alternate phone no:**
Email:	**Email:**

Alternative Emergency Contact	
Name:	**Relationship:**
Mobile:	**Alternate phone no:**

DECLARATION BY MEMBER (or parent/guardian(s) if under 18 years of age)	
☐	I agree to follow Club rules and pay all fees and costs required by TEA TREE GULLY AMATEUR SWIMMING CLUB INC ('TTGASC') in relation to club and Swimming SA membership.
☐	I agree that the TTGASC accepts no liability for any injury sustained by and member whilst that member is swimming, training, receiving tutoring, travelling or participating in any activities associated with the Club ('Club Activities').
☐	I agree to give authority to Coaches/Instructors and TTGASC Committee Members to supervise my child in relation to Club Activities.
☐	I agree that TTGASC Coaches/Instructors and TTGASC Committee Members may take whatever action they deem necessary to ensure the safety and wellbeing of individual swimmers and the successful conduct of the club.
☐ Yes ☐ No	I authorise the club to publish suitable photographs taken of me or my child and results in official programs, newsletters, websites or any other TTGASC produced documents.
☐	I will assist and support the Committee, Coaches and Club Captains of the club wherever possible to ensure that the club continues to run smoothly and achieve its objectives including assisting at Carnivals with Time Keeping, Team Manager and Official roles when rostered
☐	I give permission to the Coaching team to conduct fitness training with my child at a suitable and safe location.

Signature of Member/Parent/Guardian 1 or 2:

Signature: _____ Date: ___/____/____

Name: