

Privacy Statement

Some of the information contained on this form will be disclosed to the Branch and National Office for membership registration purposes. Some of the information, including health 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.

SAFETY in ACTIVITY

AUSSI Masters Swimming is concerned about 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 about your pregnancy.

PAYMENT DETAILS

- I enclose payment to the amount of \$74.00 (12mth)
Cheques to be made payable to: Nunawading Orcas
- I have EFT \$74.00 on _____ (date) to account:
Nunawading Orcas Aussi Masters Swimming Club
Commonwealth Bank BSB: 063-195 Account: 1006 5650

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. I undertake to advise the Club Coach or Club Safety Officer (or other designated officer) of any disability, lack of fitness, illness, or other medical condition, prior to participation in AUSSI activities.

Signature: _____ Date: _____

CLUB USE ONLY

Membership Fee received: \$ _____ Date: _____

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

Signature: _____ Position: _____

Date: _____