



HOLLAND PARK SWIM CLUB

Membership Form

SEASON 2020/2021

Please complete in **BLOCK** letters:

CONTINUING MEMBER: YES NO (Please circle)

FAMILY SURNAME:

ADDRESS:

SUBURB:

POSTCODE:

MOTHER'S NAME:

FATHER'S NAME:

MOBILE:

MOBILE:

EMAIL:

SECOND EMAIL:
(if required)

HPSS ASC MEMBERSHIP FEES - PAYABLE DIRECT TO SWIM CLUB:

	Name	DOB	Gender	School	Club Membership	TOTAL
Child 1			M/F		\$100.00	
Child 2			M/F		\$50.00	
Child 3			M/F		\$50.00	
Child 4			M/F		\$50.00	
Child 5			M/F		\$50.00	
Qty	Club Shirt (optional) Size: 6 8 10 12 14 S M L XL				\$25.00 ea	
Qty	HP Club Cap				No charge **special – sign on only	N/A
DIRECT DEPOSIT/ EFTPOS					TOTAL:	

Bank details: HPSS P&C Association Swimming Club Account

BSB: 064-112

Account No: 10066450

Ref: SC *Family Name*

CUSTODY (RESIDENCE)/RESTRAINING OR OTHER COURT ORDERS RELATING TO CHILDREN YES/NO

Does your child have *medical condition or allergy*? YES/NO

If YES, please complete separate medical form.

PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO ENSURE THAT AN APPROPRIATELY AUTHORISED ADULT MAINTAINS CONTROL OF YOUR CHILDREN AT ALL TIMES.

I AGREE TO ABIDE BY THE RULES IN THE **MEMBERS HANDBOOK** WHICH I ACKNOWLEDGE IS AVAILABLE TO ME ON THE SWIM CLUB WEBSITE. I ACKNOWLEDGE THAT MY ENTRY TO THE POOL AND TO CLUB EVENTS AND THOSE TO WHICH THE CLUB IS INVITED AND THAT OF MY NOMINATED CHILDREN IS CONDITIONAL ON ABIDING BY THESE RULES.

I AGREE TO ENSURE THAT ANY CHILDREN WHO ENTER THE POOL AREA UNDER MY CARE, AND ANY ADULTS OR RELATIVES WHO ENTER THE POOL AREA BY THROUGH OR IN CONNECTION WITH ME, ABIDE BY THE RULES IN THE **MEMBERS HANDBOOK**, AND WILL BE RESPONSIBLE FOR THEIR ACTIONS WHILST THEY ARE IN THE POOL AREA. I AUTHORISE THE CLUB TO ADMINISTER APPROPRIATE FIRST AID, AND TO ENGAGE MEDICAL TREATMENT IN THE EVENT OF INJURY TO ANY OF MY CHILDREN AT MY EXPENSE, WHICH MAY INCLUDE ENGAGING AMBULANCE ASSISTANCE.

SIGNATURE: _____ **DATE:** ____/____/____

I GIVE PERMISSION FOR HPSSASC TO PUBLISH PHOTOS OF MY CHILDREN FOR PUBLICITY PURPOSES INCLUDING THE CLUB WEBSITE.

SIGNATURE: _____ **DATE:** ____/____/____

Please Note: It is critical that parents help on club night. To ensure continued success each family will be given jobs via a roster system. If you are unable to do your allocated night, please swap with another family.

**** Club Caps – one per member – sign on specials only apply when ordered and PAID for with swim club membership. Membership forms and full payment must be received prior to collection of club cap. Club merchandise purchased during the season will be at normal rates as decided by committee.**