

APPLICATION FOR NEW MEMBERSHIP ONE FORM PER PERSON REQUIRED

All fields must be filled in, signed in all signature areas and returned with payment. All pages must be returned. The SLSA Membership and Declaration MUST be completed and signed BY EACH MEMBER as stipulated on the forms.



Name: Male Female

Date of Birth

Address: Postcode:

Postal Address: Postcode:

TELEPHONE NUMBERS:

Home Business Mobile

Occupation: Email:

ABN 95834027136 A0002714R

PO Box 193

Torquay Vic 3228

T: (03) 5261 4110

F: (03) 5261 4209

info@torquayslsc.com.au

www.torquayslsc.com.au

Former Club: (if any) Yes - Transfer Full Membership No - Transfer Full Membership

Yes - Competitive Rights Only No - Competitive Rights Only

MEDICAL DETAILS FOR ACTIVE MEMBERS, NIPPERS AND WATER SAFETY:

Do you suffer, or have you suffered from any disease or any physical or mental disability (eg Epilepsy, Diabetes or any permanent disability to a limb, eye or ear) or any food or other allergy likely to affect your efficiency as a club member, having regard to the safety of the public generally?

Please provide details here:

Have you completed or are you currently involved in the Hepatitis B vaccination program? If yes, please give Date and Club or origin of the vaccination.

Please provide details here:

What is your Blood Type? (if known)

EMERGENCY CONTACT DETAILS

Name: Home Phone:

Address: Business Phone:

Relationship to Member: Mobile Phone:

WE NEED YOUR HELP! TORQUAY SLSC IS A VOLUNTEER ORGANIZATION.

*The Annual Door Knock is a compulsory member activity.
Please indicate (tick) which other activity you would like to attend.*



Door Knock



Fish Day



Nipper BBQ Roster



Carnival Official



Water Safety



Bar Roster



Tin Rattle

Please note that each Associate member/family is requested to assist with a minimum of one event per season.

*Please note revised categories

MEMBERSHIP TYPE	DESCRIPTION	CATEGORY
Nipper	7-13 years (Includes RipCurl Rashie per child - new member)	*FAMILY \$200 see description
Cadet	13 - 15 Years	*FAMILY \$200 see description
FAMILY Includes Nipper/Cadet	*Up to 2 adults and children under 18 years. All active adults over 18 and those assisting junior programmes or requiring swipe cards are required to obtain a WWC Check. All applicants of family must sign a separate SLSA declaration form	*FAMILY \$200 We encourage all family members to become involved. As a volunteer service, your help is valued and appreciated.
Junior Active	15 - 18 years	\$70
Senior Active	18+ years - Must have WWC Check	\$80
Reserve Active	Must have WWC Check	\$80
Long Service	Must have WWC Check	\$90
Life Member	Must have WWC Check	\$10
Associate BRONZE	30+ Social Membership only / Require WWC Check for full Club access to include change room facilities	\$75
Associate SILVER	Over 60 Membership / Require WWC Check for full Club access to include change room facilities	\$70
Associate GOLD	30+ entitles full membership for bronze medallion holders. Must have WWC Check	\$90
Swipe Card	Card access to male and female toilet / shower facilities. Associate members must have WWC Check to utilise facilities if over 18 years	\$20 - per card one off service charge. Re-activated upon renewal or membership. Due May 1st Annually
Craft Storage	Cost for non-patrolling members or those without exemption	\$250 annually
Competition Levy	Senior / Cadet annual competition levy to be paid with membership renewal. Cost to cover local carnivals and Victorian State title entries only. Must be paid in full by all members intending to compete - prior to first carnival	\$75 - *Does not include Australian Titles / pool competitions or interstate carnivals
Coaching Levy	Applicable to all senior / cadet members competing. Cost to facilitate Club coaches. Payable with membership renewal.	\$75
Total		

WORKING WITH CHILDREN CHECK - please read and sign where indicated.

It is the policy of Torquay Surf Lifesaving Club Inc., following the advice and policies of Surf Life Saving Australia and Life Saving Victoria, that all active and patrolling members and all associate members, participating in, or assisting junior programmes (over 18 years) obtain a **Working with Children Check (WWC)**. Details of WWC Card number and date of issue to be retained by Torquay Surf Lifesaving Club on membership record. The details are also recorded in the Surf Guard membership database.

Under policies established by SLSA and LSV, if our Club is found to be in breach of the applicable legislation, the Club will be subject to disciplinary action involving significant fines.

A WWC check is free on application at Australia Post (forms available from the Club or Australia Post offices). Your assistance in helping us to comply and ensure the safety of our junior members is appreciated.

I am 18 years old or over and I have read, and understood, and agree to the above.

SIGNED:

Australia Post Receipt No:

WWCC Card No:

Date of Receipt Application:

Expires On:

Copy of Australia Post Receipt attached

Copy of WWCC Card attached

TOTAL ENCLOSED:

PAYMENT TYPE

 Bankcard Mastercard Visa**PHONE TRANSACTION:** Yes No**NAME ON CARD:****CREDIT CARD NUMBER****EXPIRY****SIGNATURE****Office Use Only**

Date Application Received: Club Officer Endorsement

Amount Paid: Receipt No: Date Processed:

Torquay Surf Life Saving Club Inc. APPLICATION AND DECLARATION

This declaration should be read and signed by the applicant (and their guardian under the age of 18).

*The form should then be returned with your payment to
TSLSC MEMBERSHIPS, PO Box 193, Torquay, Vic, 3228.*

In so applying and in consideration of my application for membership being accepted, I declare, acknowledge and agree that:-

1. I will be bound by the SLSA Constitution, any regulations, or policies made under that Constitution, the SLSC Competition Manual and my State Centre and Club Constitution.
2. I have voluntarily accepted and assumed the inherent risks of danger and injury in surf life saving.
3. It is a term of my membership that SLSA is absolved from all liability arising from injury or damage arising out of my membership and/or participation in any SLSA authorised or recognised activity.
4. I indemnify SLSA against, and release and forever discharge SLSA from, all actions, suit, proceedings, claims, demands, losses, damages, penalties, costs and expenses however arising that I or any third party may have or may have had or have commenced but for this indemnity and release arising from or in connection with my membership and/or participation in any SLSA authorised or recognised activity.
5. I am medically and physically fit and able to participate in any SLSA authorised or recognised activity.
6. I will attend all major fundraisers unless excused or exempted.
7. I have read, understood, acknowledge and agree to the above declaration.

SIGNED:

PARENT SIGNATURE:

*Where the applicant is under the age of 18***Name:****Parent Name:****Date:****Date:**

I [insert name] of [insert address]..... hereby apply for membership of SLSA. In consideration of my application for membership being accepted I acknowledge and agree that:

1. In this membership declaration: "Claim" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising including but not limited to negligence BUT does NOT include a claim against SLSA by any person entitled to make a claim under a relevant SLSA insurance policy or under the SLSA Constitution or SLSA Regulations. "SLSA" means Surf Life Saving Australia Limited. "SLS Organisations" means and includes SLSA, its subsidiaries, its members (including State Centres & Clubs), Branches and their respective directors, officers, members, servants or agents. "SLS Activities" means performing or participating in any capacity in any activity authorised or recognised by SLSA.

2. If my application for membership is accepted I will be a member of Torquay SLSC, [insert Branch if relevant]....., [insert State]..... State Centre & SLSA. I acknowledge my application will be deemed to be accepted upon my participation in SLS Activities and I acknowledge that I will be bound by and agree to comply with the constitutions, regulations and policies of the SLS Organisations. These rules are necessary and reasonable for promoting SLSA and surf lifesaving as a community service.

3. Warning: SLS Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during SLS Activities including but not limited to physical exertion, contact with surf lifesaving equipment, body contact and surf, sea and weather conditions. I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in SLS Activities.

4. Exclusion of implied terms: I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods and services may be excluded. I acknowledge that these implied terms and rights and any liability of the SLS Organisations (or any of them) flowing from them, are expressly excluded to the extent possible by law, by this membership declaration. To the extent of any liability arising, the liability of the SLS Organisations will, at the discretion of the relevant SLS Organisation, be limited to the resupply of the services or the payment of the cost of having the services supplied again.

5. Release & Indemnity: In consideration of SLSA accepting my application for membership I:
(a) release and will release the SLS Organisations from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any SLS Activities; and
(b) indemnify and will keep indemnified the SLS Organisations to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my membership and/or participation in any SLS Activities.

6. Fitness to Participate: I declare that I am medically and physically fit and able to participate in any SLS Activities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify SLSA in writing through my Club of any change to my medical condition, fitness and ability to participate.

7. Privacy: I understand that the information that I have provided over leaf is necessary for the Objects of the SLS Organisations. I acknowledge and agree that the information will be disclosed to my Club and State Centre and will only be used for the Objects of the SLS Organisations and to provide me with membership services. I understand that I will be able to access my information through my Club. If the information is not provided my membership application may be rejected. I acknowledge that the SLS Organisations may also use my personal information for the purposes of providing me with promotional material from SLS Organisation sponsors or third parties. I may advise my State Centre if I do not wish to receive any sponsor or third party material.

8. I have provided the information required overleaf and signed both sides of this form. I warrant that all information provided is true and correct. I acknowledge that this membership declaration cannot be amended. If I do amend it my application will be null and void and cannot be accepted by SLSA.

9. Severance: If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability of it in any other jurisdiction. Such severance does not affect the remaining provisions of this membership declaration or affect the validity or enforceability of it in any other jurisdiction.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release & indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of SLSA membership.

Signed:..... Date: Name:.....

NOTE: Where the applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian.

I,am the parent or guardian of the applicant. I authorize and consent to the applicant undertaking the SLS Activities. In consideration of the applicant's membership being accepted I expressly agree to be responsible for the applicant's behaviour and agree to personally accept in my capacity as parent or guardian the terms set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above. In addition I agree to be bound by and to comply with the SLSA constitution and any regulations and policies made under it.

Parent's signature:..... Date: Name:

(Where applicant under 18 years of age)