



apollo bay surf life saving club

PO Box 11, Apollo Bay, 3233

apollobayslsc@yahoo.com.au

ABN 61 579 241 354

NEW member application

Note: This form is **only for NEW member applications**,
To **renew** your membership visit www.lifesavingonline.com.au)

Background: The **Apollo Bay Surf Life Saving Club Inc** is a volunteer organisation dedicated to providing a safe environment for beach visitors to Apollo Bay. The primary reason for the existence of the club is to provide a Patrolled Beach/Swimming area for the general public – all other activities support this task. As such, members 13 years of age and over are expected to undertake some form of life saving training and to participate in club activities.

Life Saving training can be, but are not limited to: having a First aid qualification; completing the Surf Rescue Certificate or Bronze Medallion; learning Resuscitation and Advanced Resuscitation Techniques; being a Radio Operator to support club activities; providing water safety at club events such as Nipper sessions and carnivals; etc...

Note: *In accordance with current Victorian Law, all members 18 years of age or older must also have a current **Working With Children Check**, which is free for volunteers.*

Memberships available:

Active members have full club rights to use all equipment (if trained appropriately) and to stay at the club house (free, if on club business), use **showers and other facilities**

Associate members have access to the upstairs area of the clubhouse as long as an Active member is present. Use of other facilities and equipment is not allowed

Nipper members may use Nipper equipment ONLY when under DIRECT supervision of a Parent or designated Guardian. No other equipment may be used, and facilities may not be used when unsupervised by a Parent or Guardian.

New Member Prices:

Active Senior Member , 18 years and over with WWCC, Patrolling member	\$ 70
Active Student Member , 15 years and over, Full-time student, Patrolling member	\$ 65
Active Cadet Member , 13 to 14 years old, Patrolling member	\$ 50
Associate Member , limited availability. Supporter of the club with WWCC. <i>If under 30 years of age, it is expected that member will be Active in patrols</i>	\$ 60
Nipper Family , 7 to 12 years old, includes <u>one</u> Nipper and <u>two</u> Parents either Active or Associate <i>Also known as the 'Junior Association', this programme is designed to provide an educational experience to develop a wide range of skills in an aquatic environment with the intention that participants will become junior lifesavers. Includes Surf Education/Surf Sports Program.</i>	\$ 190
Additional Nippers , first Nipper is included in Nipper Family, price is for each additional Nipper.	\$ 80
Surf Rescue Certificate / Bronze Medallion Course <i>New members wishing to participate in either of these courses need to also pay the appropriate Active Member fee above.</i>	\$ 120

APPLICATION FOR MEMBERSHIP (One application per person)

I hereby apply for an initial membership of SLSA and Apollo Bay SLSC. I have read, understood, acknowledge and agree to the declaration and application over leaf. I have signed that declaration and application.

GENERAL DETAILS

TITLE ____ (Mr, Mrs, Ms, etc) FIRST NAME _____ SECOND INITIAL ____ LAST NAME _____

MALE FEMALE DATE OF BIRTH ____ / ____ / ____ OCCUPATION _____

ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____ FAX _____

MOBILE _____ PREFERRED CONTACT NUMBER NO B / H / M EMAIL _____

Driver Licence: Licence Number _____ Licence Type _____ Exp Date _____

MEMBERSHIP CATEGORY APPLIED FOR – SUBJECT TO CLUB ENDORSEMENT (Tick one box only)

NIPPER MEMBER (7-12 years) CADET MEMBER (13-15 years) ACTIVE FULL TIME STUDENT (15 + years)

ACTIVE SENIOR (18 years and over) ASSOCIATE MEMBER

Date Joined ____ / ____ / ____ I wish to have *Competitive Rights* with this club: YES NO

Working With Children Check if 18 years old or over. WWCC Number (if applicable) _____ Exp Date: ____ / ____ / ____

OTHER SURF LIFE SAVING CLUB MEMBERSHIPS (Please attach list if more than two)

1. _____ SLSC 2. _____ SLSC

MEDICAL DETAILS

If you suffer or you have suffered from any disease or any physical or mental disability (eg, epilepsy, diabetes or any permanent disability to a limb, eye or ear) likely to affect your efficiency as a Club member, it may affect your safety and the safety of the public. You should consult your medical practitioner and SLSA prior to commencing any surf lifesaving activity. You should take part in a Hepatitis B vaccination program.

HAVE YOU READ THIS SECTION? YES NO

EMERGENCY CONTACT

FIRST NAME _____ LAST NAME _____

RELATIONSHIP _____ ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____ FAX: _____ MOBILE: _____

BACKGROUND DETAILS

Are you from a culturally and linguistically diverse background? YES NO Cultural Background _____

Do you use any languages other than English in your home? YES NO Second Language _____

Are you of Aboriginal descent? YES NO

Are you of Torres Strait Islander descent? YES NO

DECLARATION

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership over leaf. I have signed that declaration and application. I warrant that all information provided is true and correct.

SIGNATURE _____ DATE: _____

PARENT/LEGAL GUARDIAN CONSENT (IN RESPECT TO AN APPLICANT UNDER THE AGE OF 18 YEARS)

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership overleaf and I personally consent to the declaration and application for Membership of the applicant.

FIRST NAME _____ LAST NAME _____

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date Application received ____ / ____ / ____ Amount paid: \$ _____ Receipt No. _____

Accepted / Rejected by Club Management – Date ____ / ____ / ____ Signature of Club Officer _____

Membership Category allocated _____ Capitation/Membership No. _____ ID Cited – Type _____ Date _____

Entered into Surf Guard database ____ / ____ / ____

SLSA MEMBERSHIP APPLICATION & DECLARATION

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 **THE APOLLO BAY SLSC**, OTWAY DISTRICT, LIFE SAVING VICTORIA 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. This information is being collected by SLSA and it may be shared with other Surf Life Saving organisations for the purposes of fulfilling the Surf Life Saving organisations' objectives. You are able to gain access to any information held. I agree that during the course of any duty, my image, voice or location may be tracked and recorded for the purposes of SLSA operational safety.
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/Guardian signature: Date:/...../..... Name:

(Where applicant under 18 years of age)

2011/2012 Application for Membership with the Apollo Bay SLSC

Please complete this form for each NEW member application, and return with payment (no cash) to:
Apollo Bay SLSC Membership, PO Box 11, Apollo Bay, 3233

Enquiries regarding membership should be directed to **Karina Barrymore, Membership Secretary**, at
karinabarrymore@gmail.com or via 0419 721 350

- All 'Active' Members 18 years and over MUST supply a copy of their *Working With Children Check* card.
- All membership forms for members (next pages) aged 7-17 must be signed by a parent or legal guardian

I, _____, would like to apply for membership in the following category:

New Membership Category:	2011-2012 Fee:	Tick one
Active Senior (18 yrs and over, rostered to Patrols and must gain/hold Surf Bronze Medallion or Surf Rescue Certificate and WWCC)	\$ 70	<input type="checkbox"/>
Active Student (15 yrs and over, studying Full Time, rostered to Patrols and must gain/hold Surf Bronze Medallion or Surf Rescue Certificate - and WWCC if over 18)	\$ 65	<input type="checkbox"/>
Cadet (13-14 yrs and must gain/hold Surf Rescue Certificate)	\$ 50	<input type="checkbox"/>
Surf Rescue Certificate or Surf Bronze Medallion Course Fee (Minimum 13 yrs. Fee for course only, Club Membership also to be paid from above Membership Categories)	\$ 120	<input type="checkbox"/>
Nipper Family (includes one Nipper aged 7 - 12 yrs and two parents with WWCC, either Active or Associate)	\$ 190	<input type="checkbox"/>
Additional Nippers (each) (Please submit all nipper applications together. A separate form needs to be filled in for each Nipper and family member)	\$ 80	<input type="checkbox"/>
Associate Member (Supporter of the club with WWCC. If under 30 years of age, it is expected that member will be Active in Patrols)	\$ 60	<input type="checkbox"/>

Payment by: _____ Amount: _____

cheque cash

Credit Card – Visa MC Number: _____ Exp: ___ / ___

Name on Card: _____

Signature: _____