

## NEW MEMBERSHIP FORM 2012

Club: **DONCASTER DOLPHINS** \_\_\_\_\_ Season: **2011/12**

Transfer (Previous Club \_\_\_\_\_)

### REGISTRATION AND PAYMENT PROCESS

The Membership Registration is now done on the Masters Swimming Australia's (MSA) website [www.mastersswimming.org.au](http://www.mastersswimming.org.au) or [assivic.com.au](http://assivic.com.au). Enter the 'Member Portal' on the right of screen, then select 'New Registration' on the left and follow the instructions. Payment is by Credit Card.

On completion of your Registration online, complete the details below and return this page to the Club Registrar (See details page 2)

Date Registered Online:	Registration No.
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If you have any problems registering online contact Masters Swimming Australia on 9682 5666 or via email at [admin@mastersswimming.org.au](mailto:admin@mastersswimming.org.au)

If you do **NOT** have access to the internet or do **NOT** have a credit card you can complete this form and see the Registrar for help.

<b>PERSONAL INFORMATION</b> (*compulsory information) Last Name* _____ First Name* _____ Middle Name or Initial _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth* ___/___/____ dd/mm/yyyy
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<b>CONTACT INFORMATION</b> Address* _____ Suburb* _____ State* _____ Postcode* _____ Telephone: <input type="checkbox"/> Home (____) _____ <input type="checkbox"/> Work (____) _____ <input type="checkbox"/> Mobile _____ * at least 1 preferred number must be provided Email Address _____ I would like to receive: <input type="checkbox"/> Branch level e-newsletters <input type="checkbox"/> National level e-newsletters <b>EMERGENCY CONTACT INFORMATION</b> Last Name* _____ First Name* _____ Telephone: Home (____) _____ Work (____) _____ Mobile _____ * at least 1 number must be provided
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### MEMBERSHIP DETAILS (only 1 must be selected)

- 12 mths 1 Jan. to 31 Dec. 2012 = \$114.00 Nat/State/Club
- 4 mths 1 Sept. to 31 Dec. 2011 = \$57.00 Nat/State/Club
- 16 mths 1 Sept. 2011 to 31 Dec. 2012 = \$144.00 Nat/State/Club

### 18-25 Yrs Full Time Students (Must provide evidence of studies and age.)

- 12 mths 1Jan to 31 Dec. 2012 = \$99.00 Nat/State/Club
- 4 mths 1 Sep to 31 Dec. 2011 = \$49.50 Nat/State/Club
- 16 mths 1 Sep 2011 to 31 Dec 2012 = \$121.50 Nat/State/Club

**OTHER INFORMATION**

**Medical Disability**

A completed Medical Disability form must be attached to this form for a Medical Disability for breaststroke/and or butterfly.

**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 is by Credit Card online.**

**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: \$

Receipt No:

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

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_