



CASEY SEALS

Masters Swimming Club



MEMBERSHIP APPLICATION FORM

Membership Type

- Club member only
or
 Full member (Club plus MSV)

Please enter your details on BOTH sides of this sheet, then sign overleaf and return to the Registrar with your membership fee.

Membership Details

Surname

Male / Female

MSV Number

Given Names

Date of Birth

Residential Address

Street:	
Suburb:	
State:	Postcode:

Mailing Address (if different to Residential)

Street:	
Suburb:	
State:	Postcode:

Phone Numbers

Home:

Work:

Mobile:

Email Address

I would like to receive the following via email: Victorian Masters newsletters National Masters newsletters
(MSV members only)

Emergency Contacts

Contact Names

1.
2.

Relationship

Home Phone

Alternative Ph.

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 Masters clubs, other Masters branches or National Office for official swim meet purposes. Identifying information may be published in Masters publications such as Top Ten, Records, newsletters etc.

(continued over page...)

Health Details

All swimmers must complete these details. Please note that members must inform the **CLUB COACH** and **CLUB REGISTRAR** immediately if any of their medical details change.

Have you any history of the following, or any other medical or physical condition that we should know about?

Heart disease?	<input type="checkbox"/>
Asthma?	<input type="checkbox"/>
High blood pressure?	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>
Epilepsy?	<input type="checkbox"/>
Osteoporosis?	<input type="checkbox"/>

Other (eg. allergic reactions, etc) – please list

SAFETY in ACTIVITY

Masters Swimming Victoria 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 swimming while pregnant, and if so, for how long you should continue to participate.

You should also inform your coach, Club Safety Officer or other designated officer about your pregnancy.

Declaration

I, the undersigned, as a condition of acceptance of my membership application, declare that:

- I am aware of the risks associated in participating in a training program or other strenuous activity;
- I will personally advise the club coach and club registrar of any disability, lack of fitness, illness, or other medical condition, prior to participation in club events;
- I agree to be bound by the rules of the club; and
- I give permission to the club to publish my name and photograph for promotional purposes.

Signature: _____

Date: _____

Fees 1/1/2010 to 31/12/2010

- Club only:** 12-mth, 1/1/2010 to 31/12/2010 **\$25.00**
- Club only:** 6-mth, 1/7/2010 to 31/12/2010 **\$15.00**
- Club+MSV:** 12-mth, 1/1/2010 to 31/12/2010 **\$95.00**

(Note that you cannot compete in most Masters events with Club-only membership)

Send to:

The Registrar, Casey Seals
PO Box 2302
FOUNTAIN GATE VIC 3805

Instructions:

Fill in all details, sign the above declaration and forward to the Registrar together with the applicable membership fee. Please make cheques payable to "Casey Seals Masters Swimming Club". A receipt will be issued by the club only if requested.

Club Use

Membership Fee: \$

Date Received:

Received by:

Payment type (chq / cash / mo. / other)

Receipt Number:

Committee Position: