



# BAYSIDE

## SWIMMING CLUB INC

Assoc. No. A0000468 A.B.N. 70 325 509 790

President: John Webber 9589 7215  
Secretary: Anne - Louise Halliday 0434 019 978

PO BOX 410 MENTONE VIC 3194

### MEMBERSHIP FORM 2008-09

(TO BE COMPLETED IN CONJUNCTION WITH SWIMMING VICTORIA MEMBERSHIP FORM)

**MEMBER NAME:** \_\_\_\_\_

**SQUAD:** National State Other **COACH:** \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION:**

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Please indicate the address(es) where you wish the club to send it's Newsletter and other communication (n.b. newsletter by email unless specifically requested otherwise).

Email-1 – \_\_\_\_\_

Email-2 - \_\_\_\_\_

Post-1 – \_\_\_\_\_

**MEDICAL EMERGENCY AUTHORISATION:**

Medicare Number \_\_\_\_\_ Ambulance subscriber: yes / no

Private Health Fund: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Extra (non parent) contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies / Medical Conditions: \_\_\_\_\_

**Parent Declaration (members under 18):** In the case of accident, injury or illness to my child \_\_\_\_\_ and in my absence, I authorise Bayside Swimming Club and its officers, servants or agents to engage any necessary medical, ambulance or nursing assistance or treatment. I agree to pay all fees and expenses related to the assistance or treatment.

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