

**SLSA MEMBERSHIP APPLICATION & DECLARATION**

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

- 1. **“SLSA”** for the purposes of this declaration means & includes Surf Life Saving Australia Limited, its subsidiaries, its members (including State Centres & Clubs), Branches & their respective directors, officers, members, servants or agents.
- 2. **If accepted I will be a member** of [Insert Club]..... SLSC, [insert branch if relevant]....., [insert State]..... State Centre & SLSA.
- 3. **This document cannot be amended.** If I do amend it my application will be null & void. It cannot be accepted by SLSA.
- 4. **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised SLSA activity (**“SLSA Activity”**). (*For insurance details contact your SLSC.*) I can, in my own interests, seek & obtain personal insurances over and above the cover provided by SLSA.
- 5. **The SLSA Constitution** is a contract between me & SLSA. I will be bound by it & any regulations made under it. It is necessary & reasonable for promoting SLSA & surf lifesaving as a community service.
- 6. **Warning:** Surf lifesaving can be inherently dangerous. Serious accidents can & often do happen which may result in me being injured or even killed. I have voluntarily read & understood this Warning & accept & assume the inherent risks in surf lifesaving.
- 7. **Exclusion of Liability:** Except where provided or required by law & such cannot be excluded, I agree that it is a term of my membership (if accepted) that SLSA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership &/or participation in any SLSA Activity.
- 8. **Release & Indemnity:** In consideration of SLSA accepting my application for membership I:
  - (a) release & forever discharge SLSA from all Claims that I may have or may have had but for this release arising from or in connection with my membership &/or participation in any SLSA Activity; &
  - (b) indemnify & hold harmless SLSA to the extent permitted by law in respect of any Claim by any person including but not only another Member of SLSA arising as a result of or in connection with my membership &/or participation in any SLSA Activity.

In this **clause 8 “Claims”** means & includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant SLSA insurance policy or under the SLSA Constitution or any Regulations.

- 9. **Fitness to Participate:** I declare that I am & must continue to be medically and physically fit & able to participate in any SLSA Activity. I am not & must not be a danger to myself or to the health & safety of others. I will immediately notify SLSA in writing through my Club of any change to my fitness & ability to participate. I understand & accept that SLSA will continue to rely upon this declaration as evidence of my fitness & ability to participate.
- 10. **I have provided the information required overleaf and signed both sides of this form.** I warrant that all information provided is true and correct.
- 11. SLSA has a **Privacy** policy and that the information that I have provided over leaf is necessary for the Objects of SLSA. 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 SLSA 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.
- 12. **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 & services of SLSA membership.

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

Name: .....

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 expressly agree to be responsible for the applicant’s behaviour and agree to personally accept the conditions set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent’s signature: ..... Date: .....

(where applicant under 18 y.o)

Name: .....

**APPLICATION FOR MEMBERSHIP**

20\_\_ / 20\_\_ SEASON

WHITE COPY: to State Centre/Branch. YELLOW COPY: to Club. PINK COPY: to Applicant



1. CLUB NAME \_\_\_\_\_ SLSC \_\_\_\_\_

**2 PERSONAL DETAILS**

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

INITIAL MEMBERSHIP

TRANSFERRING

RENEWING

From \_\_\_\_\_ SLSC \_\_\_\_\_

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_ SECOND INITIAL \_\_\_\_ TITLE \_\_\_\_ (Mr, Mrs, Ms, etc)

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE: WORK \_\_\_\_\_ HOME: \_\_\_\_\_ FAX: \_\_\_\_\_

MOBILE : \_\_\_\_\_ EMAIL: \_\_\_\_\_

MALE FEMALE 

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OCCUPATION: \_\_\_\_\_

**3 MEMBERSHIP CATEGORY**

APPLIED FOR - SUBJECT TO CLUB ENDORSEMENT (Tick one box only)

PROBATIONARY ACTIVE (18 years and over) ASSOCIATE JUNIOR ACTIVITY MEMBER (7-13 years) AWARD MEMBER LIFE MEMBER CADET MEMBER (13-15 years) RESERVE ACTIVE GENERAL (SA only) ACTIVE (15-18 years) LONG SERVICE HONORARY **4 OTHER SURF LIFE SAVING CLUB MEMBERSHIPS**

(Please attach list if more than two)

\_\_\_\_\_ SLSC \_\_\_\_\_ SLSC \_\_\_\_\_

**5 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 SLSC prior to commencing any surf lifesaving activity. You should take part in the Hepatitis B vaccination program.

HAVE YOU READ THIS SECTION?

YES NO **6 EMERGENCY CONTACT**

SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_ FAX: \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**7 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: \_\_\_\_\_

**8 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 over leaf and I personally consent to the declaration and application for Membership of the applicant.

SURNAME \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**9 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.: \_\_\_\_\_