

# TAWA SWIMMING CLUB

P O Box 51-207, Tawa, Wellington 5249

www.swimtawa.org.nz

## MEMBERSHIP APPLICATION [An invoice will be sent once this application is accepted]

Name [first]: \_\_\_\_\_ Surname [family] \_\_\_\_\_ Male  Female

Date of birth: \_\_\_\_\_ Parent /caregiver's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Child's previous experience.** Please specify the name of the swimming club, swim school or learn to swim programme previously attended. Please include squad name if known.

\_\_\_\_\_

**Medical.** Are there any medical conditions that the Club should be aware of?  Yes  No

If yes please specify \_\_\_\_\_

How did you hear about TSC?  Word of mouth  School  WSC Learn to Swim  Easyswim  Dash swim school

As a member of the Tawa Swimming Club (TSC) I agree to the following:

- Wearing a TSC cap at all swim meets and at club's organised training
- Report and comply with instructions from the appointed team managers and coaches
- Ensure that personal behaviour does not reflect poorly on the club at any time
- Members or their parents are to provide assistance at all club activities
- Promote and foster team/ club spirit including wearing of Club's uniform at meets
- Membership fees are non-refundable
- Abide by the rules and regulations of Swimming New Zealand (SNZ) and the constitution of the TSC

It is acknowledged that failure to accept or adhere to these requirements may result in the swimmer to forfeit membership.

I consent to the collection of the above details by the Tawa Swimming club for the purpose of maintaining records, entering swim meets and any other activities, including promotion, associated with the club. I agree to be filmed, televised or photographed and otherwise recorded at training or during a competition or swimming event which material may be used by the club, region or SNZ for publicity purposes during and after my membership expires. I understand images of members may be used on club's or SNZ's websites from time to time and I may request at any time that an image including myself be removed from the website which will be done so at the Club's or/ & SNZ's earliest convenience.

This information is to be retained, used and disclosed to provincial and national associations and used for promotion or publicity purposes. I acknowledge my right to access and correct this information. This consent is given in accordance with the Privacy Act 1993.

**Parental Assistance.** For assistance with the Club's activities, please tick one of the following;

Coaching [training provided]  Administration  Poolside assistance  Fundraising  Other (\_\_\_\_\_)

**Applicant or Parent's / Caregiver's consent for under 18 year old**

Parent's signature \_\_\_\_\_ Full name \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Use Only - Assessment

Date: \_\_\_\_\_ Coach: \_\_\_\_\_ Recommended Lane/Squad: \_\_\_\_\_

Other Notes: \_\_\_\_\_

Form:11/09/2012