



MEMBERSHIP REGISTRATION FORM

Please scan and email your completed form to:

president@bsmswimming.asn.au

OR post to:

Brisbane Southside Masters Swimming Inc.
Sleeman Sports Complex (Box1)
1699 Old Cleveland Road
CHANDLER QLD 4155

Please pay the fee to:

Bank: Heritage Bank

Name: Brisbane Southside Masters
Swimming Inc.

BSB: 638070

Accnt: 9654283

CLUB:	Brisbane Southside Masters Swimming (BSM)	SEASON: 201__
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PERSONAL INFORMATION

FIRST NAME:		LAST NAME:	
MALE / FEMALE	DATE OF BIRTH: ____/____/____	Masters ID #: if available	
<input type="checkbox"/> Renewal <input type="checkbox"/> New Member <input type="checkbox"/> Transfer (Previous Club) _____			

CONTACT INFORMATION (the privacy information and declaration on page 2 must be signed and retained by the Club Registrar)

ADDRESS:		
SUBURB:	STATE:	POSTCODE:
TELEPHONE *only 1 number needs to be provided, preferably your Mobile		
Mobile:	Home:	Work:
Email Address:		
I would like to receive: <input type="checkbox"/> Qld Branch level e-newsletters <input type="checkbox"/> National level e-newsletters		

EMERGENCY CONTACT INFORMATION (*compulsory information)

FIRST NAME: *	LAST NAME:*
RELATIONSHIP: *	
TELEPHONE *only 1 number needs to be provided	
Mobile	Home: Work:

MEMBERSHIP DETAILS (only one (1) must be selected)

<input type="checkbox"/> Standard 12 mths \$105	<input type="checkbox"/> Health Care Card 12 mths \$90	<input type="checkbox"/> Standard 16 mths \$140	<input type="checkbox"/> Other Please Specify
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Medical Disability: A completed medical Disability Form **MUST** be attached to this application for any Medical Disability to be considered for competition events.

Privacy Statement: Please be advised that some of the information contained in this form will be disclosed to the Branch and National Office for membership registration purposes. Information such as health or medical disability may be disclosed to other Masters Swimming Clubs, Branches or the National Office for official swim meet purposes only. Identifying information may be published in AMS documents such as Top Ten, Records and Newsletters.

Safety: Masters Swimming Australia is concerned for your health and well being. It is strongly recommended that you have a medical examination and discuss with your Doctor your intention to undertake physical activity before starting or renewing any physical training activity.

Pregnancy: Continued participation in swimming during pregnancy may pose a health risk to women and/or their unborn child. As soon as a woman is aware of her pregnancy, they are strongly urged to seek medical advice from a suitably qualified medical practitioner regarding:

- The risks involved in swimming during pregnancy
- Whether it is safe to continue to participate in swimming while pregnant, and if so, how long should you continue to participate in activities associated with swimming

You should also advise you Club Safety Officer of your condition if you choose to continue swimming during any part of your pregnancy.

Insurance: Brisbane Southside Masters has Public Liability Insurance to \$20,000,000 for any one occurrence.

Payment Details: Membership fees are due and applied annually.

Please return this completed form with your payment to your local Club Registrar or Club Secretary

Payment Fee \$ _____ Details Please specify eg Funds Transfer date

Club Transfer:

It is the responsibility of the swimmer seeking transfer to attach signed Transfer Form to this application with Part 1 completed by their previous club.

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 hereby undertake to advise Club Officials, including Club Coach and Club Safety Officer of any disability, lack of fitness, illness, or other medical condition prior to participation in any Masters Swimming Australia activities.

Signature of member:

Date:

CLUB USE ONLY

Membership Fee Received	\$	
<input type="checkbox"/> Branch Life Member \$72	<input type="checkbox"/> with Health Care Card \$65	
<input type="checkbox"/> Standard 12 mths \$105	<input type="checkbox"/> with Health Care Card 12 mths \$90	
<input type="checkbox"/> Standard 16 mths \$140	<input type="checkbox"/> with Health Care Card 16 mths \$125	
<input type="checkbox"/> Second Claim (already member of another club) \$40	<input type="checkbox"/> with Health Care Card 4 mths \$40	

A copy of the member's age certificate and/or Health Care Card is attached/on file or has been sighted by a Club official

Name:		Position:	
Signature:		Date:	