



Dalyellup Beach SLSC Inc

ABN 86 433 003 132

PO Box 55 Gelorup WA 6230



Application for Membership Season – 2017/2018

Current Member Details:

Name: _____ ID Number: _____
Postal Address: _____

Address: _____

Gender: Male or Female

Occupation: _____

Home Phone: _____ Email Address: _____

Business Phone: _____ Please send club information only by Email Post

Date Of Birth: ____/____/____

Mobile Phone: _____ Date Joined: ____/____/____

Fax Number: _____

Membership Details:

Your current Membership Type is:

If your membership type has changed or you are a new member please indicate your new category in the boxes to the right.

Available Membership Types	Active (18+yrs)	Associate
Minnow (5 -6yrs)		
Jnr Activity Member (7-13yrs)	Award Member	Life Member
Cadet (13-15yrs)	Reserve Active	
Active (15-18yrs)	Long Service	Probationary

Medical Details:

If you suffer or 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 SLSA prior to commencing any surf lifesaving activity. You should take part in the Hepatitis B vaccination program

HAVE YOU READ THIS SECTION? Yes No

Emergency Contact Details:

First Name: Last Name Relationship
Address: Postcode
Phone Home Business FAX Mobile

BACKGROUND DETAILS

Are you from a culturally and linguistically diverse background? Yes No Cultural Background:

Do you use any languages other than English in your home? Yes No Second Language: Are

you of Aboriginal descent? Yes No Are you of Torres Strait Islander descent? Yes No

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: X DATE:

Date Application Received: ____/____/____ Amount paid: \$ Receipt No.:

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.

FIRST NAME: _____

LAST NAME _____

SIGNATURE: X _____

DATE: _____

OFFICE USE ONLY

Accepted / Rejected by Club Management - Date: ____/____/____ Signature of Club Officer:

Membership Category Allocated: Capitation/Membership No: ID Sighted - Type: Date: ____/____/____

Note: DOB can only be amended with the approval of your State Centre after initial entry.

SLSA Membership Application and Declaration Season – 2017/2018

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

- In this membership declaration:**
'Claim' means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising including but not limited to negligence BUT does NOT include a claim against SLSA by any person entitled to make a claim under a relevant **SLSA** insurance policy or under the SLSA constitution or SLSA Regulations. **'SLSA'** means Surf Life Saving Australia Limited.
'SLS Organisations' means and includes SLSA, its subsidiaries, its members (including State Centres & Clubs), Branches and their respective directors, officers, members, servants or agents.
'SLS Activities' means performing or participating in any capacity in any activity authorised or recognised by SLSA.
- If my application for membership is accepted I will be a member of** Dalyellup Beach SLSC, Misc WA Clubs, Surf Life Saving WA State Centre & SLSA. I acknowledge my application will be deemed to be accepted upon my participation in SLS Activities and I acknowledge that I will be bound by and agree to comply with the constitutions, regulations and policies of the SLS Organisations. These rules are necessary and reasonable for promoting SLSA and surf lifesaving as a community service.
- Warning:**SLS Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during SLS Activities including but not limited to physical exertion, contact with surf lifesaving equipment, body contact and surf, sea and weather conditions. I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in SLS Activities.
- Exclusion of implied terms:**I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods and services may be excluded. I acknowledge that these implied terms and rights and any liability of the SLS Organisations (or any of them) flowing from them, are expressly excluded to the extent possible by law, by this membership declaration. To the extent of any liability arising, the liability of the SLS Organisations will, at the discretion of the relevant SLS Organisation, be limited to the resupply of the services or the payment of the cost of having the services supplied again.
- Release & Indemnity:**In consideration of SLSA accepting my application for membership I:
 - release and will release the SLS Organisations from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any SLSA Activity; and
 - indemnify and will keep indemnified the SLS Organisations to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my membership and/or participation in any SLSA Activity.
- Fitness to Participate:**I declare that I am medically and physically fit and able to participate in any SLSA Activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify SLSA in writing through my Club of any change to my medical condition, fitness and ability to participate
- Privacy:**By completing this form I consent to SLSA using, disclosing and storing my personal information in accordance with the SLSA Privacy Policy. I understand that the information I have provided in this form is necessary for the proper management of SLSA events and for administrating surf life saving and related activities in Australia. The information is collected in accordance with the SLSA Privacy Policy (available at www.sls.com.au). SLSA may share my information with SLSA Affiliates in accordance with the Privacy Policy and it may also be used to notify me of other events, news, and to offer the provision of services, including by third-party providers, to me. I understand that the SLSA Privacy Policy contains information about how I may access and request correction of my personal information held by SLSA, or make a complaint about the handling of my personal information, and provides information about how a complaint will be dealt with by SLSA. If the information is not provided my application may be rejected. I acknowledge that if I do not wish to receive promotional material from SLSA sponsors and third parties I may advise in writing or via the opt-out process provided in the relevant communication.
- Use of image:**I consent to the relevant SLS Organisation(s) of which I am a member, using my name, image, likeness and also my performance in or of any SLS Activity at any time to promote the Objects of the relevant SLS Organisation(s), by any form of media. I waive any rights I might have to or in such use of my name, image or likeness by the relevant SLS Organisation(s).
- I have provided the information required overleaf and signed both sides of this form.**I warrant that all information provided is true and correct. I acknowledge that this membership declaration cannot be amended. If I do amend it my application will be null and void and cannot be accepted by SLSA.
- Severance :**If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability of it in any other jurisdiction. Such severance does not affect the remaining provisions of this membership declaration or affect the validity or enforceability of it in any other jurisdiction.

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 and services of SLSA membership.

Signed: X..... 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 authorise and consent to the applicant undertaking the SLS Activities. In consideration of the applicant's membership being accepted I expressly agree to be responsible for the applicant's behaviour and agree to personally accept in my capacity as a parent or guardian the terms set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above. In addition I agree to be bound by and to comply with the SLSA constitution and any regulations and policies made under it.

Parent's signature: X _____ Date: _____ Name: _____ (where applicant under 18 y.o)