



Presbyterian Ladies' College

MELBOURNE

Inc No. A0041349E

**PLC AQUATIC
CLUB MEMBERSHIP 2018-2019**

SWIM DIVE SYNCHRO

CLUB:

SQUAD:

PLEASE CHECK, CHANGE, COMPLETE AND RETURN THIS FORM TO PLC AQUATIC

ATHLETE PERSONAL DETAILS

LAST NAME _____	MID INITIAL _____	GENDER _____
FIRST NAME _____	PLC CLASS _____	DATE OF BIRTH ____-____-____
ATHLETE'S EMAIL: <input type="text"/>	ATHLETE'S MOBILE: <input type="text"/>	

Are you entering competitions for this season YES or NO ? _____

Is English the main language spoken at home YES or NO ? _____

Swimmer With a Disability :- YES / NO ? _____ Classification: _____

AUST. CITIZEN: YES / NO ? _____ INDIGENOUS MEMBER:- YES / NO ? _____

Are you a current member of any other Aquatic Club this season? YES or NO, _____

If yes, please provide details:

SWIMMING / DIVING / SYNCHRO STATE REGISTRATION <input type="text"/>	REG. NUMBER <input type="text"/>		
MEMBER TYPE <input type="checkbox"/>	COMPETITOR <input type="checkbox"/>	LIFE MEMBER <input type="checkbox"/>	OFFICIAL <input type="checkbox"/>
COACH NO. <input type="text"/>	ADMIN TITLE <input type="text"/>		

CORRESPONDENCE AND PARENT DETAILS

(only applicable for those aged under 18 yrs)

****EMAIL <input type="text"/>	SMS MOBILE <input type="text"/>	
ADDRESS NAMES <input type="text"/>	ADDRESS <input type="text"/>	
SUBURB <input type="text"/>	STATE <input type="text"/> VIC	POSTCODE <input type="text"/>
PARENT NAME 1 <input type="text"/>	MOBILE 1 <input type="text"/>	PHONE (H) <input type="text"/>
PARENT NAME 2 <input type="text"/>	MOBILE 2 <input type="text"/>	PHONE (W) <input type="text"/>

MEMBER RESPONSIBILITIES AND CODES OF CONDUCT

We have read and will abide by the PLC AQUATIC codes of behavior and understand the responsibilities expected of us as a PLC AQUATIC member

ATHLETE NAME	sign: _____	date: _____
PARENT NAME 1	sign: _____	date: _____
PARENT NAME 2	sign: _____	date: _____

EMERGENCY INFORMATION

EMERG. NAME _____ RELATIONSHIP _____

EMERG. PHONE HM _____ WK _____ MOB _____

MEDICAL CONDITIONS

ASTHMA MIGRAINE DIABETIES MOTION BLACKOUTS
SLEEP WALKING OTHER

MEDICAL INFO

DR. NAME

DR. PH.NO.

MEDICARE NO.

AMBULANCE FUND NO.

MEDICAL INSURANCE FUND

MED INSURANCE NO.

ALLERGIES

FOODS

PENICILLIN

DRUGS

OTHER

SPECIAL DIETARY REQUIREMENTS

OTHER INFORMATION

PLEASE SIGN AND RETURN TO PLC AQUATIC

MEDICAL RELEASE FORM AND DECLARATION

I _____ give permission to PLC Aquatic or Presbyterian Ladies' College to obtain appropriate medical / emergency attention for the applicant on this form if no parent or guardian can be contacted at the time. I acknowledge and accept that circumstances may occur where it is necessary for PLC Aquatic or Presbyterian Ladies' College to arrange immediate medical treatment in an emergency situation, even involving hospitalisation, surgery and the administering of anaesthetics. I authorise PLC Aquatic or Presbyterian Ladies' College to act in such circumstances with the interests and welfare of the applicant in mind. I hereby confirm that the applicant named on this application form, and their guardians, will abide by the conditions for use of the Aquatic Centre including and not restricted to the centre's rules, policies and conditions of entry. This release form is applicable only while the applicant is enrolled in the program. In the event of admission as a member, The applicant agrees to be bound by the Rules of the Club, its affiliated State, National and International organisation and any other ancillary affiliated organisation. I understand that it is a requirement of the Club that membership must be current in order to participate in any of the Club's activities. I acknowledge that the applicant has received adequate diving instruction and I understand that it is the responsibility of the applicant to check the water depth at all swimming venues.

1. If I am registered as a Swimmer with PLC Aquatic I agree to abide by the rules, regulation and policies of PLC Aquatic, Swimming Victoria, Australia Swimming, the District Swimming Association and PLC Aquatic, including Swimming Australia's Anti-Doping, member Protection and Privacy Policies.
2. If I am registered as a Diver or Synchronised Swimmer with PLC Aquatic I agree to abide by the rules, regulations and policies of PLC Aquatic, the State and National Associations of Diving and Synchronised Swimming and Swimming Australia's Anti-Doping, member Protection and Privacy Policies.
3. I agree to the use of photos and digital recordings taken during training, competitions and social events, to be used exclusively by PLC Aquatic as a training tool, for promotion or internal displays. I also agree to have my name, video, photograph and results published in official programs, newsletters, websites and other promotional items. Consultation and verbal confirmation may be sort prior to the public display of selected images.
4. I have read and accepted Swimming Australia's Anti-Doping, Member Protection and Privacy Policies, viewed at www.swimming.org.au Diving Australia's Anti-Doping, Member Protection and Privacy Policies, viewed at www.diving.asn.au

Signature of Parent / Guardian (if under applicant is 18 years): _____ Date: _____

Relationship to the applicant named on this form: _____

Signature of Applicant named on this form : _____ Date: _____

PLC Aquatic Centre Collection Notice - A requirement of the Australian Privacy Act

The PLC Aquatic Centre collects personal information, including sensitive information about students, parents and other adults, during the course of enrolment at the College, and in the case of adults, while a patron of the PLC Aquatic Centre. This includes satisfying the needs of any club or association of swimming organisations in which we are affiliated with. The primary purpose of collecting this information is to enable the Aquatic Centre to provide a recreational service to you. Some of the information we collect is to satisfy legal obligations, particularly to enable the Centre to discharge its duty of care. Certain laws governing or relating to the operation of the College require that certain information is collected. Health information is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We require medical reports about patrons from time to time. If you do not consent to us obtaining this information we may not be able to enrol you or continue your enrolment. The PLC Aquatic Centre from time to time has to disclose certain personal information and sensitive information to others, including the College, other clubs, medical practitioners, and people providing services to the Centre, including specialist visiting teachers (sports), coaches and volunteers. Patrons may seek access to personal information collected about them and their son/daughter by contacting the Centre. However, there will be occasions when access is denied. Such occasions would include those where the release would have an unreasonable impact on the privacy of others or where release may result in a breach of the Centre's duty of care to the patron. If you provide the Centre with the personal information of others, you should inform them that you are disclosing that information to the Centre and why, so that they can access that information if they wish. The centre does not usually disclose this information to other parties.

Dawn Clements
Principal