

Hampton

LIFESAVING CLUB

www.hlsc.org.au

HAMPTON LIFESAVING CLUB INC

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ON PATROL

October 2007

Membership Forms (Paul Harding)

There has been a bit of confusion in regards to Hampton and Life Saving Victoria membership details this year. (It has changed significantly since last season)

First, **Personal Information** page is completed by the family member/single person paying for the membership. This page is for emailing and contact details for the club.

Second and third page **Application for Membership and SLSA Membership Application & Declaration** needs to be filled out by every person wanting membership for the season. (children who 4 and under don't need to register). Everyone else must complete the 2 page form. Any person under 18 needs a parent or guardian to sign the declaration. This is all part of the new surfguard data base for lifesaving and all information stays with the club. Sorry for inconvenience but it all has to be done if you what to register. If you have any questions you can call me 0411 191 158 .

Nipper News (Helen Barnes)

Nippers Registration Days are fast approaching – Sat 20th Oct and Sun 28th Oct from 2.00pm. You will need to personally register your children on either of these two days to ensure they are accepted into what is proving to be an increasingly popular program. At this stage I anticipate an increase in our numbers from last year – particularly in the U7, U8, U9 and U10 age groups. We will also be running an U14 age group this year. This will mean that I will be looking for additional parents as Age Managers and Water Safety Officers in all age groups. If you are keen and available, please let me know on the Registration Day.

The Nippers program kicks off on Sat 24th Nov from 3.00pm – please note the change in start times from last season. All age groups will be assessed for their S-badge on this day.

Chief Instructor News (David Barnes)

Annual club requal will be held on Sat 27th Oct from 10.00am. Unfortunately, there has been a double booking (a wedding) in the club house that day – so we will be using the downstairs area for all requal testing. I ask for your patience on the day.

I will be conducting refresher training in the club house on Mon 15th and Mon 22nd Oct from 7.30 – 9.30pm. Hope to see as many of you there as possible.

The first Bronze Medallion course kicks off in December – anyone interested – including Nipper Water Safety volunteers – should get in contact with me.

In addition I am running an IRB Course and ARC course in November – let me know if you are keen and available.

If any of you have any other training needs – then let me know and I will see what we can do to assist.

Remember to keep an eye on the Club Calendar on the website for all training dates.

David and Helen

David Mob: 0407 437 974

Helen Mob: 0407 412 465



Membership Application 2007 – 2008

ABN 70 741 686 273

LIFESAVING CLUB

Affiliated with Life Saving Victoria and Surf Life Saving Australia

PERSONAL INFORMATION (Please use BLOCK letters)			
Family Name			
First Name			
Street Address			
Postal Address			
Email Address			Tick the box <input type="checkbox"/> to consent to receive emails from HLSC.
Home Phone		Mobile Phone	
Number of Family members registered with HLSC (must match the number of completed SLSA membership forms attached)			

PLEASE NOTE:

- 1) Your membership to Hampton Life Saving Club will not be valid unless correct payment has been received and,
- 2) The Hampton Life Saving Club 2007-08 Membership application form is completed per family (household) and,
- 3) The Surf Life Saving Australia Membership form (as attached) is completed for **EACH FAMILY MEMBER** membership in Hampton Life Saving Club.

MEMBERSHIP TYPE		(Includes GST)	
Family (Social)	\$120.00 <input type="checkbox"/>	Family (Active/Patrolling)	\$80.00 <input type="checkbox"/>
Senior/Junior (Social)	\$70.00 <input type="checkbox"/>	Senior (Active/Patrolling)	\$50.00 <input type="checkbox"/>
Life Member (10+ years of service)	NO FEE <input type="checkbox"/>	Junior – under 15 (Active/Patrolling)	\$40.00 <input type="checkbox"/>
DEFINITION OF ACTIVE MEMBERSHIP A Committee Member – as elected at the annual general meeting of the Association each year. <ul style="list-style-type: none"> • must attend a minimum of five (5) scheduled committee meetings including the AGM. Water safety and Nipper Age Managers will be offered active membership at the request of the Nipper Manager to the committee (after a 12 month qualifying period) - Recommendation must be made by the MAY Committee meeting for active membership for the following season, a letter will be sent to those members indicating active membership for the following season. Other members may be offered active membership at the request of and approval by the Committee.		PATROLLING MEMBERSHIP Reimbursement of Membership Fees - For patrolling members ONLY <ul style="list-style-type: none"> • Patrolling members who patrol for 40 hrs or more are entitled to refund of membership at season end. • For Senior and Junior active members - 100% reimbursement to be given at the end of season. • For Active family – reimbursement of respective Senior or Junior active membership and up to the value of total family membership. 	

PAYMENT DETAILS			
*Credit Card <input type="checkbox"/>	Cheque <input type="checkbox"/>	**Cash <input type="checkbox"/>	
Credit Card Number	Expiry Date		
Name on Credit Card			
Name on Cheque			
** Name and Signature of MEMBER accepting Cash payment			
* NOTE CREDIT CARDS ACCEPTED VISA / MASTERCARD ONLY			

OFFICE USE ONLY	Secretary		Treasurer		Membership	
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We appreciate your assistance in making Hampton Life Saving Club an on going success.
 Please return this form and payment to:

HAMPTON LIFE SAVING CLUB PO BOX 1124 HAMPTON NORTH 3188

Rev: 001-2007-08

APPLICATION FOR MEMBERSHIP

20__ / 20__ SEASON



1. CLUB NAME _____ S/LSC _____

2. GENERAL DETAILS

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

INITIAL MEMBERSHIP

RENEWING

TITLE (Mr, Mrs, Ms, etc) FIRST NAME _____ SECOND INITIAL ____ LAST NAME _____

MALE FEMALE DATE OF BIRTH ___/___/___ OCCUPATION _____

ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____ FAX _____

MOBILE _____ PREFERRED CONTACT NUMBER B / H / M _____

EMAIL _____

Shirt Size (Please Circle) 6 / 8 / 10 / 12 / 14 / XS / S / M / L / XL / 2XL / 3XL / 4XL / 5XL (PATROL MEMBERS ONLY)

Short Size (Please Circle) S / M / L / XL / 2XL / 3XL / 4XL / 5XL (PATROL MEMBERS ONLY)

3. MEMBERSHIP DETAILS

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

PROBATIONARY.....	<input type="checkbox"/>	ACTIVE (18 years and over).....	<input type="checkbox"/>	<input type="checkbox"/>
JUNIOR ACTIVITY MEMBER (5-13 years)	<input type="checkbox"/>	ASSOCIATE	<input type="checkbox"/>	<input type="checkbox"/>
CADET MEMBER (13-15 years).....	<input type="checkbox"/>	LIFE MEMBER	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVE (15-18 years).....	<input type="checkbox"/>			<input type="checkbox"/>

Date Joined _____ Competitive Rights with this club: YES NO Locker Number _____ Key No _____

Member Protection Form Completed? YES NO Membership Protection Number (where applicable) _____

4. OTHER LIFE SAVING CLUB MEMBERSHIPS

(Please attach list if more than two)

_____/S/LSC

_____/S/LSC

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 SLSA prior to commencing any surf lifesaving activity. You should take part in a Hepatitis B vaccination program.

HAVE YOU READ THIS SECTION? YES NO

6. EMERGENCY CONTACT

FIRST NAME _____ LAST NAME _____

RELATIONSHIP _____ ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____ FAX: _____ MOBILE: _____

7. 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 Straight Islander descent? YES NO

8. 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: _____

9. 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 overleaf and I personally consent to the declaration and application for Membership of the applicant.

FIRST NAME _____ LAST NAME _____

SIGNATURE _____ DATE _____

10. 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. _____ ID Sighted – Type _____ Date _____

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, policies and codes of conduct 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: