



False Bay Surf Lifesaving Club

Active (Junior/Senior) Membership Application Form 2001/2002

PLEASE CROSS BOX:	NEW MEMBER	MEMBERSHIP RENEWAL
SURNAME:	_____	
FIRST NAMES:	_____	
DATE OF BIRTH:	_____	
AGE (as at 1 October 2001):	MALE/FEMALE	_____
ADDRESS:	_____	

POSTAL CODE:	FAX NUMBER:	_____
TELEPHONE: (HOME)	(WORK):	_____
PROFESSION:	_____	
TYPE OF MEMBERSHIP: (Tick appropriate box)		

ACTIVE SENIOR	ACTIVE JUNIOR
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PREVIOUS LIFESAVING CLUB (if NOT False Bay SLC):	_____	
WERE YOU AN ACTIVE MEMBER (YES/NO):	_____	
NUMBER OF YEARS:	_____	
IS CLEARANCE REQUIRED FROM THIS CLUB (YES/NO):	_____	
QUALIFICATIONS PASSED:	<u>MONTH</u>	<u>YEAR</u>
Surf Proficiency Award (S.P.A.)		
Qualifying Certificate (QC)		
IRB Crewman		
IRB Driver		
Helicopter Crewman		
Instructor		
Coach Accreditation (State I,II or III)		
Judge		
Examiner		
IRB Examiner		
Nipper Examiner		
Other lifesaving qualifications:		
Has the SA Lifesaving Indemnity Form been completed by you?		

	SIGNED	DATE
Self	_____	_____
Proposed (new members)	_____	_____
Seconded (new members)	_____	_____
Committee Acceptance	_____	_____

IMPORTANT: Please complete the Club Indemnity/Consent on the reverse of this form

Active Member (under 21)
Parent Consent Form

I, _____ (PLEASE PRINT), being the father/legal guardian/custodian parent of:

(FULL NAME, PLEASE PRINT) _____, do hereby apply for him/her to become a Active (delete whichever is inapplicable) member of the False Bay Surf Life Saving Club (hereafter referred to as "the Club"). I will abide by the rules and conditions as laid down in the constitution of the Club as well as those laid down by SA Lifesaving and the Western Province Surf Life Saving Association.

I fully understand and accept that all activities are undertaken at my son's/daughter's/ward's own risk.

I am aware that neither the SA Lifesaving Association nor its members or affiliated members accept responsibility for any loss, injury or damage that the person or property of my son/daughter/ward may sustain whilst engaged in any lifesaving activity and I waive any right that I or my son/daughter/ward may have to claim compensation against the SA Lifesaving Association or any of its members or affiliated members in respect of any loss, injury or damage incurred whilst engaged in any lifesaving activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

I further understand that membership fees must be paid on or before the last day of November each year or before commencing any Lifesaving examinations if this is before the due date.

Signed: _____
(Legal Guardian/Custodian Parent)

Date: _____

Indemnity Form

(to be completed by all Senior Active members over age 21)

I, _____ (PLEASE PRINT), fully understand and accept that all activities are undertaken at my own risk.

I will abide by the rules and conditions as laid down in the constitution of the Club as well as those laid down by SA Lifesaving and the Western Province Surf Life Saving Association.

I am aware that neither the SA Lifesaving Association nor its members or affiliated members accept responsibility for any loss, injury or damage that my person or property may sustain whilst engaged in any lifesaving activity and I waive any right that I may have to claim compensation against the SA Lifesaving Association or any of its members or affiliated members in respect of any loss, injury or damage incurred whilst engaged in any lifesaving activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

I further understand that membership fees must be paid on or before the last day of November each year or before commencing any lifesaving examination if this is before the due date.

Signed: _____

Date: _____