



False Bay Surf Lifesaving Club

2001/2002

Family Membership Application Form

PLEASE TICK BOX:

NEW MEMBER

MEMBERSHIP RENEWAL

I _____ do hereby apply for FAMILY MEMBERSHIP of the False Bay Surf Lifesaving Club. My family details are as follows:

Self:	
Surname: _____	First Name: _____
Address: _____	Home Telephone: _____
_____	Bus. Telephone: _____
_____	FAX Number: _____
Postal Code _____	
Spouse:	
Surname (if different) _____	First Name: _____
Child 1:	
Surname (if different) _____	First Name: _____
Date of Birth: _____	Section (Nipper/Junior) _____
Child 2:	
Surname (if different) _____	First Name: _____
Date of Birth: _____	Section (Nipper/Junior) _____
Child 3:	
Surname (if different) _____	First Name: _____
Date of Birth: _____	Section (Nipper/Junior) _____
Child 4:	
Surname (if different) _____	First Name: _____
Date of Birth: _____	Section (Nipper/Junior) _____

PLEASE NOTE: A separate form must be filled in for each family member that is active in another section of the club, i.e. NIPPER, JUNIOR, SENIOR.

Also note that this application is subject to approval by the Executive Committee of False Bay Surf Lifesaving Club and no reason need be furnished if this application is refused.

Indemnity Form

I (FULL NAME, PLEASE PRINT) _____, do hereby apply for Family Membership 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. My family's details as given above are true and correct.

I fully understand and accept that all activities are undertaken at the sole risk of myself and members of my family.

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 any member of my family may sustain whilst engaged in any lifesaving activity and I waive any right that I or any member of my family 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 or Nipper examinations if this is before the due date.

Signed: _____

Date: _____