



False Bay Surf Lifesaving Club

2001/2002

Nipper Application Form

PLEASE TICK BOX:

NEW MEMBER

MEMBERSHIP RENEWAL

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

(FULL NAME, PLEASE PRINT) _____ do hereby apply for him/her to become a Nipper member of the False Bay Surf Lifesaving 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 Lifesaving 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 or Nipper examinations if this is before the due date.

Signed:

(Legal Guardian/Custodian Parent)

Date:

Parent Details

Surname: _____

First Name: _____

Address: _____

Home Telephone: _____

Bus. Telephone: _____

FAX Number: _____

Postal Code _____

Child Details

Surname (if different) _____

First Name: _____

Date of Birth: _____

Male/Female _____

Age (as at 1 Oct
2001)