

APPLICATION FOR MEMBERSHIP

20__/20__ SEASON

Ensure you complete the areas marked with an * in section 2 & 6
Sign / tick in section 5, 9 & 10. Sign on back page

Form 76-7-17

1. CLUB NAME : BMD Northcliffe SLSC BRANCH : South Coast Branch STATE : QLD

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 _____ POST NOMINAL _____

* GENDER M / F / X *DATE OF BIRTH ___ / ___ / ___ FAMILY GROUP NAME _____ OCCUPATION _____

* ADDRESS: _____ SUBURB _____ POSTCODE _____

* PHONE: MOBILE _____ HOME _____ BUSINESS _____

* PREFERRED CONTACT NUMBER NO: B / H / M * EMAIL _____

DRIVER'S LICENSE NUMBER _____ LICENSE TYPE _____ EXP DATE _____

I do not wish to receive email communications or SMS communications (note you may miss out on important updates eg nipper day cancellations)

NEW MEMBER ?? How did you hear about BMD Northcliffe Nippers? FAMILY / FRIENDS SOCIAL MEDIA FLYER

SCHOOL/SPORTS CLUB NEWSPAPER PARENT IS A SOCIAL MEMBER OTHER (please specify) _____

3. MEMBERSHIP DETAILS APPLIED FOR – SUBJECT TO CLUB ENDORSEMENT (Tick one box only)

JUNIOR MEMBERSHIP (5-15 years) ACTIVE MEMBERSHIP (15+, Reserve Active, Award) COMMUNITY MEMBER

ASSOCIATE MEMBERSHIP (Nipper parent) HONORARY/SERVICE MEMBERSHIP (Long service, life member) National Police Check No _____ Exp _____

Date Joined _____ Competitive Rights with this club: YES NO Working with children (Blue Card No) _____

Member Protection Declaration completed? (blue card) YES NO Working with children Exp _____ Rego/Verification Date _____

4. OTHER SLSC MEMBERSHIPS _____ SLSC _____ SLSC _____

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 (tick if as above) or _____

*POSTCODE _____ PHONE: HOME _____ BUSINESS _____ * 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 Strait Islander descent? YES NO

8. DONATIONS / BEQUESTS Please tick the box if you are interested in leaving a bequest to Surf Life Saving (Club/Branch/State/National) or becoming a donor

9. DECLARATION By ticking this box I declare that I (a) am not subject to any criminal investigation, (b) do not currently have any charges relating to a serious criminal conviction against my name and (c) have not been convicted of any serious criminal offence. I have read, understood, acknowledge and agree to the declaration and application and conditions of membership over leaf. I warrant that all information provided is true and correct.

SIGNATURE _____ DATE: _____ Tick here

10. PARENT/LEGAL GUARDIAN CONSENT 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 Cited – Type _____ Date _____ Entered ___ / ___ / ___

Note: DOB can only be with the approval of your State Centre after initial entry

SLSA MEMBERSHIP APPLICATION & DECLARATION

I [insert name] of [insert address]
apply for membership of SLSA. In consideration of my application for membership being accepted I acknowledge and agree that:

- In this membership declaration:**
 - Claim** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising including but not limited to negligence BUT does NOT include a claim against SLSA by any person entitled to make a claim under a relevant SLSA insurance policy or under the SLSA Constitution or SLSA Regulations.
 - SLSA** means Surf Life Saving Australia Limited.
 - SLS Activities** means performing or participating in any capacity in any activity authorised or recognised by SLSA.
 - SLS Organisations** means and includes SLSA, its subsidiaries, its members (including State Centres & Clubs), Branches and their respective directors, officers, members, servants or agents.
 - SLS Rules** means the relevant constitutions, regulations and policies of the SLS Organisations.
- If my application for membership is accepted I will be a member** of BMD Northcliffe Surf Lifesaving Club, South Coast Branch, Queensland State Centre & SLSA.
I acknowledge my application will be considered and may be accepted or rejected in accordance with the SLS rules. If accepted I acknowledge that:
 - I will be bound by and agree to comply with the SLS Rules; and
 - the SLS Rules are necessary and reasonable for promoting SLSA and surf lifesaving as a community service; and
 - neither membership nor the SLS Rules gives rise to any:
 - proprietary right of mine in, to or over any SLS Organisation or its property or assets; and
 - automatic right of mine of renewal my membership of the Association; and
 - subject to any relevant law, any right to natural justice, unless expressly provided for in the relevant SLS Rules.
- Warning:** SLS Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during SLS Activities including but not limited to physical exertion, contact with surf lifesaving equipment, body contact and surf, sea and weather conditions. I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in SLS Activities.
- Exclusion of implied terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods and services may be excluded. I acknowledge that these implied terms and rights and any liability of the SLS Organisations (or any of them) flowing from them, are expressly excluded to the extent possible by law, by this membership declaration. To the extent of any liability arising, the liability of the SLS Organisations will, at the discretion of the relevant SLS Organisation, be limited to the resupply of the services or the payment of the cost of having the services supplied again.
- Release & Indemnity:** Where I have committed a criminal offence, been negligent and/or otherwise deliberately failed or refused to comply with the SLS Rules as a member and/or whilst participating in any SLS Activities and in consideration of SLSA accepting my application for membership I:
 - release and will release the SLS Organisations from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any SLS Activities; and
 - indemnify and will keep indemnified the SLS Organisations to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my membership and/or participation in any SLS Activities.
- Fitness to Participate:** I declare that I am medically, mentally and physically fit and able to participate in any SLS Activities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify SLSA in writing through my Club of any change to my medical condition, fitness and ability to participate.
- Privacy:** By completing this form I consent to SLSA using, disclosing and storing my personal information in accordance with the SLSA Privacy Policy. I understand that the information I have provided in this form is necessary for the proper management of SLS Activities, administration of surf lifesaving and related activities in Australia. The information is collected in accordance with the SLSA Privacy Policy. SLSA may share my information with other SLS Organisations in accordance with the Privacy Policy and it may also be used to notify me of other events, news, and to offer the provision of services, including by third-party providers, to me. I understand that the SLSA Privacy Policy contains information about how I may access, and request correction of my personal information held by SLSA or make a complaint about the handling of my personal information and provides information about how a complaint will be dealt with by SLSA. If the information is not provided my application may be rejected. I acknowledge that if I do not wish to receive promotional material from SLS sponsors and third parties I may advise in writing or via the opt-out process provided in the relevant communication.
- Use of image:** I consent to the relevant SLS Organisation(s) of which I am a member, using my name, image, likeness and also my performance in or of any SLS Activity at any time to promote the Objects of the relevant SLS Organisation(s), by any form of media. I waive any rights I might have to or in such use of my name, image or likeness by the relevant SLS Organisation(s).
- Intellectual Property (IP):** I acknowledge and understand that SLSA owns significant surf lifesaving IP including but not only all IP rights in and to the SLS patrol uniform, red & yellow skull quarter cap, red & yellow flags, the colours red and yellow in the context of surf lifesaving and the SLS logo. I declare that I will not infringe any SLSA IP rights and will seek permission from my State Centre before any use of surf lifesaving IP.
- Commitment to the Protection of Children and Young People (CYP):** I declare that I will seek to protect all other members, and particularly CYP, from all Abuse and Child Abuse including grooming. I acknowledge that SLSA is seeking to create and maintain a member and CYP safe and inclusive culture that is understood, endorsed and put into action by all. I agree to use my best endeavours to develop and grow such a culture. I agree to be bound by and comply with the Code of Conduct for People in Position of Authority when Dealing with Children and Young People.
- I have provided the information required overleaf and signed both sides of this form.** I warrant that all information provided is true and correct. I acknowledge that this membership declaration cannot be amended. If I do amend it my application will be null and void and cannot be accepted by SLSA.
- Severance:** If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability of it in any other jurisdiction. Such severance does not affect the remaining provisions of this membership declaration or affect the validity or enforceability of it in any other jurisdiction.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release & indemnity, relating to a serious criminal offence. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of SLSA membership.

Signed: Date: Name:

NOTE: 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 authorize and consent to the applicant undertaking the SLS Activities. In consideration of the applicant's membership being accepted I expressly agree to be responsible for the applicant's behaviour and agree to personally accept in my capacity as parent or guardian the terms set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above. In addition, I agree to be bound by and to comply with the SLSA constitution and any regulations and policies made under it.

Parent's signature: Date: Name:

(Where applicant under 18 years of age)