

PLC AQUATIC CLUB MEMBERSHIP 2019-2020



Presbyterian Ladies' College
MELBOURNE

Please return this application to:

PLC Aquatic Centre

141 Burwood Highway, Burwood, 3125 or Email: learntoswim@plc.vic.edu.au

SWIM DIVE ARTISTIC

Club:

Squad:

ATHLETE PERSONAL DETAILS

First Name

Mid Initial

Surname

Date of Birth / /

Gender

PLC Class (if applicable)

Athlete's Mobile

Athlete's Email

Postal Address

Suburb

Postcode

CORRESPONDENCE AND PARENT DETAILS (Only applicable for those aged under 18 yrs)

Email

SMS Mobile Contact

Parent 1 Name

Mobile 1

Parent 2 Name

Mobile 2

EMERGENCY INFORMATION

Emergency Name

Relationship

Emergency Phone Home

Work

Mobile

MEDICAL CONDITIONS

Anaphylaxis

Asthma

Migraine

Diabetes

Motion

Blackouts

Sleep Walking

Other

Medical Info

Doctor Name

Doctor Phone No.

Medicare No.

Ambulance Fund No.

Medical Insurance Fund

Medical Insurance No.

Allergies Food/s

Other

Penicillin Other Drugs

Special Dietary Requirements / Information

Other Information

Please attach action plans for Medical Conditions

MEMBER RESPONSIBILITIES AND CODES OF CONDUCT

We have read and will abide by the PLC AQUATIC codes of behaviour and understand the responsibilities expected of us as a PLC AQUATIC member

Athlete Name	Signature	Date / /
Parent Name 1	Signature	Date / /
Parent Name 2	Signature	Date / /

Are you entering competitions for this season: YES or NO?

Is English the main language spoken at home: YES or NO?

Swimmer with a Disability: YES or NO?

Classification:

Australian Citizen: YES or NO?

Indigenous Member: YES or NO?

Are you a current member of any other Aquatic Club this season?: YES or NO?

If yes, please provide details:

SWIMMING / DIVING / ARTISTIC State Registration

Registration No.

Member Type

Competitor

Life Member

Official

Coach No.

Admin Title

PLEASE SIGN AND RETURN TO PLC AQUATIC

MEDICAL RELEASE AND DECLARATION

I (Print Name) _____ consent to Presbyterian Ladies' College providing and/or obtaining appropriate first aid / medical / emergency treatment for the applicant(s) on this form as deemed reasonably necessary, where the College has been unable to contact a parent/guardian, or it is otherwise impracticable to contact a parent/guardian.

I acknowledge and accept that circumstances may occur where it is necessary for the College to arrange immediate medical treatment in an emergency situation, including the possibility of ambulance transport, hospitalisation, surgery and the administering of anaesthetics. I understand that I will be required to cover the costs associated with any medical treatment undertaken.

I authorise the College to act in such circumstances with the interests and welfare of the applicant(s) in mind. I hereby confirm that the applicant(s) named on this application form, and their parents/guardians, will abide by the policies, rules and conditions for use of the Aquatic Centre including and not restricted to running, rough play or acting in an anti-social manner.

I understand this information is collected and held in accordance with the College's Privacy Policy, available at www.plc.vic.edu.au

PLC Aquatic Privacy Collection Notice

This Collection Notice explains in general terms how we protect the privacy of the personal information you provide. In reviewing this Collection Notice and providing us with your personal information, you consent to our collection, use and disclosure of that information in the manner set out below, unless you advise us otherwise. This Collection Notice should be retained for future reference. It can also be viewed on the PLC Aquatic website under Policies.

Signature of Parents / Guardian (if applicant is under 18 years old)

Date

Relationship to the applicant named on this form

Signature of Applicant named on this form

Date