



TUGGERANONG VIKINGS SWIM CLUB INC.



NEW MEMBER REGISTRATION FORM

Established 15 April 1991

Family Surname			
Address	Suburb	State	Postcode
Phone (H)	()		
Email (Primary and Secondary)	@		@
Parents names (Mother/Father)			
Phone (W) - (Mother/Father)	()		()
Phone Mobile - (Mother/Father)			
TVRU&ASC Membership Nos. *			
Emergency Contact Name / Number (Other than parent)		()	or

Swimmer Name	DOB	Gender	Start Date	Squad Grading
	/ /	M / F	/ /	
	/ /	M / F	/ /	
	/ /	M / F	/ /	

MEMBER PROTECTION POLICY

Tuggeranong Vikings Swim Club is bound by Swimming Australia's Member Protection Policy. The purpose of this Policy is to provide guidelines for the protection of the health, safety and well being of all Australian Swimming Inc members and those who participate in the activities of Australian Swimming Inc, Member Associations and Affiliated Clubs. This Policy sets out the procedures to be followed in dealing with Harassment and other forms of inappropriate behaviour in an effective, appropriate and timely manner. The Policy provides a procedure for informal and formal resolution of complaints and a procedure for the appeal of such complaints. The club also has a Code of Behaviour specific to this club. Details of these policies can be found on the club web site under Club Information.

(If applicant is under 18 years of age, parent or legal guardian to sign on their behalf)

Signature

Date

 / /

I/we agree to abide by the rules and policies of NSW Swimming, Australian Swimming, the relevant District Swimming Association and TVSC, including Swimming Australia's Anti-Doping, Member Protection and Privacy Policies (these are available at www.swimming.org.au)

CLUB ADMINISTRATION ONLY

Grading Coach Name/Signature		/ /
Entered on database	<input type="checkbox"/>	/ /
Account Prepared	<input type="checkbox"/>	/ /

* TVSC requests that members also hold membership of the Tuggeranong Valley Rugby Union & Amateur Sports Club Inc. (Erindale, Chisholm, Town Centre or Lanyon) due to their continued sponsorship and support of our club.

CURRENT MEDICAL HISTORY (Please complete one form for each swimmer)

Swimmer name

Current medical problems

Regular medications including supplements, stating name and dosage

Allergies

Sports injuries (Please list any injury which is current/recurring or requires surgery)

PAST HISTORY

Have you had

Epilepsy Yes No

Hepatitis A Yes No

Hepatitis B Yes No

Diabetes Yes No

Heart problems Yes No

Heart Murmur Yes No

Asthma/Bronchitis Yes No

Hernia Yes No

Concussion Yes No

If yes, please specify:

Do you wear

Glasses Yes No

Contact Lenses

Soft Yes No

Hard Yes No

Protective equip. Yes No

Mouth Guard

at training Yes No

at competition Yes No

other Yes No

Have you sustained

A fracture in the last 3 years

Yes No

If yes, where:

A dislocation Yes No

If yes, where:

Do you suffer from

Recurring pain in any joint with play/practice? Yes No

If yes, which joint:

Back/neck pain Yes No

Have you ever been treated for a head, neck or spinal injury? Yes No

Details

Does this condition affect your performance?

To the best of my knowledge, all information contained on this sheet is correct

(If applicant is under 18 years of age, parent or legal guardian to sign on their behalf)

Signature

Date