



# Marlin Swimming Club

Membership Swimming Consent Form Jan 2017

Rev1.f

## Membership Details

Please print clearly

Member 1				
<b>Registration Type</b>	<input type="checkbox"/> New member	<input type="checkbox"/> I've never been with another club	Name of club you are transferring from	
	<input type="checkbox"/> Renewing member	<input type="checkbox"/> Transfer from another club	Have you received a clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Surname</b>		<b>First Name/s</b>		
<b>Date of Birth</b>		<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>School</b>			<b>Grade</b>	
<b>Home Address</b>	<b>Postal Code:</b>		<b>E-mail Address</b>	
<b>Telephone Number</b>	(H)	(W)	(C)	
<b>Person to be contacted in an emergency</b>	<b>Name</b>	<b>Relationship</b>	<b>Emergency Phone No.</b>	
Medical Information (This information can protect your child)				
<b>Medical Aid</b>		<b>Plan</b>	<b>Member No:</b>	
<b>Medical Condition</b>			<b>Further Information or further instruction</b>	
ALLERGY (particularly bee-sting allergy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
BREATHING DISORDER (particularly asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
EAR DISORDER (particularly drainage tubes or deafness)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
EPILEPSY (whether mild or severe)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
FAINTING/DIZZY SPELLS (or other sudden loss of consciousness)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER RELEVANT INFORMATION	<input type="checkbox"/> Yes <input type="checkbox"/> No			



<b>Member 2</b>				
<b>Registration Type</b>	<input type="checkbox"/> New member	<input type="checkbox"/> I've never been with another club	Name of club you are transferring from	
	<input type="checkbox"/> Renewing member	<input type="checkbox"/> Transfer from another club	Have you received a clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Surname</b>		<b>First Name/s</b>		
<b>Date of Birth</b>		<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>School</b>			<b>Grade</b>	
<b>Home Address</b>	<b>Postal Code:</b>		<b>E-mail Address</b>	
<b>Telephone Number</b>	(H)	(W)	(C)	
<b>Person to be contacted in an emergency</b>	<b>Name</b>	<b>Relationship</b>	<b>Emergency Phone No.</b>	
<b>Medical Information (This information can protect your child)</b>				
<b>Medical Aid and Plan</b>			<b>Member No:</b>	
<b>Medical Condition</b>			<b>Further Information or further instruction</b>	
ALLERGY (particularly bee-sting allergy)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
BREATHING DISORDER (particularly asthma)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
EAD DISORDER (particularly drainage tubes or deafness)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
EPILEPSY (whether mild or severe)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
FAINTING/DIZZY SPELLS (or other sudden loss of consciousness)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER RELEVANT INFORMATION		<input type="checkbox"/> Yes <input type="checkbox"/> No		



**Parents/Guardians (applicable if member is under 18 years)**

Father/Guardian		Mother/Guardian	
Surname		Surname	
First Name/s		First Name/s	
Telephone Number	(H) (W) (C)	Telephone Number	(H) (W) (C)
E-mail		E-mail	

**Declaration by member or Parents/Guardians (applicable if member is under 18 years)**

I, the undersigned, acknowledge that it is a condition of acceptance of my membership application that:

- I agree to abide by the rules, regulations and policies of Marlin Swimming Club and any of its affiliations.
- I agree to abide by the Marlin Swimming Club Code of Conduct.
- I will assist and support the committee and coaches wherever possible to ensure that the Club continues to run smoothly and achieve its objectives.
- I give permission to the coaching team to conduct fitness training for members listed on this form at a suitable and safe location.
- I permit the Club usage of photographs of my child/children in all social media and/or marketing material.
- I will participate in the activities of the Club, including but not limited to:
  - Assisting in volunteer duties (e.g. timekeeping) allocated to the Club at approved meets;
  - Assisting in official Club fundraising activities
- I understand that when I or my child competes in a swimming event that I am / they are representing the Club and should be attired in the correct Club uniform.
- I agree that all parents must take responsibility for the supervision of their children at training, club races and approved meets.
- I authorise the e-mail address(es) and telephone number(s) supplied above being disclosed to other members of the Club.
- I authorise Marlin Swimming Club to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the member.
- I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

"I acknowledge receipt of the rules of the Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules."

**Name:** \_\_\_\_\_

**Signature of Member or Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Office Use only**

<b>Member 1 – Membership No</b>	
<b>Member 2 – Membership No</b>	
<b>Parents Details Complete</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Emergency Details Complete</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical History Complete</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Declaration Complete</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Registration Fees Paid</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>WPA Registration Form Complete</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Virgin Active Consent Form Complete</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Birth Certificate/s or ID Received</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notes</b>	



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### INFORMED CONSENT FOR PHYSICAL FITNESS PROGRAM

1. Child's name and surname: \_\_\_\_\_

2. Child's name and surname: \_\_\_\_\_

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (i.e. heart and lungs) and musculoskeletal system (i.e. muscle strength and flexibility). Exercise may include aerobic activity and flexibility exercises to improve joint range of motion.

I agree to assume risk arising from such exercise and further agree to hold harmless Virgin Active Athlone and/or Marlin Swimming Club for any damages or injury during or arising in any way from the training programme.

In signing this consent form, I affirm that I have read the form and understand the nature of the training programme.

Parent/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Member: Please retain this page**

**FEES FOR 2017 (1 JANUARY 2017 TO 31 DECEMBER 2017)**

Single member	R260 per month
More than 1 swimmer (in a family)	R220 per child per month

**Notes:**

- The above fee is a *fixed monthly* fee and is payable regardless of the number of lessons attended in that month;
- This fee entitles each member to two 1-hour lessons per week;
- All fees are payable by the 5th of the month;
- Payment can be made in Cash or Electronic Fund Transfer.

**Bank Account Details**

Account name: Marlin Swimming Club  
 Bank: FNB  
 Account no.: 62448493867  
 Branch code: 202409  
 Type: Business Account

*When making EFT payments, please enter your child/children's initial/s and surname as a reference. Confirmation of payments may be e-mailed to [marlinswimmingclub@gmail.com](mailto:marlinswimmingclub@gmail.com)*

**GENERAL INFORMATION**

- All fees are due in advance and must be paid by the 5th working day of the new month.
- MSC requires one month's written notification should a swimmer wish to leave the Club.
- We have a Facebook page at <http://www.facebook.com/marlinswimmingclub> to notify members on club news and events.
- Kindly inform [marlinswimmingclub@gmail.com](mailto:marlinswimmingclub@gmail.com) of any information (i.e. if your child has excelled academically or in another sporting field so we may recognize his/her achievement/s).
- In terms of participation in gala events all MSC swimmers are to wear the agreed Club kit.
- Registration with Western Province Aquatics can only be applied for if all (outstanding) fees are paid.
- All MSC parents must be available for timekeeping duty.

**CODE OF CONDUCT**

The MSC code of conduct serves to ensure that all swimmers, parents and coaches follows acceptable and reasonable behaviour as one would expect from sportsmen and women.

- When representing Marlin Swimming Club it is important that all MSC members consistently maintain a high level of professionalism, sportsmanship, team spirit and camaraderie. This includes being dressed neatly and refraining from abusive language and rowdy behaviour;
- All members must at all times respect the authority of coaches and officials and obey their instructions;
- Any unethical or dishonest behaviour will not be tolerated by MSC and disciplinary action will be taken;
- Vandalism of public or private property is an offence and could lead to prosecution;
- Performance enhancing substances are illegal and not in the best interest of the Club. Swimmers using prescribed medication must disclose this information to his/her coach before a competitive event;
- An infringement of Club rules will be considered a violation of the code of conduct. A disciplinary committee will consider all facts and recommend appropriate action.
- A copy of the Marlin Swimming Club constitution is available for your perusal on request. Contact the MSC committee via the details below.

**MSC Contact details**

Fatima Phillips (Chairperson) - 084 652 8122  
 Anwar Rinquest (Head Coach) - 082 770 8627  
 Ameena Smith (Secretary) - 082 460 8768  
 Ameen Stemmet (Treasurer) - 082 738 1188

Email: [Marlinswimmingclub@gmail.com](mailto:Marlinswimmingclub@gmail.com)



[www.facebook.com/marlinswimmingclub](http://www.facebook.com/marlinswimmingclub)

[www.marlins.co.za](http://www.marlins.co.za)



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# WESTERN PROVINCE AQUATICS

<b>2013/2014</b>				DATE OF REGISTRATION	ELIGIBILITY DATE FOR PARTICIPATION							
* RSA IDENTITY NUMBER	<small>If none enter RSA Birth Registration Number / Passport Number</small>			<b>*FIRST DISCIPLINE &amp; OTHERS(Rules &amp; Fees)</b>								
* SURNAME NAME				SWIMMER	A	SWIMMING OFFICIAL	B	SWIMMING COACH	C	MASTER SWIMMER	M	
* LEGAL FIRST NAME				DIVER	D	DIVING OFFICIAL	E	DIVING COACH	F	MASTER DIVER	T	
MIDDLE NAMES				SYNCHRO	G	SYNCHRO OFFICIAL	H	SYNCHRO COACH	I	MASTER SYNCHRO	U	
PREFERRED FIRST NAME				W/POLO PLAYER	J	W/POLO OFFICIAL	K	W/POLO COACH	X	MASTER W/POLO	V	
				OW/WATER SWIMMER	P	OW/WATER OFFICIAL	R	OW/WATER COACH	S	MASTER OW/WATER	W	
* DATE OF BIRTH	<small>(DD/MM/YYYY)</small>	AGE		DISABLED SWIMMER	Q	ADMIN OFFICIAL	N	# LTS INSTRUCTOR	O	CLUB SERIES / LTS		
* MAILING ADDRESS	<small>(Including postal code)</small>			<b>*AFFILIATE MEMBER (PROVINCE NAME)</b>				<small>#Provide copy of certificate</small>				
				<b>WESTERN PROVINCE AQUATICS</b>				<small>NEW REGISTRATION RENEWAL</small>				
				Club Batch N <sup>o</sup>		Prov Batch N <sup>o</sup>		<b>* NAME OF SCHOOL YOU ATTEND</b>				
* RESIDENTIAL ADDRESS	<small>(Physical address)</small>			<b>*NAME OF CLUB / SWIM SCHOOL</b>				<small>* Remit ID/ Birth Certificate (not driver's license) to club/province</small>				
				<b>*COACH</b>				<b>YEAR LAST REGISTERED</b>				
				<small>*Where you registered with a different SSA registered club in 2009/2010?</small>				<b>SSA REGISTRATION NUMBER</b>				
				Yes **	no							
<b>*RELATIONSHIP</b>	<b>AFFILIATE / PARENT / GUARDIAN 1</b>	<b>PARENT / GUARDIAN 2</b>										
<small>Contact Details: (include Code)</small>												
* NAMES				<small>** Remit clearance certificate to club/province</small>		<small>Y/M/D/First 3 letters legal first name/middle name or */ First 4 letters surname</small>						
* CELL				* S.A. Citizen?	Yes	No	* Dual Citizen?	**Yes	No	* Are you a member of another Fina federation?	**Yes	No
* HOME PHONE												
* WORK PHONE												
* FAX 1												
* FAX 2												
* E-MAIL 1												
* E-MAIL 2												
<b>*CONTACT NO OF ATHLETE if any:</b>												
<b>*ETHNICITY</b> <small>In accordance with S.A. Census (Dropdown)</small>												
ASIAN	1	BLACK	2	COLOURED	3	INDIAN	4	WHITE	5			
<b>*SIGN HERE</b>												
<small>(Signature of athlete)</small>												
<b># SIGN HERE</b>												
<small>(If under the age of 21, signature of parent or guardian)</small>												
<b>MEDICAL AID:</b>												
NAME:												
SCHEME:												
PLAN:												
NO.:												
<b># ON SIGNATURE, THE INDIVIDUAL MEMBER CONFIRMS ACCEPTANCE OF THE SSA CONSTITUTION &amp; IS BOUND BY THE PROVISIONS THEREIN(See SSA website for Constitution)</b>												
Signature of Applicant				Signature of parent/ Guardian if applicant under 21								



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**WESTERN PROVINCE AQUATICS**

2013/2014		DATE OF REGISTRATION	ELIGIBILITY DATE FOR PARTICIPATION
* RSA IDENTITY NUMBER	<input type="text"/>	*FIRST DISCIPLINE & OTHERS(Rules & Fees)	
<small>If none enter RSA Birth Registration Number / Passport Number</small>		SWIMMER A	SWIMMING OFFICIAL B
*SURNAME NAME	<input type="text"/>	DIVER D	DIVING OFFICIAL E
*LEGAL FIRST NAME	<input type="text"/>	SYNCHRO G	SYNCHRO OFFICIAL H
MIDDLE NAMES	<input type="text"/>	W/POLO PLAYER J	W/POLO OFFICIAL K
PREFERRED FIRST NAME	<input type="text"/>	OW/WATER SWIMMER P	OW/WATER OFFICIAL R
<small>(GIVEN if different to first name)</small>		DISABLED SWIMMER Q	ADMIN OFFICIAL N
*DATE OF BIRTH	<input type="text"/>	AGE	*GENDER
<small>(DD/MM/YYYY)</small>			F M
*MAILING ADDRESS	<input type="text"/>	*AFFILIATE MEMBER (PROVINCE NAME)	
<small>(Including postal code)</small>		WESTERN PROVINCE AQUATICS	
*RESIDENTIAL ADDRESS	<input type="text"/>	Club Batch No	Prov Batch No
<small>(Physical address)</small>		*NAME OF CLUB / SWIM SCHOOL	*NAME OF SCHOOL YOU ATTEND
		*COACH	YEAR/LAST REGISTERED
		<small>*Where you registered with a different SSA registered club in 2009/2010?</small>	SSA REGISTRATION NUMBER
		Yes ** no	
Contact Details:	AFFILIATE / PARENT / GUARDIAN 1	*Remit clearance certificate to club/province	
(include Code)	PARENT / GUARDIAN 2	*S.A. Citizen?	*Dual Citizen?
*RELATIONSHIP		Yes No	**Yes No
*NAMES		*SA Permanent Resident? State your Sport/Nationality? Tech Officials Qualifications:	
*CELL		Yes No	SA Other
*HOME PHONE		*Specify	
*FAX 1		*Specify	
FAX 2		SA Passport No.	Exp. Date
*E-MAIL 1		# SIGN HERE	
E-MAIL 2		<small>(Signatures of athletes)</small>	
*CONTACT NO OF ATHLETE if any:		# SIGN HERE	
		<small>(if under the age of 21, signature of parent or guardian)</small>	
*ETHNICITY In accordance with S.A. Census (Depdwn)	ASIAN 1	BLACK 2	COLOURED 3
<small>(This Overwrite)</small>		INDIAN 4	WHITE 5
MEDICAL AID:	NAME:	PLAN:	NO.:
# ON SIGNATURE, THE INDIVIDUAL MEMBER CONFIRMS ACCEPTANCE OF THE SSA CONSTITUTION & IS BOUND BY THE PROVISIONS THEREIN(See SSA website for Constitution)			
Signature of Applicant		Signature of parent / Guardian if applicant under 21	