

GRACE SWIMMING

Associate Membership Application: 2021/2022 Season

ASSOCIATE MEMBERS: Swimmers who only train in Squads (don't attend club night or compete against swimmers from other clubs). If you wish to attend club nights (Recreational Member) or compete against swimmers from other clubs (Competitive Member), you will need a membership – go to Swim Central to login or create an account.

Family Name: _____

Swimmer's Given Names: _____ Date of Birth: ___/___/___

Swimmer's Given Names: _____ Date of Birth: ___/___/___

Swimmer's Given Names: _____ Date of Birth: ___/___/___

Parent/Guardian Names: _____

Address: _____ P/Code _____

Telephone: (Home): _____ Mobile: _____

Email: _____

Emergency Contact (other than parents): _____

Medical Conditions/Allergies: _____

Associate Membership (Squad training only)	\$25 each		\$
Contact: graceswimming@glc.qld.edu.au		Total	\$

Payment Method

- Bank Transfer: Westpac BSB: 034059 Acc: 219053
- Online Credit Card: www.graceswim.org.au/documents-and-links

Transaction Receipt #..... Date:

I/We hereby acknowledge and give permission for Grace Swimming to take, use and disclose any personal information that may be necessary to implement the rules, regulations and policies of Grace Swimming, to allow results and names of the above member/s to be published in official programs, newsletters and websites. I/We **DO/DO NOT** permit photographs of the members/s to be displayed or posted on websites for promotion or any other lawful purpose pertaining to Grace Swimming.

Parent/Guardian Signature: Date: ___/___/___

Staff Member Date

Office Use: Received & checked by: Date: