

APPLICATION FORM for MEMBERSHIP

For 12 months from processing

Please complete one Form per Swim School.
The payment section (reverse side) need only be
completed once though.

1. Swim School

- (a) Swim School Name: _____
- (b) Pool Name: (If different to Swim School name) _____
- (c) Physical Address: _____
_____ Post Code: _____
- (d) Postal Address: _____
_____ Post Code: _____
- (e) Telephone: () _____
- (f) Facsimile: () _____
- (g) Email: _____
- (h) Website Address: _____
- (i) Facebook Address: www.facebook.com/ _____
- (j) **Government authority – The Centre has approval to operate as a Swim School by the relevant authority (eg local Council):** Yes No

2. Nominee

- (a) Name: _____ (First Name) _____ (Last Name)
- (b) Telephone: _____ (Mobile)
- (c) Date of Birth: _____
- This will be kept confidential and is only use to register as a Crackersport Swim Member User

3. Other Standards

I, _____ being the NOMINEE, declare that to the best of my knowledge, the information provided in this Application is true and correct, and agree to the following:

1. ASSA Ltd representatives may inspect the Centre at any reasonable time while accompanied by a representative from the Centre, and
2. Abide by any rules, regulations and guidelines that are recognised from time-to-time, as determined by ASSA Ltd, including using accredited teachers.
3. Display in a reasonable place the Member Swim School stickers.
4. Appropriate number of persons qualified in Resuscitation and/or First Aid is in attendance during operating hours.
5. Public liability and Professional Indemnity Insurance is current – minimum of \$10million.
6. All staff meet the relevant State Government agencies legislation for 'Working with Children' Check e.g. Working with Children Blue Card (**Qld**).

Signature: _____ Date: _____

