

APPLICATION FORM for MEMBERSHIP
Fully Tax Deductible
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: _____

