

SLSA MEMBERSHIP APPLICATION & DECLARATION

I [insert name]of [insert address] hereby apply for membership of SLSA. In so applying and in consideration of my application for membership being accepted **I acknowledge and agree** that:

1. **“SLSA”** for the purposes of this declaration means & includes Surf Life Saving Australia Limited, its subsidiaries, its members (including State Centres & Clubs), Branches & their respective directors, officers, members, servants or agents.
2. **If accepted I will be a member** of [Insert Club]..... SLSC, [insert branch if relevant]....., [insert State]..... State Centre & SLSA.
3. **This document cannot be amended.** If I do amend it my application will be null & void. It cannot be accepted by SLSA.
4. **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised SLSA activity (**“SLSA Activity”**). (*For insurance details contact your SLSC.*) I can, in my own interests, seek & obtain personal insurances over and above the cover provided by SLSA.
5. **The SLSA Constitution** is a contract between me & SLSA. I will be bound by it & any regulations made under it. It is necessary & reasonable for promoting SLSA & surf lifesaving as a community service.
6. **Warning:** Surf lifesaving can be inherently dangerous. Serious accidents can & often do happen which may result in me being injured or even killed. I have voluntarily read & understood this Warning & accept & assume the inherent risks in surf lifesaving.
7. **Exclusion of Liability:** Except where provided or required by law & such cannot be excluded, I agree that it is a term of my membership (if accepted) that SLSA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership &/or participation in any SLSA Activity.
8. **Release & Indemnity:** In consideration of SLSA accepting my application for membership I:
 - (a) release & forever discharge SLSA from all Claims that I may have or may have had but for this release arising from or in connection with my membership &/or participation in any SLSA Activity; &
 - (b) indemnify & hold harmless SLSA to the extent permitted by law in respect of any Claim by any person including but not only another Member of SLSA arising as a result of or in connection with my membership &/or participation in any SLSA Activity.

In this **clause 8 “Claims”** means & includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant SLSA insurance policy or under the SLSA Constitution or any Regulations.

9. **Fitness to Participate:** I declare that I am & must continue to be medically and physically fit & able to participate in any SLSA Activity. I am not & must not be a danger to myself or to the health & safety of others. I will immediately notify SLSA in writing through my Club of any change to my fitness & ability to participate. I understand & accept that SLSA will continue to rely upon this declaration as evidence of my fitness & ability to participate.
10. **I have provided the information required overleaf and signed both sides of this form.** I warrant that all information provided is true and correct.
11. SLSA has a **Privacy** policy and that the information that I have provided over leaf is necessary for the Objects of SLSA. I acknowledge and agree that the information will be disclosed to my Club and State Centre and will only be used for the Objects of SLSA and to provide me with membership services. I understand that I will be able to access my information through my Club. If the information is not provided my membership application may be rejected.
12. **I have read, understood, acknowledge and agree** to the above declaration including the warning, exclusion of liability, release & indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges & services of SLSA membership.

Signed:..... Date:

Name:

Where the applicant is under 18 years of age this form must also be signed by the applicant’s parent or legal guardian.

I,..... am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant’s behaviour and agree to personally accept the conditions set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent’s signature: Date:

(where applicant under 18 y.o)

Name:

APPLICATION FOR MEMBERSHIP

20__ / 20__ SEASON

WHITE COPY: to State Centre/Branch. YELLOW COPY: to Club. PINK COPY: to Applicant



1. CLUB NAME _____ SLSC _____

2 PERSONAL DETAILS

I hereby apply for membership of SLSC. I have read, understood, acknowledge and agree to the declaration and application over leaf. I have signed that declaration and application.

INITIAL MEMBERSHIP

TRANSFERRING

RENEWING

From _____ SLSC _____

SURNAME _____ GIVEN NAME _____ SECOND INITIAL ____ TITLE ____ (Mr, Mrs, Ms, etc)

ADDRESS _____ POSTCODE _____

PHONE: WORK _____ HOME: _____ FAX: _____

MOBILE : _____ EMAIL: _____

MALE FEMALE

DATE OF BIRTH ____ / ____ / ____ OCCUPATION: _____

3 MEMBERSHIP CATEGORY

APPLIED FOR - SUBJECT TO CLUB ENDORSEMENT (Tick one box only)

PROBATIONARY ACTIVE (18 years and over) ASSOCIATE JUNIOR ACTIVITY MEMBER (7-13 years) AWARD MEMBER LIFE MEMBER CADET MEMBER (13-15 years) RESERVE ACTIVE GENERAL (SA only) ACTIVE (15-18 years) LONG SERVICE HONORARY **4 OTHER SURF LIFE SAVING CLUB MEMBERSHIPS**

(Please attach list if more than two)

_____ SLSC _____ SLSC _____

5 MEDICAL DETAILS

If you suffer or you have suffered from any disease or any physical or mental disability (eg, epilepsy, diabetes or any permanent disability to a limb, eye or ear) likely to affect your efficiency as a Club member, it may affect your safety and the safety of the public. You should consult your medical practitioner and SLSC prior to commencing any surf lifesaving activity. You should take part in the Hepatitis B vaccination program.

HAVE YOU READ THIS SECTION?

YES NO **6 EMERGENCY CONTACT**

SURNAME _____ GIVEN NAME _____

ADDRESS _____ POSTCODE _____

PHONE: WORK _____ HOME _____ FAX: _____

MOBILE: _____ RELATIONSHIP: _____

7 DECLARATION

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership over leaf. I have signed that declaration and application. I warrant that all information provided is true and correct.

SIGNATURE _____ DATE: _____

8 PARENT/LEGAL GUARDIAN CONSENT

(IN RESPECT TO AN APPLICANT UNDER THE AGE OF 18 YEARS)

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership over leaf and I personally consent to the declaration and application for Membership of the applicant.

SURNAME _____ GIVEN NAMES: _____

SIGNATURE: _____ DATE: _____

9 OFFICE USE ONLY

Date Application received ____ / ____ / ____ Amount paid: \$ _____ Receipt No.: _____

Accepted / Rejected by Club Management - Date ____ / ____ / ____ Signature of Club Officer: _____

Membership Category allocated: _____ Capitation/Membership No.: _____

APPLICATION FOR MEMBERSHIP

20__ / 20__ SEASON

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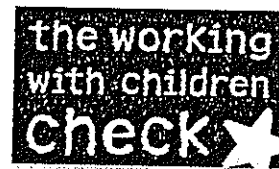
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PROHIBITED EMPLOYMENT DECLARATION



CHILD PROTECTION (PROHIBITED EMPLOYMENT) ACT 1998

The *Child Protection (Prohibited Employment) Act 1998* makes it an offence for a person convicted of a serious sex offence (a Prohibited Person) or a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*, to apply for, undertake or remain in, child-related employment. It does not apply if an order, from the Industrial Relations Commission or the Administrative Decisions Tribunal or the Commission for Children and Young People, declares that the Act does not apply to a person in respect of a specific offence.

Section 5 of the *Child Protection (Prohibited Employment) Act 1998* defines a serious sex offence as:

- an offence involving sexual activity or acts of indecency that was committed in NSW and that was punishable by penal servitude or imprisonment for 12 months or more, even if the sentence was not served; or
- an offence involving sexual activity or acts of indecency that was committed elsewhere and that would have been punishable by penal servitude or imprisonment for 12 months or more if it had been committed in NSW; or
- an offence under Sections 91D–91H (other than if committed by a child prostitute) and 578B or 578C(2A) of the *Crimes Act 1900* or a similar offence under a law other than a law of NSW; or
- an offence of attempting, or of conspiracy or incitement, to commit an offence referred to in the preceding paragraphs; or
- any other offence prescribed by the regulations.

Note: A conviction for carnal knowledge is classified as a serious sex offence under this legislation.

Child-related employment means any employment, where at least one of the essential duties of the position, involves direct contact with children where that contact is not directly supervised. Section 3 of the *Child Protection (Prohibited Employment) Act 1998* specifies that child-related employment is employment:

- involving the provision of child protection services;
- in pre-schools, kindergartens and child care centres (including residential child care centres);
- in schools or other educational institutions (not including universities);
- in detention centres (within the meaning of the *Children (Detention Centres) Act 1987*);
- in refuges used by children;
- in wards of public or private hospitals in which children are patients;
- in clubs, associations or movements (including of a cultural, recreational or sporting nature) having a significant child membership;
- in any religious organisation;
- in any entertainment venues where the clientele is primarily children;
- as a babysitter or childminder that is arranged by a commercial agency;
- involving fostering or other child care;
- involving regular provision of taxi services for the transport of children with a disability;
- involving the private tuition of children;
- involving the direct provision of health services;
- involving the provision of counselling or other support services for children;
- on school buses;

ATTACHMENT 4 (CONTINUED)

- at overnight camps for children;
- any other prescribed by regulation.



Under this Act:

- it is an offence for a Prohibited Person to **apply for, undertake or remain in** child-related employment;
- employers **must** ask existing employees, both **paid** and **unpaid**, and preferred applicants for employment to declare if they are a Prohibited Person or not;
- all child-related employees **must** inform their employers if they are a Prohibited Person or remove themselves from child-related employment. A Prohibited Person is someone who has been convicted of a serious sexual offence or, who has had a finding for a charge of a serious sexual offence proven in court, even if a conviction was not recorded;
- penalties are imposed for non compliance.

I am aware that I am ineligible to apply for, undertake or remain in, child-related employment if I have been convicted of a serious sex offence as defined in the *Child Protection (Prohibited Employment) Act 1998* or if I am a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*.

I have read and understood the above information in relation to the *Child Protection (Prohibited Employment) Act 1998*. I am aware that it is an offence to make a false statement on this form.

I declare that I am not a person prohibited by the Act from seeking, undertaking or remaining in child-related employment.

I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for employment screening in accordance with Section 36 (1) (f) of the *Commission for Children and Young People Act 1998*.

Name: _____ Signature: _____

Date: _____ Contact telephone number: _____

Note: Seek legal advice if you are unsure of your status as a Prohibited Person.

THIS FORM IS TO BE RETURNED TO YOUR EMPLOYER

NSW Commission for Children and Young People
04/04. Revised 10/05.