



False Bay Surf Lifesaving Club

Junior/Senior Membership Application Form 2016/2017

Last Name: _____

Cell Number: _____

First Name(s): _____

Home Number: _____

Date of Birth: DD/MM/YYYY

Email: _____

Age at 01 October 2016 _____ Male / Female

Emergency Contact: _____

Residential Address: _____
Postal Address: _____

School/Study/Company: _____

Parent's Occupation: _____

Parent's Place of Work: _____

Code: _____ Code: _____

Would your company be willing to sponsor FBSLC?
We require a copy of your ID please Yes No

Membership type: Active Junior (u/19 y.o.)
(please circle) Active Senior
Qualifying Certificate (QC)
Non-Active Senior
Official: LWP / Other

Previous lifesaving club? _____

Number of years: _____

Valid clearance certificate attached? _____

Reason for leaving: _____

Qualifications Passed

Lifeguard Award (LA) Date: _____

IRB Crewman Date: _____

Junior Lifeguard Award (JLA) Date: _____

IRB Driver Date: _____

Qualifying Certificate Date: _____

Helicopter Crewman Date: _____

First Aid Level 1 Date: _____

Instructor Date: _____

First Aid Level 3 Date: _____

Judge Date: _____

Other: _____ Date: _____

Examiner Date: _____

Other: _____ Date: _____

Nipper Examiner Date: _____

IRB Examiner Date: _____

Please give us a copy of your certificates

Do you have any disabilities? Please specify:

Why do you want to become a lifeguard / join FBSLC?

Have you been diagnosed with any medical problems?

Broken a bone in your body?

Is there anything else we should know about?

How did you hear about False Bay SLC?
family friends online flier other: _____

NB: Club Fees are due by 01 December each year!

**IMPORTANT Please complete:
Club Indemnity / Parent Consent Form
on the reverse**



Indemnity Form

Active Member (for under 18's) - Parent Consent Form

I, _____ (PLEASE PRINT), being the father/legal guardian/custodian parent of:

(FULL NAME, PLEASE PRINT) _____,

do hereby apply for him/her to become a member of
the False Bay Surf Life Saving Club (hereafter referred to as "the Club").

I will abide by the rules and conditions as laid down in the constitution of the Club as well as those laid down by SA Lifesaving and the Western Province Surf Life Saving Association.

I fully understand and accept that all activities are undertaken at my son's/daughter's/ward's own risk.

I am aware that neither the SA Lifesaving Association nor its members or affiliated members accept responsibility for any loss, injury or damage that the person or property of my son/daughter/ward may sustain whilst engaged in any lifesaving activity and I waive any right that I or my son/daughter/ward may have to claim compensation against the SA Lifesaving Association or any of its members or affiliated members in respect of any loss, injury or damage incurred whilst engaged in any lifesaving activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

I further understand that membership fees must be paid on or before the last day of November each year or before commencing any lifesaving examinations if this is before the due date..

Signed: _____
(Legal Guardian/Custodian Parent)

Date: _____

Indemnity Form (for over 18's)

I, _____ (PLEASE PRINT),
fully understand and accept that all activities are undertaken at my own risk
as a member of the False Bay Surf Life Saving Club (hereafter referred to as "the Club").

I will abide by the rules and conditions as laid down in the constitution of the Club as well as those laid down by SA Lifesaving and the Western Province Surf Life Saving Association.

I am aware that neither the SA Lifesaving Association nor its members or affiliated members accept responsibility for any loss, injury or damage that my person or property may sustain whilst engaged in any lifesaving activity and I waive any right that I may have to claim compensation against the SA Lifesaving Association or any of its members or affiliated members in respect of any loss, injury or damage incurred whilst engaged in any lifesaving activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

I further understand that membership fees must be paid on or before the last day of November each year or before commencing any lifesaving examination if this is before the due date.

Signed: _____

Date: _____