



# False Bay Surf Lifesaving Club

## Junior/Senior Membership Application Form 2017/2018

Last Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Home Number: \_\_\_\_\_

Date of Birth: DD/MM/YYYY

Email Address: \_\_\_\_\_

Age at 01 October 2017 \_\_\_\_\_ Male / Female

Parent's / Alt. Email: \_\_\_\_\_

ID Number: \_\_\_\_\_

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 tick) Active Senior  
Qualifying Certificate (QC)  
Non-Active / Social  
Official: LWP / LSA / Other

Previous lifesaving club? \_\_\_\_\_

Number of years: \_\_\_\_\_

Valid clearance certificate attached? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Qualifications Attained:

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: \_\_\_\_\_

Technical Official Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Nipper Examiner Date: \_\_\_\_\_

IRB Examiner Date: \_\_\_\_\_

Please provide us with 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 condition(s)?  
\_\_\_\_\_

Do you get, or have you had: Please Circle  
Asthma Allergies Ear Problems Epilepsy Diabetes

Is there anything else we should know about?  
\_\_\_\_\_

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

How did you hear about False Bay Surf Lifesaving Club?

family friends online flier other: \_\_\_\_\_

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

Visit us online at: [www.fbslc.org.za](http://www.fbslc.org.za) | [facebook.com/falsebay.lifesaving](https://facebook.com/falsebay.lifesaving) | [twitter.com/fbslc](https://twitter.com/fbslc)



# 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 Lifesaving South Africa and Lifesaving Western Province.

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 Lifesaving South Africa 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 Lifesaving South Africa or any of its members or affiliated members or agents 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 Lifesaving South Africa and the Lifesaving Western Province.

I am aware that neither Lifesaving South Africa 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 Lifesaving South Africa or any of its members or affiliated members or agents 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: \_\_\_\_\_